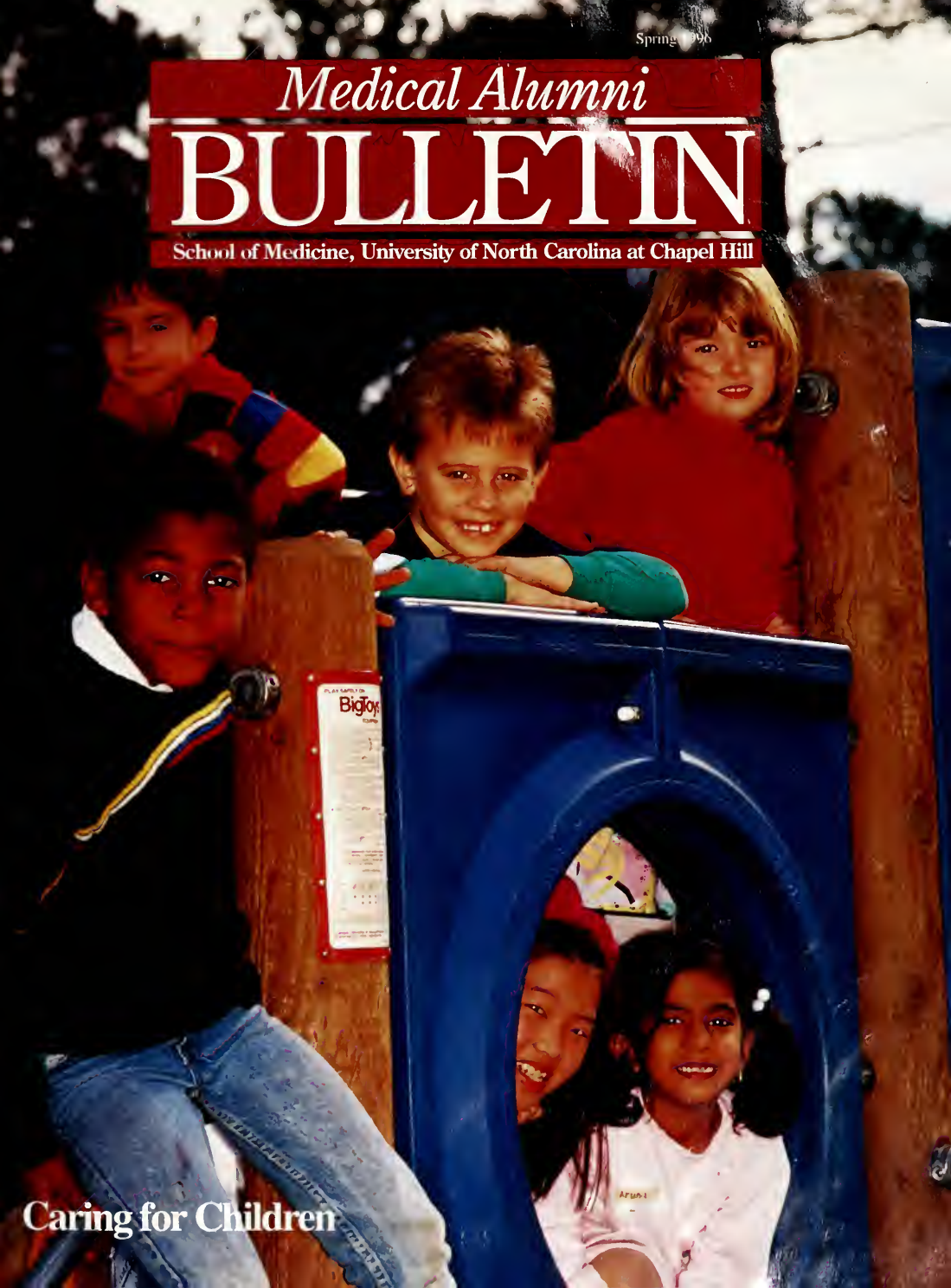
Spring 1996

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Caring for Children

Dean's Page

There's an old fisherman's story that admonishes those who would seek a bountiful catch to "fish where the fish are."

We're following that advice in Chapel Hill as we seek to improve our abilities to recruit and retain the best and brightest medical students from among all representative populations in North Carolina. We are reaching out to the high schools.

A developing relationship with the North Carolina School of Science and Mathematics in Durham offers an example of this effort in action.

We were aware that we have 42 NCSSM alumni currently enrolled in our medical school. A visit to the Durham campus revealed a vibrant and diverse intellectual environment populated by some very bright kids. We asked the Science and Math faculty, "How can we help? How can we work together?" Possibilities now in active discussion include:

- Creating and reserving special slots for NCSSM students in the 1996 UNC School of Medicine summer minority research program
- Continued faculty mentoring for these students during the following academic year
- Special involvement of NCSSM faculty at UNC, including participation in our medical education development program for minority/disadvantaged students
- Participation of UNC medical faculty as health careers information resources for NCSSM's televised distance-learning programs

These distance-learning programs go to 51 other sites in North Carolina, thus our reach to the secondary schools is extended even further. Add to this special efforts we are making to connect with other secondary school science teachers through the UNC Mini-Medical School series, and we have an outreach effort of considerable scope.

What are the results so far? There is no doubt we are better fulfilling our public service mission, simply by building these relationships. We have improved our capacity for earlier identification of promising future physicians and we are uncovering new opportunities for building and nurturing pipelines to prime sites for bright future doctors.

Another benefit, both for the profession and for our secondary school colleagues, is the help we are able to provide teachers and their young students in making better career choices sooner, simply by being visible and accessible where they are — in the secondary schools.

It is my expectation these efforts will continue and expand. We think this initiative holds great promise, both for helping assure intellectual quality and diversity in our student body, and for extending our public service reach. We plan to exploit these opportunities energetically.

Sincerely,

Michael A. Simmons, MD
Dean

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Learning About Teaching, School of Medicine-Style

Allen C. Smith III, PhD, associate director of the Office of Educational Development, leads the Teaching Scholars class during one of their monthly three-hour seminars. Clockwise, from left, are Christopher C. Baker, MD, professor of surgery and program co-director; Steven R. Wells, MD; Leonard D. Stein, MD; Kerry-Ann J. da Costa, PhD; Howard M. Fried, PhD; Claire B. Wilcox, MD; Helen E. Courvoisie, MD; O'Neill F. D'Cruz, MB; and Frank T. Stritter, PhD, professor of education and program co-director.

by Melissa L. Anthony

Medical schools are about the business of teaching. But balancing that effort with the demands of research and patient care can be a challenge.

With this in mind, William Herbert, MD, a former UNC-CH professor of obstetrics and gynecology, and Frank T. Stritter, PhD, professor of education in the School of Medicine's Office of Educational Development, created the Teaching Scholars' Program in 1987.

The idea behind the Teaching Scholars' Program is to elevate the status of teaching as a scholarly activity. It does this by providing medical faculty with an opportunity to improve their teaching skills, learn about a variety of educational issues, network with other faculty, and receive recognition as a Teaching Scholar.

"The key to the Teaching Scholars' Program is that it shows the School of Medicine is concerned about good teaching and good educational programs," says Stritter. "We are interested in helping faculty improve their teaching skills and become better equipped for educational responsibilities."

How It Works

Every two years, department chairs nominate faculty who have a demonstrated interest in education and significant teaching responsibility. Ten to 12 candidates, from a variety of departments and at various points in their careers, are selected.

The two-year program, currently co-directed by Stritter and Christopher C. Baker, MD, professor of surgery, includes a seminar series, research projects and practical applications of educational theory. "Each component of the program adds to the experience of the scholars," says Stritter.

Once a month, scholars meet for a three-hour seminar on a selected educational issue. Topics range from the theory behind instruction and the nature of educational research to using computers in the classroom and planning a curriculum. Scholars receive regular reading assignments and case studies to prepare for class.

Each participant also completes at least two practical experiences relevant to his or her responsibilities. "Learning about the education of others is complex, so we incorporated practical experiences into our curriculum," notes Stritter.

Scholars choose their experiences from optional activities scheduled after each seminar. After one seminar on large-group instruction, for instance, the scholars could be videotaped giving a lecture and have the tape reviewed by the seminar instructors.

During their second year, scholars work on individual education research projects. With guidance from program faculty, scholars design and implement their projects, write summaries of their research for publication, and present oral summaries at the Teaching Scholars' graduation symposium.

The Scholar's Experience

Though the research projects require an investment of time, they are a rewarding part of the curriculum, says Baker, a 1995 Teaching Scholars graduate. "The knowledge and experience I gained from working on my research project is applicable in the real world," Baker remarks. "I used my project to help reorganize the curriculum for the Department of Surgery."

Michael R. Mill, MD, associate professor of surgery and 1995 Teaching Scholars' graduate, used his project to create a teaching portfolio. Portfolios are necessary to fulfill the state mandate for objective measures of teaching performance, and Mill's has become a blueprint for other faculty members.

One of the best things about the program is the network created among participants, says Baker. "I may never have had the opportunity to interact with some of these faculty members," he adds. "Now that we've worked together in the program, we can interact on other educational issues."

Another valuable part of the program is that it causes scholars to think about their work in new and creative ways. "It gets people to step outside their daily activities and think about what they're doing," says Baker. "It makes them not only more effective teachers, but more effective workers."

The Program's Success

How successful has the Teaching Scholars' Program been? "Any time you try to measure success in teaching, it's a difficult thing," says Stritter. "As far as the Teaching Scholars' Program is concerned, I think it's been very successful."

One measure of that success may be the fact that graduates take on new and significant educational positions in their departments. For example, Anthony Meyer, MD, professor of surgery and a 1993 Teaching Scholar, is now residency program director for the Department of Surgery. Other graduates have become members of curriculum committees or taken positions as departmental program directors.

"I would have hesitated to volunteer to be clerkship director before participating in this program," says Baker, speaking of his position as third- and fourth-year surgery clerkship director. "Having gone through the course, though, I had new skills and saw the position as a worthwhile commitment of my time and effort."

Attendance at seminars has been near-perfect despite the participants' hectic schedules. And the program is becoming a factor in the promotion process, Stritter says. "The title 'Teaching Scholar' has credibility and is looked on favorably when promotion time rolls around," he adds.

To date, 45 scholars have graduated from the program. Enthusiasm continues to spread as graduates acknowledge its value and support of their educational responsibilities. "This program is having a ripple effect," says Baker. "The scholars are excited about what they are learning. They're going back to their departments and spreading the word about Teaching Scholars."

And the program is generating interest beyond the doors of the School of Medicine. Stritter, a frequent speaker at national meetings on faculty development, has received numerous requests for the Teaching Scholars' curriculum from schools interested in establishing similar coursework. "I know of several week-long seminars with a similar emphasis, but very few two-year programs like ours exist," says Stritter. He co-authored a paper describing the Teaching Scholars' Program that appeared in *Teaching and Learning in Medicine*, 1994, Vol. 6, No. 3, 207-209. □

1995 Teaching Scholars Graduates

Christopher C. Baker, MD, Surgery
Stephen G. Chaney, PhD, Biochemistry
Stephen M. Downs, MD, Pediatrics
Stuart H. Gold, MD, Pediatrics
David C. Mayer, MD, Anesthesiology
Karen L. McCulloch, MS, PT, Medical Allied Health
Michael R. Mill, MD, Surgery
Ann T. Neulicht, PhD, Medical Allied Health
Howard R. Reisner, PhD, Pathology
James A. Smith, MD, Emergency Medicine
David J. Weber, MD, MPH, Medicine

Current Teaching Scholars (Class of 1995-97)

Eileen J. Burker, PhD, Medical Allied Health
Helen E. Courvoisie, MD, Psychiatry
Kerry-Ann J. da Costa, PhD, Nutrition
O'Neil D'Cruz, MD, Neurology and Pediatrics
Howard M. Fried, PhD, Biochemistry and Biophysics
Scott S. Kelley, MD, Surgery
Leonard D. Stein, MD, Pediatrics
Paul Tawney, MD, Physical Medicine and Rehabilitation
Lesli A. Taylor, MD, Surgery
Claire B. Wilcox, MD, Radiology
Steven R. Wells, MD, Obstetrics and Gynecology

For the Children

Health care professionals in the School of Medicine have been serving the needs of the state's children for more than 100 years. Today, dozens of programs, services and clinics are in place to protect the health and treat the diseases of this most important resource.

Although many of the programs are based in the Department of Pediatrics, they also are delivered across departments. Several are multi-disciplinary.

From the most basic biochemical research to the life-saving capabilities of the ICU and transplant programs, the talents and energies of hundreds of people are dedicated to improving the lives of children through more advanced and more accessible health care.

The following series of articles takes a look at five different aspects of pediatric services at UNC. In the wellness and primary care arena, we look at the development of a computer program to help pediatricians improve delivery of preventive services, and the efforts of one pediatric specialist to focus on his patients' abilities, not just their disabilities.

We'll see how specialized services can touch disparate stages of childhood, from the sight-saving surgery performed on the retinas of premature infants to the collaborative focus of an adolescent psychiatry program.

And finally, we look at a heart-warming example of interdisciplinary health care at its best — how an obstetrician, a pulmonologist, two surgeons and an anesthesiologist combined their knowledge and expertise to save a young life.

More than 57,000 children receive medical care at UNC each year. Thousands more benefit indirectly from the medical center's research efforts and outreach programs.

Improving the Prevention Odds

Most pediatricians believe they should educate parents about topics ranging from seat belt use to lead screening. But studies show those in private practice spend an average of only 97 seconds during routine office visits talking with parents about their child's development, behavior and injury prevention.

Stephen Downs, MD, an assistant professor of community pediatrics at the School of Medicine, believes child preventive health services are too important to be left to chance. Working with a UNC team with expertise in health education, computer science and medical informatics, Downs has developed a computer program called Child Health Improvement Program (CHIP). The program prompts doctors to ask about preventive services while also streamlining routine clinical practice.

Here's how the program works: When a child arrives for an office visit, a nurse calls up the child's file on a computer screen. The screen highlights the vital signs to be taken that day and notes any deficiencies in the immunization record. Once the vital signs have been entered into the record, the program prints out a worksheet for the physician to use during the exam.

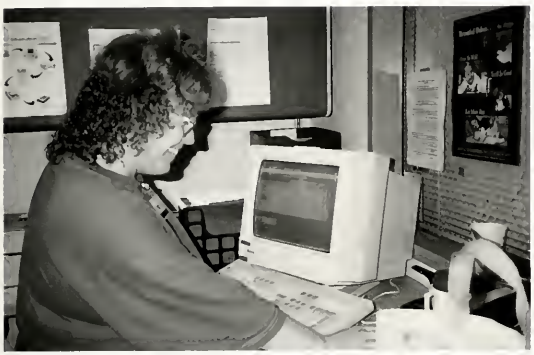
If a 4-year-old comes in for a well-child visit, for example, the worksheet might include a short list of developmental milestones for that age, questions and reminders on diet, a prompt on the risk factors for lead poisoning, and a reminder to the physician to obtain a hematocrit.

"The worksheet is more than a list of topics for a physician to discuss," says Lisa Cohen, a research assistant with the Injury Prevention Research Center who designed the health education component of CHIP. "It gives physicians the reasoning behind some of the prompts. And in some cases, it offers specific wording that the physician can use."

The worksheet prompt that reminds a physician to talk with parents about infant car seats, for example, would also note that babies under 20 pounds should be in car seats in the back seat facing backwards, while those over 20 pounds should be facing forward.

As each topic is discussed, the physician checks it off on the worksheet and makes additional notes. After the visit, the sheet is fed into a computer scanner that updates the patient database to customize the prompts for the next visit.

"So if it has been noted that a parent is not using a car seat," Downs says, "at the next visit, the worksheet will remind the care giver to ask about it again. Or if a parent who



Peggy Cheek, LPN, likes CHIP's ability to simplify the processing of kindergarten and camp health forms. "I don't have to pull the chart and write it all down — height, weight, vision, hearing, blood pressure, immunizations — I just push a few buttons on the computer and the form comes up with all of the information printed."

smokes says he or she plans to quit, the next time the worksheet will raise the issue again and even offer tips on quitting for the doctor to pass along."

CHIP is being field-tested at the Pediatric Clinic at the Ambulatory Care Center. In use since June 1995, it is already widely accepted by the housestaff. Preliminary evaluation data show 90 percent of the residents use the worksheets for well-child visits. They say the worksheet reminds them of things that they would have forgotten to mention to parents.

"But what's even more important than the usage rate of the system is that it's already making a difference in preventive care at the clinic," says Downs. Immunization rates have gone up 7 percent, while TB screening rates have risen from 31 to 75 percent.

The Orange County Health Department is another CHIP test site. Diane Rocker, child health coordinator, says the system is good at triggering what needs to be done on a given day. "A health care provider is not as likely to forget to do a certain procedure that is not done on a regular basis, such as blood lead testing," she says. "I see CHIP as a kind of check-and-balance system."

CHIP may soon also be able to summarize an office visit and create customized parent education materials to reinforce physician counseling. Jennifer Arbanis, the program's software engineer, explains: "For example, if a parent still hasn't turned down the hot water heater to 120 degrees, CHIP could send them a reminder that included a diagram of how to do it. Or if a parent isn't regularly using a car seat, the follow-up letter could zero in on that issue."

The CHIP development team's goal is to refine the program and make it available to any pediatric practice that wants it. But those who have used CHIP already recognize that its value is not limited to pediatrics. "The whole idea behind CHIP really is quality improvement," says Downs. "Especially in this era of managed care, we need better ways to document the kinds and rates of services we're providing."

— Nancy L. Kochuk

Physician Coaches, Prods Young Patients with Spina Bifida

Ask a group of 10-year-olds what they want to be when they grow up, and you'll be inundated with job possibilities ranging from the practical to the absurd. Ask a 10-year-old who has spina bifida that same question, and you might get nothing more than a shrug of the shoulders and "I don't know."

Joshua Alexander, MD, a clinical assistant professor of pediatrics and physical medicine and rehabilitation at the School of Medicine, says few of the young spina bifida patients he has worked with think about holding down a job or living on their own when they grow up. It has a lot to do with expectations, he says. He thinks both parents and children can get so caught up in the daily care issues that they don't focus on the future.

Spina bifida is a complicated illness, Alexander observes. Patients must deal with a host of issues ranging from bladder and bowel incontinence to spasticity. But he believes that people need to be encouraged to look beyond the immediate obstacles and set goals and plans for the future.

The focus on the disability is understandable, Alexander says. "Just think of how medical personnel, friends and even relatives react to the birth of a disabled child. The parents often hear only how sorry people are. No one ever congratulates them on becoming parents. It shouldn't be such a negative experience."

In the early years, it's natural and right for the parents to do whatever they can to take care of their child, Alexander says. But as his patients gets older, Alexander tries gently to place some of the responsibility on them. "I make a point of asking the children rather than their parents how they are managing their bowel and bladder and what medications they're taking." They may need to ask their parents for help with the questions the first few times, he says, but getting the children involved in their own care is an important first step. "If you never ask anything of children, you'll never know what they can do."

Alexander is a pediatric physiatrist, trained in both pediatrics and physical medicine and rehabilitation. He works exclusively with children who have physical disabilities. As a pediatrician, he can provide primary care for these kids, so he deals with the usual childhood illnesses and infections. As a physiatrist, he also deals with rehabilitation, although he considers the term misleading. "Children don't need *re*habilitation," he says. "Most haven't

Joshua Alexander, MD, gets to know a new patient, JohnMark Campbell of Wake Forest.

lost their life skills. They have yet to learn them."

Alexander thinks it's important to keep in mind that kids — all kids — just want to make friends, have fun and feel good about themselves. So he does whatever he can to make his patients' lives as normal as possible.

Toward that end, Alexander works to anticipate and prevent medical complications. He offers an example: The patient with spina bifida who has hip and spine deformities may try to compensate for this imbalance by constantly leaning to one side of the wheelchair. That increases the curvature of the spine and puts more pressure on one of buttocks, which can lead to skin breakdown. And if incontinence is not properly managed, urine can get on the broken skin, leading to infection.

The key, Alexander says, is to intervene early so these complications never arise.

If there's anything that he finds frustrating about his job, it's not having enough time to start all the programs he'd like to have in place for children with disabilities, both locally and across the state. Currently working on a part-time basis, Alexander spends most of his off-duty hours with his wife and young daughter. "Although I plan to work full-time in the near future, I figured that I could either work part-time now, or wait until I'm 65 years old. It's important to me that I help raise my daughter, and it also helps me understand how hard it is to be a parent."

Another frustration comes from dealing with the business side of medicine. "Insurers are often hesitant to spend appropriate amounts of money on children with disabilities," Alexander says, "and the situation is complicated by the fact that there are few good outcome studies in the field. But I still believe that money spent on improving the health and welfare of these children now is, in the long run, a cost-effective approach to care."

One group Alexander wants to reach while he's here at UNC is pediatricians themselves. "Since they provide most of the front-line care for disabled children, it's important that they feel knowledgeable and comfortable dealing with the special needs of this population." With that in mind, Alexander will be surveying pediatric residents to see how comfortable they are taking care of kids with disabilities.

"The bottom line is the same for most children, disabled or not," says Alexander. "They want to be accepted by their peers, they want to go out on dates and not embarrass themselves, and they want to enjoy life. My job is to help children with disabilities grow up healthy, happy and independent."

— N.L.K.

Sight-Saving Treatments for Neonates

Babies born prematurely are at risk for a host of health problems. Among them is retinopathy of prematurity (ROP), a disease in which the blood vessels of the retina don't mature normally. If left untreated, severe ROP can cause blindness.

Infants born weighing less than 1500 grams (about 3.3 pounds), earlier than 30 weeks gestation, or exposed to large amounts of oxygen are especially at risk, says David Wallace, MD, assistant professor of ophthalmology and pediatrics in the School of Medicine. So part of his weekly routine as a pediatriac opthalmologist is to screen neonates for this condition.

In normal development, the major blood vessels coming out of the optic nerve grow to the edge of the retina, Wallace explains. But in premature babies with ROP, they stop growing. In severe cases, new abnormal blood vessels grow where the normal vessels have stopped. These new vessels may bleed and fill the eye with blood, or they can scar, shrink, and pull on the retina, causing it to detach. These complications are difficult to treat and frequently lead to blindness.

No one really knows exactly what causes ROP, Wallace says. It was once thought that oxygen therapy might be the cause of all cases of ROP, but the research has not borne out that conclusion. The factors most often associated with ROP — besides the degree of prematurity and birth weight — are respiratory problems, anemia, heart problems and hemorrhage in the brain.

Not all babies with ROP go blind, Wallace says. The location and severity of the changes in the retina are the key factors. For reasons no one can explain, Wallace says, the excess blood vessel growth and scarring

How does an ophthalmologist determine if the retinal blood vessels are abnormally wide and wiggly enough to be classified as plus disease? The clinical diagnosis is significant because plus disease is known to be a powerful predictor of poor outcome in eyes with ROP.

It's a very subjective evaluation, says Jan Kylstra, MD, associate professor of ophthalmology in the School of Medicine. Ophthalmologists must make judgments about which babies have plus disease by visually comparing the diameter and tortuosity (wiggliness) of the neonate's retinal blood vessels with a single standard photograph for minimum plus disease.

"The problem is that this one photograph is off center and slightly out of focus," Kylstra says. "It's hard to make any kind of comparison against such a poor standard."

Working with Sharon Freedman, MD, formerly associated with UNC and now at Duke University Medical Center, Kylstra has undertaken a clinical research project aimed at standardizing the diagnosis of plus disease. When the research project began in 1992, Kylstra and Freedman started taking photographs of babies' eyes with a 35mm camera specially designed to photograph retinas. Joe Capowski of Chapel Hill then digitized the photos, and using specially developed computer software, analyzed the size and tortuosity of the blood vessels. The tortuosity values accurately diagnosed the presence of plus disease but because high quality photos are difficult to obtain, the exam was not yet clinically useful.

The next step was moving to video. The physician, with a videocamera attached to the ophthalmascope, could record the exam while doing it. With the entire exam on tape, the image can be frozen at any point during playback and the computer can analyze the structure of the blood vessels.

Kylstra, Freedman and David Wallace, MD, a pediatric ophthalmalogist who does many of the screenings, are still concerned about the quality of the images being generated. Since a consistently clear photograph may be impossible to achieve, Kylstra says they may try to develop a standard set of photos with different levels of plus disease.

One aim of the overall research effort, Kylstra says, is to see if other health care professionals might be taught to screen for plus disease. He and Freedman recently presented a paper at a national pediatric ophthalmology meeting showing that even without special training, people have considerable ability to discern clinically relevant increments in blood vessel diameter and tortuosity. So if health care providers could be given a set of photographs or a numerical standard for plus disease, Kylstra says the screening process could be both standardized and routinized.

stops by itself in the majority of babies. But in a small percentage, there is progressive scar formation which may impair vision and even cause blindness. It's those babies who are the target audience for Wallace's screening efforts.

During the exam, Wallace uses an indirect ophthalmascope and holds a viewing lens in his hand to assess the relative size and tortuosity (wiggliness) of retinal blood vessels. Babies whose blood vessels are fat and wiggly have a severe form of ROP called plus disease. Plus disease is one of the indications for laser surgery.

Sometimes the initial screening doesn't show anything significant, but that may be because it's just too soon to tell. "At 30 weeks, there may be no disease present, but the retina hasn't matured enough to tell if there will be a problem," Wallace says. The critical time to intervene with laser surgery is usually around 37 weeks postconception.

Assisted by Rene Thomas, RN, ophthalmologist David Wallace examines the retinas of 9-week-old Zachary Jones.

During the surgery, Wallace makes about a thousand laser spots in the area that is bereft of blood vessels. "What we're doing is destroying the outer part of the retina in order to save the center part. We know that it is the malnourished outer retina that likely stimulates the abnormal blood vessel growth," he says. "We're sacrificing far peripheral vision to save center vision." Untreated, approximately half of the babies with severe disease would become legally blind. Using the laser treatment decreases the incidence of severe visual loss by about 50 percent, Wallace says.

Twenty years ago, Wallace says ophthalmologists had no treatment options. They would see babies with ROP and simply tell the parents if they thought the infant would be likely to see or become blind. "Now with laser surgery, we can dramatically increase the odds in favor of the child," Wallace says.

—*N.L.K.*

Communication the Key in Psychiatric Programs

From the moment a child or adolescent is admitted to the N.C. Neurosciences Hospital as a psychiatric patient, the focus is on going home. While the patient undergoes medical and psychiatric evaluation and treatment, the rest of the health care team -- nurses, recreational and occupational therapists, social workers, education specialists and others — analyzes the child's home, school and community environment. Their aim is to make the transition back home as smooth as possible and ensure that social service support is in place for both the child and family.

By the time a child is referred here, says Helen Courvoisie, MD, medical director of the expanded pre-adolescent inpatient unit at the new N.C. Neurosciences Hospital, the child's illness likely has already taken a heavy toll on the parents.

"For a child with an affective disorder such as manic-depressive illness, for example, the behavior problems may go back to preschool years," she says. "When the child reached elementary school, the episodes of aggression and violence may have escalated, leaving the parents frustrated and angry with their inability to deal with the behavior.

"The younger the child, the more likely a health professional along the way attributed the child's behavior to something going on at home," Courvoisie says, "rather than to a neurpsychiatric problem. We try to show parents that although they didn't cause the behavior problems, they can learn better ways of managing them."

Parents need lots of information — about the diagnosis, about medication and other forms of treatment, and especially, Courvoisie says, about how to be an effective advocate for their child. "We want to make parents feel powerful and give them the tools to deal with the situation," she says.

"All parents are looking for answers," says Avni Cirpili, RN, MSN, currently the psychiatric nurse manager for the combined units. "They want to know — *need* to know — what's happening with their child. We see ourselves as partners with parents. We provide information and try to make the environment comfortable enough for parents to be able to ask *any* question they have. From our point of view, there simply aren't any 'dumb' questions."

Psychiatric nurses also teach parents how to manage difficult behaviors, and they encourage parents to try out the strategies on the spot. "What better place than a psychiatric unit to practice the skills?" Cirpili asks. "We're the safety net. If something's not working well, we can step in and show them the appropriate intervention."

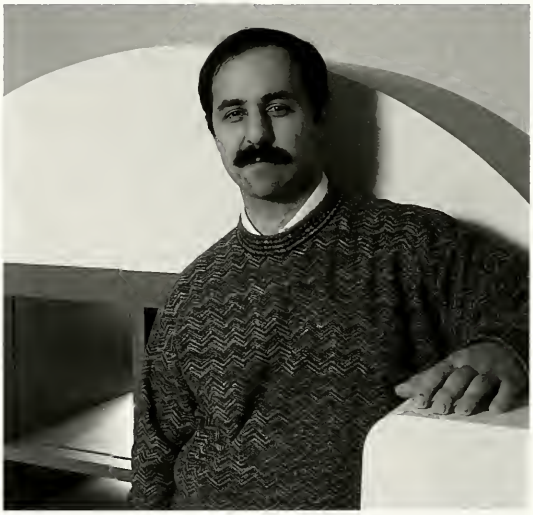
Helping parents work through issues with their teenage children is especially important, says Lin Sikich, MD, medical director of the new adolescent inpatient unit. "Communication and control, two issues central to every parent-teen relationship, can be even more explosive when the young person is diagnosed with a psychiatric disorder," she says. "Parents need to set limits and monitor the adolescent's behavior, yet still allow some freedom and choices where possible. It's a tough balancing act. The experiences parents gain in family therapy and multi-family group activities can really help.

"What these teenage patients need more than anything else is to know that they are loved and valued by their parents," Sikich says. "Once that sense of security is established, they can start to take little steps toward independence and responsibility. The process of separating from parents during adolescence is surprisingly similar to the stages that a toddler goes through to establish his or her independence."

While working with families, the treatment team is also in constant communication with the child's community. Contacts are made with the referring source, with local health care officials, with the child's school, and with various social service agencies. All of this activity culminates in a community conference that takes place in the hospital before the young person is discharged. Along with parents and the medical staff, representatives from all of the community groups are present. The point of the meeting is to discuss recommendations on topics ranging from school placement and attendance to the kind and frequency of counseling for the young person.

"We like to involve the teenagers in these community meetings too," says Sikich. "We need to hear about the issues that are important to them. We also know involving them increases the likelihood they will buy into the treatment plan."

Encouraging compliance with the agreed-upon plan is a primary concern to the health care team. One technique they use with adolescents is having them sign written agreements that spell out the desired behavior — taking medication, attending weekly counseling sessions,



Avni Cirpili, RN, MSN, tries to provide as much information as possible to parents. There simply aren't any 'dumb' questions, he says.

or whatever — as well as specific rewards and consequences for following (or not following) through.

"Kids need to know that there are rewards as well as negative consequences to their behavior. For some adolescent patients, a later curfew on a weekend or more phone time with their friends might be a real incentive to stay with the program," Sikich says.

There are a lot of things that patients and families can't control about the psychiatric illness, Sikich says. "Our goal is to make children and their parents aware of the things they can do differently to make a difference in the quality of their lives."

— N.L.K.

Baby's First Birthday a Blessing to Parents

Reprinted by permission of the News & Observer of Raleigh, NC

Derrick Lucas Jr. enjoys an outing with his dad, Derrick Sr., and mom, Theresa Wiggins.

When Derriek Lucas Jr. eelebrated his first birthday on March 10, the festivities were a bit more joyous than most.

The fact that Derriek is even alive is little short of miraculous, say his mother and his physicians at UNC Hospitals, where Derrick was born in 1995. He weighed only 3 pounds, 5 ounces.

Theresa Wiggins first eame to UNC in mid-February last year after a routine ultrasound done in Nash County showed an abnormal growth on the fetus' neek. Nancy Chescheir, MD, an obstetrician/gynecologist who specializes in high-risk births, repeated the ultrasound, then showed Wiggins the problem.

"She told me a tumor was growing inside the baby's throat and mouth area," Wiggins says, making it unlikely the baby would be able to breathe on his own, once born. "Dr. Chescheir was very honest, and told me that he had less than a 20 percent chance of living. I was seared, but I appreciated her honesty," Wiggins says. At the time, doctors did not know how large the tumor would grow, or whether it was eancerous.

Wiggins went home to Elm City only to return to UNC two weeks later, already in labor — two months early. "They tried to stop the labor, but couldn't," Wiggins says. Doctors had to do a Cesarean section because the tumor had grown so large.

Chescheir's original prenatal diagnosis, which identified the seriousness of the baby's medieal situation, prompted her to alert other UNC physicians, who were then available during and following the baby's birth.

One of those physicians, Robert Wood, MD, chief of pediatric pulmonary medicine, attempted to get a tube around and past the tumor, to help the baby breathe, but the tumor was too large. Clearly, it had to be removed surgieally if the baby were to survive.

In the delivery room, Don Nakayama, MD, chief of pediatric surgery, performed an emergency tracheotomy, opening a small hole in the infant's throat that allowed him to breathe. He and Amelia Drake, MD, an ear, nose and throat specialist, found the tumor was too large to be removed through the mouth. The only option was to make a large incision that split the jaw.

Such extensive surgery on a tiny baby meant lots of bleeding, further endangering his life. "Transfusions and eareful administration of anesthesia by Dr. Vincent J. Kopp allowed us to get through the surgery and remove the tumor without any complications," Nakayama says. Fortunately, the tumor was benign.

Two weeks after Derrick's birth, his mother got to hold him for the first time. "Before that, I could only rub his hands and feet, he was hooked up to so many machines. Holding him was the best feeling I've ever had," Wiggins says. It also was especially poignant because her first baby was stillborn.

After surgery, the infant made rapid progress. His mother stayed at the Ronald McDonald House, visiting eaeh day. Although Derrick did have a few subsequent setbacks, on June 5, he got to go home.

Today, "Derrick is a pretty normal baby, except for a slight deformity of his jaw. You ean scarcely tell he had anything wrong," Nakayama says. Michael Roberts, DDS, M.Sc.D., chair of pediatric dentistry at UNC, will continue working on oral rehabilitation, "mostly making sure his teeth are straight where we split the jaw," Nakayama adds.

"Dr. Nakayama is a good surgeon," Wiggins says. "When I bring Derrick for check-ups, you ean see the exeitement in his eyes that the surgery was successful. I like that feeling." □

— Katharine C. Neal

Myelin on His Mind

Few lay people have ever heard of myelin, the fatty white material that wraps around nerve fibers and speeds conduction of nerve signals necessary for movement. Unless, perhaps, they suffer from multiple sclerosis or have peripheral neuropathy (loss of sensation in the limbs) as a complication of adult-onset diabetes. These are among the many disorders related to loss of myelin.

Pierre Morell, PhD, and fellow researchers in UNC's Brain and Development Research Center hope their work with myelin will shed new light on nervous-system development, and ultimately, offer clues to more effective treatments for myelin-related disorders.

Pierre Morell, PhD, reviews research data with Helga Jurevics, PhD.

Over the past two decades Morell, a professor of biochemistry, has investigated what myelin does, how and when it is formed, and what controls its formation.

"For years, myelin was viewed as an insulator, similar to rubber coating on an electric wire," Morell says. "Now, however, it's recognized as a dynamic structure that interacts with axons of the nerve fibers in facilitating transmission of electrical impulses."

At birth, babies have little myelin in their brains. "Babies are cute, but they're not so smart, and that, in part, has to do with their lack of myelin," Morell says. "The neurons are formed, but the myelin must still be produced and wrap around them." This begins soon after birth. By age 5 almost all pathways are well myelinated, although some myelin accumulation continues over the next decade.

Morell has been looking for clues as to what causes myelin to be lost. In a series of experiments that involved feeding newborn rats the element tellurium, the rats became paralyzed. Morell, working with neuropathologist Tom Bouldin, MD, and biochemist Arrel Toews, PhD, found the paralysis was related to myelin loss. Once the rats stopped getting tellurium, their bodies started producing myelin again and they returned to normal health.

How did the tellurium act on the myelin? Two of Morell's former associates — Jean Harry, PhD, now an NIH scientist, and Maria Wagner, PhD, now at Cato Research in Research Triangle Park — found the answer. After ingesting the tellurium, the rats were unable to synthesize cholesterol, a critical component of the myelin sheaths. Without cholesterol, myelin surrounding the nerve fibers became unstable and fell apart.

The next question became whether the cholesterol needed for myelin formation is synthesized in the nervous system or if it can come from cholesterol that is consumed in foods. In the *Journal of Neurochemistry* this year, Morell and Helga Jurevics, PhD, a research fellow in the lab, reported that virtually all cholesterol needed for synthesis of myelin is made in the nervous system. The cholesterol that circulates in the blood does not enter the nervous system.

"All body tissues require cholesterol for synthesis of membranes (myelin is a specialized membrane). In most cases, tissues can use the cholesterol that comes from the diet, but that's not true for the nervous system," Morell says. "Special barriers protect the brain and nerves. These keep almost all foreign substances — including cholesterol — from entering."

The practical implication of these findings is important in evaluating the consequences of dietary intervention in early childhood, Morell says. He points to an inborn error of metabolism called Smith-Lemli-Opitz syndrome, characterized as due to an inability to make cholesterol.

"Unfortunately, adding cholesterol to the diet of newborns is not likely to be effective in alleviating brain damage caused by this disorder," Morell says. "It may be more helpful for researchers to focus on other kinds of therapies for genetic disorders related to myelin production." □

—*N.L.K.*

Have you heard the theory that eating garlic is associated with reduced incidence of heart disease?

It's actually the tellurium salts — assumed to be responsible for garlic's powerful odor — that are creating the interest. In fact, a researcher from the University of Cambridge in England recently published a paper picking up on Morell's studies: "How Does Garlic Exert its Hypocholesterolaemic Action? The Tellurium Hypothesis."

Morell says the tellurium hypothesis is interesting, but puts his faith in well-studied drugs that suppress cholesterol synthesis without the smell of garlic. He also reminds readers that using physician-prescribed drugs for lowering cholesterol in adults is safe with regard to myelin. Demyelination due to blocked cholesterol synthesis is only likely in infants or small children still accumulating myelin.

Preceptors Serve Vital New Role in Medical Education

Last October, 160 first-year medical students left the cozy confines of Berryhill Hall for an up-close-and-personal look at primary care practice. Under the auspices of the new "Medical Practice and the Community" course, the students spent a week with physician-preceptors located in communities throughout North Carolina, observing their practices and soaking up the essential elements of the doctor-patient relationship. Over the course of their first two years in medical school, the students will return to the practices five more times.

"The six weeks that students spend with their preceptor can have a profound impact on their career choice," says Michael C. Sharp, MD, director of the Office of Community Medical Education. "We are very grateful to our preceptors and to their patients. They are providing our students with invaluable experiences."

One preceptor, Jonathon Dewald of Wilson, found the experience invaluable for himself, as well. Dewald reflected on that experience in a letter to the student he hosted, portions of which are reprinted here. For further information on becoming a preceptor for the MPAC course, call the Office of Community Medical Education at 919-966-2917. □

October 21, 1995

Dear Mark:

I've found a little time to try to send along a few comments but still haven't formulated them very well — best to just do it or it'll never get done.

Overall, I feel very good about this first week and look forward to future, more advanced encounters. I perceive you to be intelligent, polite, caring and enthusiastic, the latter resulting in your frustration that your actual hands-on experience with the patients was less than you had hoped for. I like that. It will become a challenge later for you to keep that enthusiasm, just as it becomes a challenge to keep humanistic ideals as your work load increases. ...

You've now been exposed fairly well to most of the aggravations of private practice. I think you need to see that early. In future on-site encounters, keep challenging me about the good parts and I can show you a whole world of wonderful things in medicine; things *I* think are wonderful. You will find things that are wonderful to you, likely different from what I enjoy. Medical school and residency will give you plenty of opportunities. ...

This week was a re-learning experience for me; probably more of a challenge for me than for you. I enjoyed the teaching aspect of my residency and the year I spent as an instructor in Augusta. Since then, I've acquired a new life, a new love – my practice. It is more *mine* than any other part of my life. I manage every aspect of it. It depends on me for its existence because of who I am. Another physician could take over the practice, but the unique aspects of the way I practice and manage will gradually disappear as the new physician imprints his or her own unique blend of emotions, experiences, priorities and personality. ...

I teach my patients about things important to their quality of life and they teach me how to communicate effectively and efficiently and, if they really like me, they teach me how to be more sensitive, more human. The uniqueness of the patients thereby also defines the uniqueness of the practice. To share these patients with someone else is almost frightening. They share with me their deepest intimacies, fears, joys and experiences with the expectation of confidentiality. They need to be able to do that. My unique group of patients has come to expect it and it's taken almost 11 years for some of them to get there. ...

I need these experiences for my own emotional fulfillment; perhaps the most important "good" aspect of my practice. The teaching of the patient and physician is an intimate relationship. To introduce a new learner (student) into the relationship can generate feelings something akin to a three-way love affair – jealousy, apprehension, inhibition of intimacy, competition, etc.

Such are the concerns I've had as I've resisted for years the pleas of colleagues and my own innate desire to expand my teaching role. My longing became too intense to fight so I volunteered but it was still with some trepidation that I looked forward to your arrival. This program involving early first-year students seemed the ideal way to start. You are primarily expected just to "shadow" and see what a private practice is. Easy for you and easy for me. We both can pull out of the arrangement at this stage.

Again, I've overall pleased and relieved. The preceptor role looks like something I can begin to build on. The student (you) is everything a preceptor would want. The practice didn't fall apart! I'm confident I can do this. There will be problems – there are always problems – but I'm not afraid they'll be insurmountable. Your first year of medical school is but the first of many steps on the way to being a physician, and this first week I hope is just one of many I'll take on the way to becoming a more rounded, versatile and experienced teacher. I hope you'll help me with that (feedback).

If you decide to come back in January (with more clinical tools) you can count on more hands-on experience, more independence, more responsibilities and more expectations (from me). I'm looking forward to it.

Jon Dewald

News Briefs

Neurosciences Dedication Set for April 19

On Friday, April 19, officials from the medical center, the University of North Carolina and the Chapel Hill community will officially dedicate the new North Carolina Neurosciences Hospital.

Eric B. Munson, UNC Hospitals executive director, will deliver the opening remarks and introduce the speakers, including Alice Eure, founder, Foundation of Hope, Raleigh; Robert Golden, MD, chair of Psychiatry; Michael Hooker, PhD, chancellor, University of North Carolina at Chapel Hill; John Kirkland, MD, chair, UNC Hospitals board of directors; Harold C. Pillsbury III, MD, chief of Otolaryngology/Head & Neck Surgery; Michael Simmons, MD, dean, UNC-Chapel Hill School of Medicine; C.D. Spangler, president, University of North Carolina; Judith Tintinalli, MD, chair of Emergency Medicine; and The Honorable Rosemary Waldorf, mayor of Chapel Hill.

Dedication ceremonies will be followed by a reception and tours of the facility. The hospital, which broke ground in 1991, will house emergency services, psychiatric services, neurology and neurosurgery, otolaryngology/head & neck surgery, and Carolina Air Care.

On Sunday, April 21, the medical center will host a community open house at the new hospital from 2 to 5 p.m. In addition to tours and refreshments, the open house will feature a children's fair.

Pediatrics Professor Receives Population-Study Grant

The Fogarty International Center and the National Institute of Child Health and Human Development of the National Institutes of Health have announced the funding of initial awards under a jointly sponsored International Training and Research in Population and Health Program.

Frank S. French, MD, professor of pediatrics and division chief, Laboratories for Reproductive Biology, received one of seven awards made to U.S. universities to support international training and research programs in population-related sciences for scientists and health professionals from developing countries concerned with population issues. He will collaborate with institutions in Chile, Kenya, China and Brazil on projects that focus on reproductive biology.

Another UNC-Chapel Hill professor, Ronald R. Rindfuss of the Department of Sociology, received another of the seven awards. He will collaborate with institutions in China, the Philippines and Thailand on training projects in the social sciences, and will establish links with the Laboratories for Reproductive Biology.

Award Renamed for Psychiatry Professor Emeritus

Each year, the Mental Health Association in North Carolina bestows its highest award on an individual who has made the most significant volunteer contribution to the cause of mental health in the state. Since its inception, the award has been known as the McFarland Award.

At its annual meeting last October in Chapel Hill, the association announced the renaming of the award to the McFarland/Edgerton Award, in honor of J. Wilbert Edgerton, MD, professor emeritus of psychiatry. Edgerton, who retired from the School of Medicine in 1984, was honored for his significant ongoing contribution to the association and to the mental health movement in North Carolina.

Family Support Network Celebrates 10 Years

The Family Support Network, part of the School of Medicine, celebrated 10 years of service in December during a conference at the William and Ida Friday Continuing Education Center in Chapel Hill. The network was created to help meet the needs of families with premature infants or children with developmental disabilities, behavioral disorders or chronic illnesses. What began as a pilot program in Alamance County in 1985 has grown into an organization with 15 programs serving 51 counties.

Last year, the network's Central Directory of Resources, which houses more than 20,000 entries of information and resources available to families across North Carolina, received more than 4,000 requests for information through its toll-free number.

For more information about the Family Support Network, call the Consultation Center at 800-862-6264.

Geriatrics Fellow Elected to Society Leadership

A second-year fellow in geriatrics in the UNC-CH Program on Aging has been selected as chair of the Fellows-in-Training Section of the American Geriatrics Society. Ted Johnson, MD, was selected by a vote of geriatric fellows from across the country. He will focus on programs geared toward professional development and those that increase communication and networking within and outside the American Geriatrics Society Fellows-in-Training Section.

Students Serve NC Academy of Family Physicians

Two UNC medical students were elected to leadership positions in the North Carolina Academy of Family Physicians at the academy's annual winter meeting in December.

Kenric Maynor, a second-year medical student, was elected to the NCAFP Foundation Board of Directors. He will serve a one-year term and will be one of two medical student representatives on the board. The foundation is the philanthropic arm of the academy.

Brian Forrest, also a second-year student, was chosen as student director-elect of the NCAFP. He will serve a two-year term on the academy's board.

Forrest and Maynor are both active in the UNC Family Medicine Interest Group, a student organization in the School of Medicine which promotes careers in family medicine.

Student Research Day

Above, Nancy Knight, MSII, a 1994-95 Loyalty Fund Merit Scholar, presents her research to judges (from left) Cheryl Farmer, MSIV; Robert Sandler, MD; Nancy Cheshier, MD; and Floyd Denny, MD at the 28th annual Student Research Day. Below, Kyle Weaver, MSIV, Michael Gynn, MSII, William T. Smith, MSIV and Dawn Kleiman, MSIII, received awards for their research at the evening banquet. Dr. James R. Gavin, senior scientific officer at the Howard Hughes Medical Institute, delivered the Ralph R. Landes Lecture at the Jan. 31 event, sponsored by the John B. Graham Research Society and the Whitehead Medical Society.

Drew University President Delivers Zollicoffer Lecture

The revolution in the health care industry has created special challenges for traditionally underserved communities, said Reed V. Tuckson, MD, president of the Charles R. Drew University of Medicine and Science, at the 1996 Lawrence Zollicoffer Lecture on Feb. 16. The lecture is named in honor of Lawrence Zollicoffer, MD, the fourth black graduate of the School of Medicine.

Merrimon Lecturer Addresses Ethics in Surgery

LaSalle D. Leffall Jr., MD, Charles R. Drew professor of surgery and chair, Department of Surgery, Howard University College of Medicine, presented the Merrimon Lecture in November. His topic was "Ethics and Surgical Practice Today."

Practicing Positive Medicine

Alan Cross, MD, professor of social medicine and pediatrics, has been named one of the 50 best role models in the country for future physicians by the Positive Medicine project, a national organization that highlights exemplary physicians who exhibit positive leadership in health care.

More than 300 physicians across the country were nominated for the Positive Medicine award. Cross was nominated by Eric B. Munson, UNC Hospitals executive director, based in part on a letter of recommendation from UNC medical student Lisa Harrington. Harrington wrote of Cross:

"Dr. Cross serves as the course director for one of the most popular classes in the first year, Introduction to Medicine, but his commitment to education does not stop there. He is also a small group leader in the course Medicine and Society, a preceptor for Basics of Patient Care, the faculty advisor to eight students, and chair of the First Year Curriculum Committee. Meanwhile, Dr. Cross continues to practice as a pediatrician, and by all accounts is as devoted to his patients as he is to the first-year students."

The 50 physicians chosen to receive Positive Medicine honors are profiled in a four-color coffee table book titled *"Positive Profiles."* The book is being distributed to medical schools this spring, with a goal of providing the class of 2000 an introduction to the very best physician role models in the United States. The profile on Alan Cross is reprinted here with permission of the publisher. For more information or to obtain a copy of the book, call the Positive Medicine organization at 800-774-3313.

As a pediatrician matures, does it become harder to relate to children? Alan Cross, MD, says that is not his experience. At 51, Cross still regularly finds opportunities to join children in their play. "I've always been mistaken by kids as one of them," boasts Cross. A recent trip to the pool proves his point. "I dove into the water and was immediately surrounded by three kids who wanted me to roughhouse with them. Walking out of the locker room, one of them, probably four or five years old, said, "My mommy is taking me home, is yours?"

There is nothing childish about Cross's talent for meeting children on their level. His lack of pretension and genuine concern eventually disarm even the most terrified child. "There are fears everyone has, but which adults have learned to hide," he says."Children are honest; they tell you how they feel. I tell the medical students: if you can succeed in taking a history and doing a physical exam in a two-year-old who's skeptical of your presence if not downright scared, the skills you learn there will be appreciated by every patient of every age."

Popular among the medical students at UNC for his droll sense of humor and flair for telling stories, Cross says the majority of what he teaches his students about interacting with patients he learned at home. And as the father of four daughters, he claims he's seen about all there is to see. "I've had a number of experiences with my own kids that I relate not only to my students but also my patients, whenever they seem to fit," Cross says. "It shows that I, too, have walked in those shoes and dealt with some of those same issues."

Cross came to Chapel Hill in 1978 after finishing a fellowship in Adolescent Medi-

Positive Medicine awardee Alan Cross, MD, is well known among UNC medical students for his captivating stories.

12-year-old Chris Punnett gets the better of his big buddy during one of their Saturday swims. "I've always been mistaken by kids as one of them," says Cross.

cine at Children's Hospital Medical Center in Boston. Prior to his fellowship, Cross had spent two years teaching in Nairobi, Kenya, an experience that had a profound influence on his approach to medicine. "I was part of a struggling yet committed group of people working in very minimal kinds of facilities," he says. "I realized that many of the most important things — simple things like promoting breast feeding, clean water, immunizations, oral rehydration — can be done through public health with very limited resources." His interests brought him to UNC, which was well-known for being on the cutting edge of medical practice in rural communities. His connections with the faculty in Nairobi continue to run deep. Cross returned to Nairobi in 1989 on a one-year sabbatical to teach physicians, and he manages to get back every year. In addition, he sends fourth-year medical students to Nairobi on a one-month rotation.

While at UNC, Cross has been involved in several innovative efforts to address the health needs of the underserved in North Carolina. As director of the Center for Health Promotion and Disease Prevention, Cross helps facilitate multidisciplinary collaborations to tackle specific problems, drawing on more than 130 faculty and staff from the five health affairs schools at UNC (medicine, dentistry, public health, nursing and pharmacy). Through the center, Cross had a hand in creating a project which trained community volunteers to help support high-risk pregnant women, with the hope of improving the changes that the pregnancy and baby would turn out all right. The initial program proved so successful that a statewide expansion was funded, and in its current form the program reaches more than 50 of the state's 100 counties.

A leader in numerous state and national professional organizations, Cross says the crow's nest is his favorite seat. Yet even with an eye to the bigger picture, Cross still manages to keep his feet grounded in the issues of his local community. "It's my motto: I need to have a cause in my community that I'm working on," he says. Soon after he arrived, Cross joined the local School Health Committee, on which he's served ever since.

"I think there is a gross oversimplification of what it means to help," he says. "It takes a lot of energy, effort and commitment to really see a change. Sticking with it is what counts."

Cross learned this lesson during college, when he befriended the children of a disadvantaged family in New Haven, with whom he is still in contact. Since college, Cross has continued to mentor children on an informal basis. His current little buddy goes swimming with him on Saturdays. "If everybody who was doing well picked up one person that they thought was not doing so well and tried to be helpful, we could go a long way towards healing our communities." □

Faculty Notes

John J.B. Anderson, PhD, professor of nutrition, has co-edited "Calcium and Phosphorus in Health and Disease," a book which highlights calcium-deficiency diseases and functions of calcium and phosphorous.

Elizabeth Bullitt, MD, associate professor of neurosurgery, is studying "Recovery and Regeneration After Neuron Injury" with support from the National Institute of Neurological and Communicative Disorders and Stroke. Bullitt co-authored the keynote paper, "3D Image-Guided Surgery via Registration of Intraoperative and Preoperative Images," at the 1995 Conference on Virtual Reality in Medicine in Leeds, England.

Bullitt

Culley C. Carson III, MD, professor and chief of the Division of Urology, has been appointed to the Executive Committee of the Drug Information Division of U.S. Pharmacopeia. In addition, he was voted president-elect of the North Carolina Urologic Association, and will become president of the association in July 1996.

Carson

Kenneth L. Cohen, MD, professor of ophthalmology, and **Timothy N. Taft, MD**, Max M. Novich, MD professor of sports medicine in the Division of Orthopaedics, have been selected to be included in the first edition of *The Best Doctors in America: Southeast Region, 1996-1997*. The publication is based on a survey in which more than 5,000 doctors were asked to rate the clinical abilities of their peers.

Enrique Criado, MD, assistant professor of vascular surgery, received the 1995 Southern Association for Vascular Surgery President's Scientific Award for his work related to laboratory evaluation of endovascular prostheses.

Georgette A. Dent, MD, associate professor of pathology and laboratory medicine, has received the 1995 Phillip M. Blatt Award for commitment and excellence in residency teaching. Established in 1982, the award honors outstanding clinical pathology teaching and honors Blatt, medical director of the coagulation laboratory from 1974 to 1982.

Dent

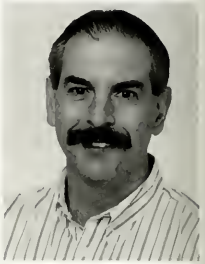
Gordon DeFriese, PhD, director of the Sheps Center for Health Services Research and professor of social medicine, was inducted into the National Academy of Sciences' Institute of Medicine. He was one of 55 inducted into the institute, which was chartered by Congress in 1970 to provide non-partisan perspectives on the nation's most pressing health issues.

Frank C. Detterbeck, MD, assistant professor of cardiothoracic surgery, is the first author of "Lung Transplantation After Previous Thoracic Surgical Procedures," published in *The Annuls of Thoracic Surgery* 1995; 60:139-143. Coauthors include **Michael R. Mill, MD**, and **Thomas M. Egan, MD**.

Joseph W. Hall III, PhD, professor of surgery and clinical associate professor of speech and hearing sciences, has been appointed associate editor for physiology and psychophysics for the *Journal of the Acoustical Society of America*. The journal is the premier international forum for basic research in sound perception.

Brian A. Herman, PhD, associate professor of cell biology and anatomy, has been named to a two-year term as chair of the Cell Biology and Physiology II Study Section at the National Institutes of Health. Herman also has been named to the editorial boards of the *American Journal of Physiology* and *the Journal of Biomedical Optics*.

Steven A. Leadon, PhD, associate professor of radiation oncology, has accepted an invitation from the National Institutes of Health to serve as a member of the Chemical Pathology Study Section, Division of Research Grants. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors.



Leadon

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

Susan J. Maygarden, MD, assistant professor of pathology and laboratory medicine, director of cytopathology and acting director of surgical pathology, has won the 1995 Frederick B. Askin Award for her commitment and excellence in resident teaching.

Maygarden

The award, for excellence in anatomic pathology teaching, honors Askin, pathology professor and director of surgical pathology at UNC-CH from 1981 to 1991.

Gary B. Mesibov, PhD, professor and division director, Treatment and Education of Autistic and Related Communication and Handicapped Children, has been honored by an international autism group. He received the International Organization for More Able Autistic People's annual award for invaluable service to the organization and to high-

functioning people with autism.

Anthony A. Meyer, MD, PhD, professor and chief of general surgery, has been designated president-elect of the American Association for the Surgery of Trauma. The appointment was made during the society's annual meeting in Halifax, Nova Scotia, in September 1995. Meyer's position will evolve to the presidency in September 1996. For the past three years he has served the association as secretary-treasurer.

Meyer

Joe Minchew, MD, assistant professor of orthopaedics, was inducted as a member of the Scoliosis Research Society in September at the annual meeting in Asheville.

Robert Rutledge, MD, associate professor of surgery and chief of Informatics, has been named associate chief of staff for Clinical Outcomes and Effectiveness at UNC Hospitals. The new position was created in response to widespread changes in health care delivery in the United States. Rutledge will be involved in the creation of information management systems designed to improve the quality of patient care through improved data-driven decision support.

Rutledge

Harold C. Pillsbury III, MD, Thomas J. Dark distinguished professor of surgery and chief of Otolaryngology, received a Presidential Citation from the American Academy of Otolaryngology-Head and Neck Surgery for his numerous contributions and support of the academy and its activities.

George F. Sheldon, MD, Zack D. Owens distinguished professor of surgery and chair, has been elected to membership in the International Surgical Group. The group works to establish international academic interactions and meets in one of the host countries annually. Membership is limited to 25 members from the United States and Canada and 25 members from Europe.

In addition, Sheldon was awarded an honorary fellowship by the Royal College of Surgeons. The college, established in 1505 in Edinburgh, Scotland, cited Sheldon for contributions to the fields of trauma and surgical nutrition. Sheldon was selected to address surgeons from 26 countries who received fellowship diplomas. He discussed the changing economic structure of health care worldwide.

Gerald M. Sloan, MD, has been appointed chief of the Division of Plastic and Reconstructive Surgery. In this position, which became effective October 1, 1995, Sloan is also directing the plastic surgery residency program.

Sloan

Sloan received his MD degree from Harvard Medical School. He completed two years of surgery residency at Peter Bent Brigham Hospital in Boston, followed by two years as a surgical oncology fellow at the National Cancer Institute, and another two years of surgery residency at Tufts-New England Medical Center. His plastic surgery residency was completed at the University of Southern California, Los Angeles.

David Yoder, PhD, professor and chair, Medical Allied Health Professions, received the 1995 Honors of the Association from the American Speech-Language-Hearing Association. Presented in December at their annual convention, the award is the highest recognition awarded by ASHA to members.

Christian E. Newcomer, VMD, MS, research associate professor of pathology and laboratory medicine and director of the Division of Laboratory Animal Medicine, has been appointed as a section leader of the Council on Accreditation of the American Association for Accreditation of Laboratory Animal Care. Newcomer received his veterinary degree from the University of Pennsylvania in 1977 and his master's in pathology from the University of Michigan in 1981. He completed postdoctoral training in laboratory animal medicine at the University of Michigan and became a diplomate of the American College of Laboratory Animal Medicine in 1982.

Arthur J. Prange Jr., MD, Cary C. Boshamer professor of psychiatry and associate chair, has been elected to the executive council of the American Association of Medical Colleges, a Washington, DC-based organization that represents 125 medical schools in the United States. The association consists mainly of three councils: deans, teaching hospitals and academic societies. Prange has been a member of the association's Council of Academic Societies for four years and a member of its administrative board for two years.

Prange

Alan L. Willard, PhD, associate professor of physiology, has accepted an invitation from the National Institutes of Health to serve as chair of the Neurological Sciences Study Section, Division of Research Grants, from July 1995-June 1997. Invitations are issued on the basis of a person's demonstrated competence and achievement in his or her scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant activities, achievements and honors.

Distinguished Physician Specializes in Compassion

by Jerry Allegood

The following article, reprinted with permission from the News & Observer *of Raleigh, NC, profiles the career of School of Medicine alumnus James N. Slade, Class of '57.*

The woman cradling her sick grandson in her lap breathed a little easier when the faded '58 Chevy pulled up to the curb and parked. It meant the doctor was in.

Just the sight of Dr. James Slade's worn car is reassuring to scores of families in northeastern North Carolina. They know that when Slade arrives, it might take a while but he will get to every patient with the gentle, unpretentious manner he has been dispensing for decades.

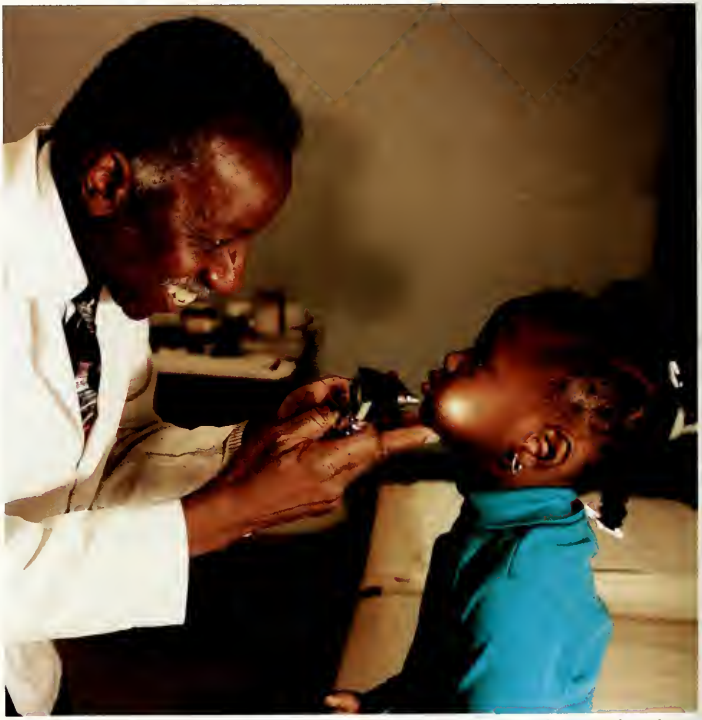
"He knows how to talk to you and he won't rush with you," says Mary White, a longtime patient who waited at Slade's office in Edenton recently with her daughter and two grandchildren. "He's not just a doctor. He's more like a friend."

Slade, 65, has been making the rounds and making friends for more than 30 years. Besides running a busy private practice in Edenton, he sees patients at area hospitals, at a nursing home and at health department clinics where he is often the only doctor many patients encounter. For eight months of the year, he staffs weekly clinics for farm workers who can come only at night when they aren't working in the fields.

At the evening clinics in Elizabeth City and in Plymouth, Slade has a reputation for seeing everyone who shows up, even if that means staying until midnight or 2 a.m.

"If there are 40 people there, he is going to stay until the 40th person is seen," says Caroline Whitehead of the state Office of Rural Health and Resource Development.

Whitehead recruits physicians for eight farm-workers' clinics across the state, a task she describes as "nearly impossible" because of the unattractive hours and relative low hourly fee for doctors. The patients are among the poorest of the working poor, she says. Some families have incomes as low as $7,000 a year.



James Slade, MD '57, examines Denaja Carter, 3, in his office in Edenton, where he has run a busy practice for 30 years.

"They will work when they are sick because they need the money so bad," she says.

James Slade has been quietly ministering to their aches and ailments since the mid-1960s. Why does he do it?

"A lot of times there is a need and it's not being fulfilled," he says quietly. "If I can fulfill it and make a contribution, I'll try."

Slade does not readily talk about himself or his accomplishments. But when pressed to explain his devotion to clinics and patients — the kind of practice many physicians prefer to avoid — he describes the work as an invigorating exercise rather than a draining chore.

"By the time I get over there [to clinics] at night I'm pretty tired out, and many times I've prayed to get on-the-job strength," he says. "By the time I get through, I'm ready to see some more patients.

"It's kind of like a small miracle."

Slade is also a pioneer. When he graduated with honors from the medical school at UNC-Chapel Hill in 1957, he was the medical school's second black graduate. In 1990, he received the schools' Distinguished Ser-

PROFILE:
JAMES NORFLEET SLADE, MD '57

Born: Sept. 7, 1930 in Edenton

Family: wife, Catherine Barnes Slade; three daughters, Julia Slade, 36, a medical technology specialist, Theresa Slade, 34, a first-year resident in internal medicine, and Kathryn Slade-Perez, 33, a lawyer; one son, James N. Slade II, 31, an engineer.

Education: BS in biological science (summa cum laude), North Carolina A&T, 1952; MD (cum laude), 1957, UNC-Chapel Hill.

Early Career: Intern, University of Pittsburgh Medical Center Hospital, 1957-58; captain in the U.S. Army Medical Corps, 1958-60; resident in pediatrics, Los Angeles County General Hospital, 1961-63; staff physician, Los Angeles County General Hospital, 1963-64.

Current Work: Practicing physician in northeastern North Carolina and member of Chowan Hospital medical staff since 1965; medical co-director, Britthaven of Edenton (a long-term nursing facility) since 1978; medical examiner in Chowan County since 1968; has provided services to Pediatric Supervisory Clinic, Perquimans-Pasquotank-Camden-Chowan District Health Department since 1967 and to the Martin-Tyrrell-Washington District Health Department since 1966.

Associations: division chair, American Cancer Society, 1984; Edenton Chamber of Commerce, 1987-90; member, Seventh-Day Adventist Church of Elizabeth City.

Awards: Pride of Edenton and Chowan County Outstanding Service Award, 1988; Chowan Junior High School Community Service Award, 1986; Distinguished Service Award, UNC School of Medicine, 1990; and the Martin Luther King Jr. Committee Award, 1993.

Recent reading: "Desire of Ages," by Ellen White, a book about the life of Jesus.

vice Award; the citation accompanying it described him as "a quiet gentle force for excellence."

Slade doesn't dwell on discrimination he encountered, but does recall when blacks were not allowed to eat in the UNC medical center cafeteria. He challenged the practice one day by taking his plate and sitting at a table in the middle of the room. He was soon joined by some white friends, and that was the end of that bit of segregation.

After medical school, Slade did his residency training at the University of Pittsburgh Medical Center and studied pediatrics at Los Angeles County General Hospital.

With his training and credentials, he had many options — at least outside the South. He chose instead to return to his hometown of Edenton. In 1965, he opened his office on Broad Street, and there he remains.

"I wanted to go to an area where there was a need," he says. "I knew there wasn't a pediatrician in Edenton — the nearest was in Elizabeth City. I felt I could take care of some of the children locally."

Slade says he thinks the overall health of children has improved over the past 30 years. He doesn't see quite as many seriously ill children as he did when he started out. Some medicines are more readily available, he says, and seriously ill patients are more likely to be taken to emergency rooms.

But he still sees a need for clinics for those not covered by government health programs or private medical insurance. If they don't receive preventive medicine and early treatment, he says, patients are likely to be sicker when they do require treatment.

"We will have more sick children so that when you do finally get hold of them and they get in the system, they are going to cost a lot more money," he says.

Slade credits his parents, the late Alonzo and Aline Slade, for his ability to enjoy work and being with people. Both parents were public school teachers, and his father became a principal in Hyde County. He says his mother encouraged his studies, but let him make up his own mind about his career.

He says he admired his father's willingness to take on different jobs when he was not working in schools.

"He was away from home a lot," Slade says, "but when he was home, he was home."

Away from his office and clinics, Slade enjoys gardening, working in his yard and camping. Slim and fit, he watches his diet and eschews sweets, caffeine and meat.

He especially likes tinkering with his beloved '58 Chevrolet — he calls it "The Blue Chariot." He bought the car, his first, on a showroom floor in 1958, the same year he married his wife, Catherine. "I've still got both of them," he says with a laugh.

The car's 390,000 miles include a couple of cross-country trips as well as countless rounds to hospitals and clinics in Eastern North Carolina. Slade says he has no plans to retire the car or himself.

"When people ask, I tell them I haven't figured out how to spell the first letter in retirement," he says. "Right now I have no plans as such. I have good health and still have an interest in medicine." □

Development Notes

Roberta Williams, MD, professor and chair of Pediatrics, poses with members of the Alpha Delta Pi sorority, winners of the annual Derby Days contest, which this year raised more than $26,000 for adolescent programs at UNC-CH. The event is sponsored by Sigma Chi fraternity, and was chaired by banner-holders Jason Roth (left) and Spencer Van Pelt.

Fraternity Holds Fund-Raiser for Children's Programs

Derby Days, an annual fund-raising event sponsored by the UNC-CH chapter of Sigma Chi fraternity, brought in $26,158.30 to support adolescent programs at North Carolina Children's Hospital and the Department of Pediatrics in the School of Medicine.

The amount sets a records for the event at Chapel Hill and is believed to be a record amount for Sigma Chi Derby Days at other universities holding similar events, according to organizers.

The Carolina chapter held a variety of events Nov. 10-18, including T-shirt sales, raffles, sorority competitions and parties. Sororities competed in a pool tournament, track-and-field events and "Make a Sig Smile," a game aimed at making a fraternity member laugh. The sorority that wins the overall competition receives a derby, hence the name, Derby Days.

Loyalty Fund Update

Through the halfway point of fiscal year 1995-96, the Loyalty Fund is on track to meet its goals. As of December 31, 813 alumni, or 18 percent, had given $307,000, with 165 Associate-level gifts of $1,000 or more. This year's goals are $525,000, 35 percent participation, and 285 Associates.

"Now I know how Dean Smith feels with a lead at halftime," said John Foust, MD '55, Loyalty Fund national chair. "It's better than being behind, but what really matters is where you are when it's all over. Our year ends June 30, and I'm optimistic that we'll meet all our goals."

The campaign will be helped by regional efforts getting under way shortly in Buncombe County, co-chaired by Al Shivers, MD '71, and Eric Van Tassel, MD '82; New Hanover County, co-chaired by Jim Hundley, MD '67 and Jim Sloan, MD '71; and greater Atlanta, chaired by George Cox, MD '66.

For information on how to make your annual Loyalty Fund gift, please call Jane McNeer or Ed Crowder at 800-962-2543 or write them at The Medical Foundation of North Carolina, Inc., 880 Airport Road, Chapel Hill, NC 27514.

Research Boosted by $2.4 Million Hughes Institute Grant

The School of Medicine will receive a $2.4 million grant for medical research from the Howard Hughes Medical Institute.

"The Howard Hughes Medical Institute is the country's most important private catalyst of excellence at academic medical centers," said Michael A. Simmons, MD dean of the School of Medicine. "This grant will provide critical support for existing basic and clinical science research programs, especially in the neurosciences, a center of excellence on this campus.

"We will use the money to recruit new faculty in genetics and neuroscience, and to equip and improve laboratory facilities," Simmons said. "Many of these activities will be facilitated by the new UNC Neurosciences Center, which is anticipated to open in about three years."

Nearly all of the 125 U.S. medical schools competed for the grants. Awards totaling $80 million went to 30 schools in 21 states.

"This was a highly competitive process," Simmons said. "The fact that UNC-Chapel Hill received one of only 30 grants awarded demonstrates once again the extraordinarily high caliber of our faculty and their research."

Based in Chevy Chase, MD, the institute is the nation's largest private philanthropy. Its scientists are recognized widely for their leadership in cell biology, genetics, immunology, neuroscience and structural biology.

Endowment Fund Helps Make Simulations a Reality

by Susan Vassar King

It's frequently said that the best way of learning is doing. But how do students learning the art and science of medicine test their knowledge of real-life diagnosis and treatment without doing harm to a patient?

That's the challenge that motivated Robert G. Berger, MD, associate professor of rheumatology and immunology and director of outpatient medicine, to develop a multi-media software program — complete with graphics and sound effects — which simulates the management of a patient from the first encounter to the end of treatment.

Berger knew that case simulations were a popular teaching tool. He had used text-driven, non-graphical versions in the late '80s, and the students loved them. So when more advanced computer systems became available in the medical center, Berger capitalized on the opportunity to create a more life-like training environment.

In the Case Simulator, students simulate their first encounter with a patient by clicking the "History" button on the program's menu bar. There they find the patient's current history, past medical history, family history and social data. Next, they click a "Physical Exam" button and have access to 10 information areas, including general appearance, vital signs and eight different body systems.

What makes the process so compelling, however, is that students are not exposed simply to words describing the patient's condition, but to the sounds and images the patient would present, were they actually in the room. Click on the icon for cardiopulmonary, for instance, and the student hears a heartbeat. Check for information under "skin," and the student views the rash across a patient's chest.

Having reviewed the patient's historical and physical data, students then proceed to the next logical step: ordering tests. They choose from among several categories (chemistry, radiology, etc.), and within each category are listed specific tests. For instance, in the hematology category, students may order a CBC, hemoglobin electrophoresis, reticulocyte count, and several others. One advantage of the case simulator over real life is that once all tests are ordered, results are immediately available.

Students are now in a position to make a diagnosis. They select one diagnosis from among options listed, and are provided with feedback on their decision. When the diagnosis is correct, students move on the management phase, choosing from a list of pre-existing treatment options. They are then advised of the their choice's outcome, which can range from curing the patient to making a dire medical error.

Students are not exposed simply to words describing the patient's condition, but to the sounds and images the patient would present, were they actually in the room.

As in real life, the patient's progress depends on the management choices made, and students continue to treat the patient until the case is resolved. Unlike real life, however, when students get in trouble they can start the program all over again.

Anyone responsible for teaching medical students or housestaff can create cases on the simulator. The software allows physicians to go through each of the steps described above, specifying all the background and clinical information. The only computer experience necessary is familiarity with the Windows environment. In addition to the simulations currently available for students on the rheumatology rotation, faculty members in the departments of pediatrics and medicine have begun writing cases for use by students in their respective departments.

The Case Simulator is but one of many projects that have been supported by Medical Alumni Endowment Fund grants over the past three years. Its emphasis on developing the problem-solving skills of students meets several of the criteria that were determined by the Endowment Fund Board in 1993. Grants are awarded to assist with projects that address:

- academic research;
- faculty and housestaff development;
- enrichment activities for students and housestaff;
- identified needs which promote excellence in education, research and service to the medical center; and
- enrichment of the relationship of the alumni to the medical school.

Each year, scores of full-time faculty, housestaff and students apply for an Endowment Fund grant. The number of grants awarded and their amounts vary from year to year, depending on the amount of interest income available.

Grant applications are reviewed by a committee comprised of Joseph D. Russell, MD '69, chair; Richard A. Boyd, MD '56; Noel B. McDevitt, MD '64; William W. McLendon, MD '56; William E. Easterling Jr., MD '56, ex officio; and Gregory Strayhorn, MD '77, ex officio. Awards are announced in the spring of each year, and funding becomes effective on July 1. All awardees are required to submit a year-end report to the Endowment Board within 60 days of the end of the grant period.

Alumni who are interested in contributing to the Endowment Fund should contact Jane McNeer of The Medical Foundation of North Carolina at 800-962-2543 or 919-966-1201. And any readers interested in a free copy of the Case Simulations software should call Dr. Berger through the Consultation Center, 800-862-6264. □

Class Notes

30s

Louis Appel, MD, '31, is retired from pediatric practice. He's been married 56 years, has four children, and is still working on the underbrush at his home in Newtown, CT.

Henry T. Clark Jr., MD, '39, is retired and lives in Chapel Hill.

40s

Robert E. Kirkman, MD, '40, is chief of the ENT Department at Mercy Hospital in Miami. His hobbies include tennis, golf, scuba diving and playing violin in a symphony.

Weldon Huske Jordan, MD, '45, is retired and lives in Fayetteville.

Harry G. Walker, MD, '47, is vice president of the Iredell Memorial Hospital Board of Directors in Statesville and retired from active practice. He currently enjoys travel, tennis, golf and volunteer medical work.

50s

Jack W. Wilkerson, MD, '51, retired from family practice in 1994. He and his wife, Liz, live in Greenville and have four grandchildren.

George T. Wolff, MD, Housestaff '53, is a part-time faculty member at Moses H. Cone Family Practice Program in Greensboro. He retired from active practice in 1995.

Ira D. Godwin, MD '55, was recently elected president of the Medical Society of Virginia. A pathologist, he is an associate clinical professor of pathology at George Washington University in Washington, DC, associate pathologist at Fairfax and Prince William hospitals in Northern Virginia, and president and CEO of American Medical Laboratories, Inc., which he co-founded in 1961. He and his wife, Jean, reside in Chantilly, VA, and have two daughters and one son.

Marvin McCall, MD '56, is retired after 28 years as chair of the Department of Internal Medicine and director of the internal medicine residency at Carolinas Medical Center in Charlotte. He now resides in Monroe, NC.

Richard L. Murtland, MD, Housestaff '55-'57, is a thoracic and vascular surgeon in private practice in Monterey, CA.

60s

William S. Gibson Jr., MD '61, is a pediatric otolaryngologist in Riverside, PA. He is president-elect of the Society for Ear, Nose and Throat Advances in Children.

Carl R. Hartrampf Jr., MD, Housestaff '61, received the 1995 Scientific Achievement Award of the American Medical Association. The award, one of the association's most prestigious honors, recognizes Hartrampf for his pioneering efforts and advancements in breast reconstruction procedures. In 1980, Hartrampf developed the TRAM flap, a surgical approach that rebuilds the breast using a patient's own tissue from the lower abdominal area.

Hartrampf, of Atlanta Plastic Surgery, PA, is also a clinical professor at Emory University School of Medicine in Atlanta.

Henry Turner, MD '62, is a retired anesthesiologist living in Winston-Salem.

Ben Hammett, MD '65, practiced internal medicine/gastroenterology for 26 years in Washington State. He is now retired and lives in Sunriver, Oregon.

Cyrus L. Gray, MD '66, is a gynecologist on staff at Chatuge Regional Hospital in Hiawassee, GA.

70s

Gene Sherman, MD '70, recently completed his term as chief of staff at Aurora Presbyterian Hospital and as chair of the medical board of the HealthONE System in Denver. In 1995 he participated in the Sports Car Club of America National Championships for the third consecutive year. **Susan Sherman, MD '73**, has been elected to her second term as chief of medicine at Aurora Presbyterian. She currently serves on the Clinical Initiatives Committee of the Endocrine Society and serves as president of the Colorado Society for Endocrinology and Metabolism. Their son Jon is a second-year medical student in the Medical Scientist Training Program at the University of Colorado Health Sciences Center. Their daughter Jill is a sophomore at UNC-Chapel Hill.

William D. Kassens Jr., MD '71, practices gastroenterology in Wilmington, NC. His wife, Catherine, practices dermatology. They have two daughters, Alice, a junior at the College of William and Mary, and Kate, a junior at New Hanover High School.

Bill Kilpatrick, MD '71, practices in Los Angeles. He will be the team doctor and climber on a K-2 mountaineering expedition this summer.

Richard Young, MD '72, is vice president of Medical Affairs and chief of Behavioral Medicine at NVHS hospital system in Norwood, MA.

James N. Martin Jr., MD '73, is a professor and director of Maternal-Fetal Medicine at the University of Mississippi Medical Center in Jackson, MS.

Kenneth H. Wilson, MD '74, is a professor of medicine at Duke University Medical Center and chief of Infectious Diseases at Durham VA Medical Center. His wife, Joanne, is a professor of medicine in gas-

troenterology. Their oldest daughter is at the North Carolina School of Science and Mathematics and their younger children are at Durham Academy.

Douglas E. Henley, MD '77, was inaugurated as president of the American Academy of Family Physicians in September 1995 in Anaheim, CA. He had previously served as president-elect of the AAFP and chair of the Committee on Resident and Student Affairs. Prior to his election, he was chair of the AAFP board of directors and the Executive Committee. He is in private family practice in Hope Mills, NC.

Stuart Segerman, MD '78, is an emergency physician at Georgia Baptist Medical Center and medical director of Georgia Baptist Life Flight. He chairs the membership services committee and is vice president of the Georgia College of Emergency Physicians, and is a member of the EMS committee for the Georgia Department of Human Resources. He writes that he is looking forward to visitors for the '96 Olympics.

Mary Daly, MD, PhD '78, is director of the Family Risk Assessment Program at Fox Chase Cancer Center. She lives in Stockton, NJ.

Hugh Craft, MD '79, is PICU director at the Medical Center for Children in Roanoke, VA. He is also president of the Virginia Chapter of the American Academy of Pediatrics.

Natalie L. Sanders, MD '79, has received a master of public health degree from the UCLA School of Public Health and is currently working on a project in the Disease Management Sciences division at the Pepperdine University Graduate School of Business and Management. She also works as a physician advisor for utilization management for Blue Cross of California. Her e-mail address is nlsander@pepperdine.edu.

80s

E. John Markushewski, MD '80, is an emergency department physician with the Huntsville (Alabama) Hospital System. He has been promoted to Lt. Col. in the Air Force Reserves.

Ronald W. Cottle, MD '83, is a family physician in solo practice in Whiteville, NC. He and his wife, Dawn, have three daughters, Caroline, Meredith and Allison.

Catherine Parrish, MD '83, practices pediatrics full-time in Baltimore. She has four children, Sarah, 7, Abby, 3, and twins Russell and Mitchell, 2.

Bruce Baird, MD '87, is a surgical pathologist at the East Carolina School of Medicine. He has four sons, Joshua, 8, Ethan, 5, Luke, 3, and Caleb, 1.

Bruce Boliek, MD '87, practices ophthalmology in Chattanooga. He and his wife, Mary, have a daughter, Katherine, 2.

Jim Chimiak, MD '87, has established the first clinical hyperbaric medicine program at the Naval Aerospace and Operational Medical Institute in Pensacola, FL. He and his wife, Michelle, have three children, Mike, Jackie and Tom.

David Coggins, MD '87, is a pediatrician in New Hampshire and a preceptor for Dartmouth medical students. He and his wife, Lisa, have a son, Josh, 3.

Vic Ferrari, MD '87, completed a cranio facial fellowship and now practices plastic surgery in Miami. He is married to Sherrie Woodman.

Andrea Hass, MD '87, is in private practice in Jupiter, FL. She and her husband, Brian, have two children, Hillary, 3, and Brett, 18 months.

Tommy Lawrence, MD '87, is a radiologist with Greensboro Radiology Associates. He recently became board certified in vascular and interventional radiology.

Susan Leivy, MD '87, works part-time at the VA in Roanoke, VA. She and her husband, Sandy, have a 19-month-old daughter, Emily.

Gus Magrinat, MD '87, is an oncologist in Greensboro. He and his wife, Mary, have a son Tommy, a junior at N.C. State, and a Weimaranner puppy named Milo.

Peter Muller, MD '87, practices obstetrics/gynecology in Charlotte. He is married to Carol Buford.

Susan Rice, MD '87, and her husband Joel live in LaGrande, OR. They have a 5-year-old son, Douglas.

Mark Robbins, MD '87, is medical director of the lung transplant program and adult cystic fibrosis clinic at the University of Virginia Health Science Center in Charlottesville. He and his wife, Amy, have two sons, Luke, 5, and Chase, 2.

Joe Roberson, MD '87, is medical director of the California Ear Institute at Stanford, director of the Neurology and Skull Base Surgery Center and coordinator of resident and fellow education. He and his wife, Julia, have three children, Caitlin, 10, Baxter, 7, and Haley, 4.

Joe Roberts, MD '87, is a family practitioner in Lumberton, NC. He lives in his hometown of Pembroke with his wife and three daughters.

Ron Shapiro, MD '87, practices pediatric cardiology in Sioux Falls, SD.

Robin Stacy-Humphries, MD '87, is a radiologist in Charlotte with Monroe Radiological Associates. She and her husband, Scott, have two children, Cathy, 3, and John, 2.

Billy Sutton, MD '87, and his wife, Amy, welcomed a son, Christopher, on May 25, 1995. They live in Wilmington.

Mike Tranfaglia, MD '87, practices psychiatry north of Boston. He and his wife recently started the FRAXA Research Foundation to sponsor research on fragile X syndrome, a disease which affects their 6-year-old son Andy. Tranfaglia has also written a book about the psychopharmacology of fragile X, and has developed a FRAXA home page on the World Wide Web (http://www.worx.net/fraxa). He can be reached at fraxa@seacoast.com.

John D. Hendrix Jr., MD '88, is an assistant professor in the practice of Mohs micrographic surgery and dermatologic surgery at the University of Virginia Health Sciences Center.

Walter Choung, MD '89, is an orthopaedic surgeon in Crystal River, FL. He and his wife, Carole, have two children, Andrew, 2, and Eliane Heri, 7 months.

Daniel M. Kaplan, MD '89, is with the Area Health Education Centers program in Raleigh.

Michael Levy, MS '89, is a safety engineer with Regeneron Pharmaceuticals in Rensselaer, NY.

Kenneth Scruggs Maxwell, MD '89, has completed a fellowship in neurotology and cranial base surgery in St. Louis, MO. He has joined Forsyth Head and Neck Associates in Winston-Salem.

Suzanne C. Morris, PhD '89, is a research assistant professor of medicine at the University of Cincinnati.

Arthur J. Shepard III, MD '89, is medical director of Neonatal Medicine at Phoebe Putney Memorial Hospital in Albany, GA.

90s

Joel S. Goodwin II, MD '90, is a general surgeon at Bonner General Hospital in Sandpoint, ID. He and his wife, Wendy, have a son, Andy, 4, and a daughter, Isabelle, 1.

Myra Jane Deese Hall, MD '90, is in family practice at the Moore Regional Hospital Outpatient Clinic in Raeford, NC. In 1993, she married Rickey Hall.

Deepak R. Gelot, MD '91, has started a solo family practice, Carolina Family Care, in Kings Mountain, NC.

Bryan R. Neuwirth, DDS, MD '91, is in private practice of oral, maxillofacial and cosmetic surgery in Hickory, NC. He and his wife, Elyse, have two children, Colyn Jansen and Ashtyn Taylor.

Barry Kitch, MD '92, is obtaining a fellowship in epidemiology at the Channing Lab, Brigham and Women's Hospital, in Boston. He is also in the MPH program at the Harvard School of Public Health and will complete a fellowship in pulmonary and critical care medicine in 1999.

Sheley R. Revis, MD '92, practices general internal medicine with First Charlotte Physicians.

Charles Wells, MD '92, recently completed a residency in internal medicine at Emory University in Atlanta. He is currently with the Epidemic Intelligence Service at the Centers for Disease Control's Division of Tuberculosis Elimination.

Joyce R. Lewis, MD '93, is administrative chief resident for Ghent Family Practice in Norfolk, VA. She recently attended the Scientific Academy of the AAFP in Anaheim, CA.

Nicole P. Shepard, MD, Housestaff '91-'94, has formed a partnership, Southwest Georgia Pediatrics, in Albany, GA.

Deaths

W.H. Flythe, MD, '31

Charles Roy Rowe Jr., MD, '47

James D. Groseclose, MD '55

Luther Kelly Jr., MD, '46, died from complications of a heart attack on Nov. 3, 1995.

Kelly was active in the Medical Alumni Association for many years, serving on various boards and councils. He served as 1985-86 president of the Association, and on the task force that established the Endowment Fund board.

A life-long resident of Charlotte, NC, Kelly practiced endocrinology at the Nalle Clinic for 41 years. He had been planning to retire at the end of 1995.

After earning his bachelor's degree and certificate of medicine in Chapel Hill in 1946, Kelly went to Harvard to obtain his MD degree before returning to Charlotte.

"For years, he was the only endocrinologist in Charlotte," said Ray Fernandez, MD, medical director at the Nalle Clinic. "He was the teaching program for Charlotte Memorial Hospital (now Carolinas Medical Center.)"

Kelly is survived by his wife, Susan; a daughter, Mary Lu Leatherman of Gastonia; a son, Bowman Kelly of College Station, TX; and two grandchildren, Suzanne Hirsch and Steve Leatherman.

President's Letter

Dear Fellow Alumni:

This will be my final letter to you as your president, a position I have been honored to hold this year, and a position in which I have learned so much about our present medical school and alumni organization. For example, on February 7 I had the pleasure to attend the Dean's dinner for students serving as leaders of student organizations in the School of Medicine. I was impressed and actually amazed at the number of worthwhile extracurricular activities being undertaken by our present student body. This is something of which we alumni can be very proud.

When you read this, winter should be over and the dreary days behind us. Spring is always so great in Chapel Hill. We hope that many of you will be able to attend the spring meeting of the Association on April 19 and 20. As I write this letter in February, I look forward to attending the various Dean's Receptions to be held in several of North Carolina's larger cities and to seeing many of you there.

Now, we all know that our alumni have been very supportive of the School of Medicine in raising money for the Loyalty Fund and Medical Endowment Fund. (See the article on page 21 regarding the Alumni Endowment Fund Grants.) The Association has done an outstanding job in this respect and will continue to do so, I am sure. But, as has been mentioned before, the School and the University need our political support, too, especially at the local level. I want to urge all alumni to respond to requests from the University, whether through the Tar Heel Network or from this Association, to impress upon our legislators the importance of education in general and the special needs of our great University and School of Medicine. Your input will be needed in the years to come.

At our April meeting, Carl Phipps will assume the presidency of our Association and we look forward to a year of his strong leadership. He, like past presidents, is fortunate to have the excellent support of the Office of Continuing Medical Education and Alumni Affairs, the Dean's office, and The Medical Foundation of North Carolina. I know that all of you alumni will give him your enthusiastic support.

Frederick O. Bowman Jr., MD '50

CME/Alumni Calendar

	Medical Alumni Activities	
April 19-20	Spring Medical Alumni Weekend	Chapel Hill
April 20	Clinical Neurosciences for the New Millennium	Chapel Hill
April 25	Buncombe County Alumni Reception	Asheville
April 27	Preceptor Weekend	Chapel Hill
May 1-5	Southeastern Hand Club	Sea Island, GA
May 3	May Day Trauma	Chapel Hill
May 15-16	Mini-Medical School	Charlotte
May 17-18	Diabetes Course	Chapel Hill
May 20-22	Nutrition Makes a Difference	Chapel Hill
May 23-24	17th Annual TEACCH Conference	Chapel Hill
May 24-26	Mammography Course	Hilton Head, SC
May 29	New Hanover County Alumni Reception	Wilmington
May 31 - June 1	Current Therapy in Venous Disease	Chapel Hill
June 1	Medicolegal Seminar	Chapel Hill
June 20-21	Innovations in Long-Term Care for Elders	Chapel Hill
June 20-23	Anesthesiology Course	Hilton Head, SC
June 27-29	Heart Failure Management: Established Therapy & New Frontiers	Myrtle Beach, SC

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Eduction and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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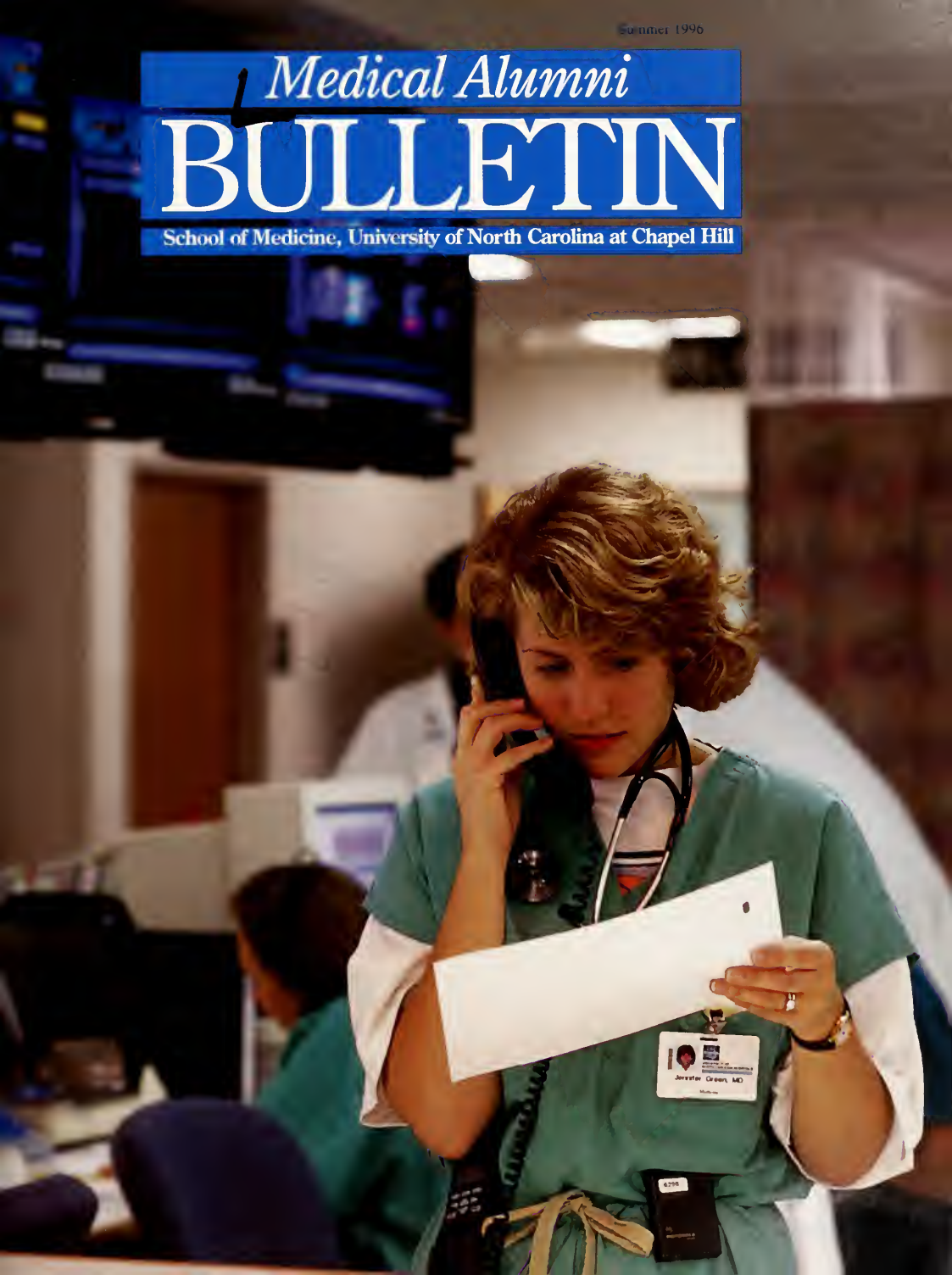
Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Dean's Page

The 1996 N.C. Area Health Education Centers Statewide Conference was held this spring in Wilmington. The conference's theme, appropriately enough, was "Community-Based Education in the Managed Care Environment."

More than 200 physicians, nurses, dentists, pharmacists, allied health professionals, state officials and others from across North Carolina gathered to talk about topics ranging from "Medical Education in a Time of Health System Reform: Moral Imperatives for Academic Medicine" to "Diversity in the Workforce." Another part of the program included a panel discussion among academics, managed care representatives and state officials. While I don't think we agreed on the "hows" of managing managed care or community-based education, we did largely agree on the "whys."

The highlight of the AHEC conference, for me, was the chance to introduce formally Thomas J. Bacon, DrPH, as the new AHEC director. The UNC Board of Governors made it official May 10.

Many of you know Tom, either from his past 14 years as director of Mountain AHEC in Asheville, or by his work as associate director in Central AHEC from 1977 to 1982. He brings solid credentials as an educator and an administrator. Most importantly, he has built successful community education programs which work. Not just talk: do.

During these turbulent times, he understands and welcomes change. Tom has succeeded at everything he has ever done. I am confident he will lead AHEC energetically through a period certain to see considerable change.

As Tom noted in his remarks to the group, AHEC cannot, in this era of managed care, afford to be complacent, even with 20-plus years of success, led by the late Gene Mayer, in bringing together North Carolina's health sciences centers and communities. Tough questions are on the horizon:

- How does AHEC do a better job of community education and multidisciplinary training?
- Will AHEC continue to enjoy the generous support it has received in the past, both from the General Assembly and from communities?
- Is the existing, hospital-based AHEC structure viable?
- How will AHEC change from its focus on graduate medical education (in a time of excess) to a portfolio of preparatory education in all the health disciplines?
- Are we fulfilling our commitment to recruit and retain minority health professionals?
- How will AHEC demonstrate its effectiveness? Continuing education hours and number of people served, while important, are not enough; we must be able to show measurable outcomes.

Tom doesn't pretend to have the answers to these questions, but I know from our conversations that he has some strong ideas about AHEC; a genuine appreciation for what it has accomplished over the years, and what it can become in the future.

We have chosen the right person. He now needs all of us to help assess our strengths, discard the status quo, and lead us into the next critical phase in AHEC's evolution.

Finally, I would like to thank John Payne, MPH, for serving so ably as interim AHEC director during the past 18 months, and Bill Mattern, MD, senior associate dean, for heading the 37-member AHEC search committee. Congratulations on jobs well done!

Sincerely,

Michael A. Simmons, MD
Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: Jennifer Green, MD, a resident in internal medicine, works an emergency medicine rotation in UNC Hospitals' new Emergency Department. The department relocated to the new N.C. Neurosciences Hospital on May 7. It provides nearly three times the space of the old ED, features separate treatment areas for adult, pediatric and urgent care, and offers patients and families convenient access with free parking adjacent to the entrance. *(Photo by Don McKenzie)*

UNC Hospitals Unveils New Neurosciences Facility, Emergency Department

by Susan Vassar King and Katharine C. Neal

More than 400 people attended the formal dedication ceremony for the North Carolina Neurosciences Hospital on Friday afternoon, April 19. Eric B. Munson, UNC Hospitals executive director, served as master of ceremonies for the event.

During his remarks, Munson noted that the heliport on the building's roof had been named the Herbert J. Proctor, MD Aeromedical Facility, in memory of one of the state's leaders in aeromedical transportation and a well-known and respected trauma surgeon at UNC. Just as Munson began to talk about Proctor, Carolina Air Care — in an unscheduled but fitting tribute — took to the air.

In addition to the aeromedical facility, the new building houses the Emergency Department, psychiatry services and research laboratories, and expanded inpatient and outpatient clinics for neurology, neurosurgery and otolaryngology.

The new Emergency Department provides nearly three times the space of the old ED. "The new space is critical for a number of reasons," says Judith Tintinalli, MD, chair of emergency medicine. "First and foremost, it will allow us to serve more people, more quickly."

In the old ED, patients were treated according to the severity of their illnesses or injuries. People with chest pain or those with severe injuries from car accidents were seen first; those with less serious injuries or illnesses had longer waits. The new ED includes separate treatment areas; a triage nurse evaluates patients as they come in and directs them to the appropriate area.

Adults with serious medical problems are seen in adult critical care; children with serious illnesses and injuries are seen in pediatric critical care. The urgent care area addresses minor medical problems such as sinus infections and migraine headaches.

North Carolina Neurosciences Hospital

"With our new urgent care system, patients who can be treated simply — a child who needs stitches removed, for example — can get in and get out quickly," says Tintinalli.

In the Department of Psychiatry, the opening of the N.C. Neurosciences Hospital means better and more comprehensive services, says Robert Golden, MD, chair of psychiatry.

"The building allows us to expand some of our services and actually create some new programs that have been sorely needed," he says. "In the past, for example, admission capabilities have been extremely limited for adolescents. But now we have a unit for that specific patient population, with special emphasis on adolescents with concurrent medical and psychiatric needs."

The lasting impact of the new facility on the citizens of North Carolina, however, was probably best expressed at the dedication by Alice Eure, co-founder of the Foundation of Hope, a Raleigh group that raises funds for psychiatric research. Excerpts from Eure's remarks are reprinted here.

In addition to Tintinalli, Golden and Eure, speakers at the dedication were Harold C. Pillsbury III, MD, chief of otolaryngology/head and neck surgery; C.D. Spangler, president of the University of North Carolina; Michael Hooker, PhD, chancellor of UNC-Chapel Hill; Michael A. Simmons, MD, dean of the School of Medicine; the Honorable Rosemary Waldorf, mayor of Chapel Hill; and John A. Kirkland, MD, chair of the UNC Hospitals board of directors. The Rev. Terry Purvis-Smith, PhD, offered a prayer of dedication. Tours of the facility followed the program.

The following comments were made by Alice Eure, co-founder of the Foundation of Hope, at the dedication of the new N.C. Neurosciences Hospital on April 19, 1996.

"Bob Golden asked me to come here today and talk to you a little bit about what this facility means from the viewpoint of a family who has used the psychiatric services here at the University of North Carolina.

He just couldn't have picked a better person.

My son has spent a good part of 10 years of his life in and out of psychiatric hospitals. And a lot of that was spent right there in that old building, South Wing.

I know that probably a lot of you are familiar with South Wing, but perhaps you haven't seen it through my eyes, the eyes of a mother who had to leave someone that she loved very dearly there for treatment.

I'll just never ever forget the first time that I admitted my son into South Wing. I was scared to death. And it is a traumatic experience to put someone in a psychiatric hospital, and the looks of that building didn't do

one thing to help me be less fearful.

It was gloomy and depressing and old and just completely inadequate in every way. And as many times as I visited that building, in all the years that my son was a patient in and out, I never ever got used to it.

Unfortunately, a lot of psychiatric hospitals look like South Wing.

I know this because when I was told that my son needed some long-term psychiatric care, I took three months out of my life and I went all over the United States trying to find the perfect hospital. And I did visit some of the most renowned psychiatric hospitals in the United States. I can't tell you what a disappointing trip that was, and I came back feeling it was just so unfair that the powers that be didn't think that people who were recovering from mental illness needed the same kind of facility to recover in as people who were recovering from a physical illness.

It took me a long time to come to grips with the fact that just as you can't judge a book by its cover, of course you can't judge the quality of care that a patient gets from the way the hospital looks. And I know that my son did receive excellent care at South Wing.

But it's human nature to derive a certain amount of confidence and a certain comfort level from the way your facilities look.

If you really haven't been in South Wing in a while, I don't know if you can understand my excitement when I was asked to come over here and tour this new place. When I saw those inpatient wards with cheerful paint colors ... private rooms and private baths ... a gymnasium ... an exercise room. This place is all the things that South Wing isn't and it has all the things that people recovering from a mental illness really need, but seldom ever have.

We have done a lot, I hope, in the past to dispel some of the stigma of mental illness, but believe me it's still there.

It's not a popular cause and it's hard to raise money for mental illness; people don't like to talk about it. But that's why I'm so excited because this new facility makes a bold and very positive statement to all of us who are dealing with mental illness. It says "Yes, you are important" and "Yes, some of your needs are going to be met here" and "Yes, we really do care."

Fortunately, my son probably won't be using this hospital. He has not been in the hospital for eight years and that's a wonderful achievement.

But I can tell you, from the bottom of my heart, that all the families and patients around North Carolina who are going to use this facility, it will just mean so much to them — it's a wonderful, wonderful place.

Alice Eure, co-founder, Foundation of Hope

I do have another reason that I'm so excited about this new place and of course it has to do with research and the new facilities up on the 7th floor.

It was 12 years ago that my husband and I decided to do something positive for mental illness and we established the foundation — the Foundation of Hope — for research into the cause and treatment of mental illness.

That foundation that was once just a dream of ours is now such a viable and very stable organization. We have our own executive director. We have a very dedicated and active board of directors. We have built up a sizable endowment, and probably most importantly of all, as of last January the Foundation of Hope had contributed $860,000 to pilot research projects here at UNC and at Dorothea Dix Hospital.

This seed money allows researchers to go to the National Institute of Mental Health and request additional funding. And I am proud to think that we are part of a reason that millions of dollars have come back here for psychiatric research.

I am so happy that these dedicated men and women who are doing this kind of research have such a wonderful facility in which to work. It's been a long time coming and they do deserve it. Because as you know, they are going to unlock the doors and provide answers. Their research really is our hope for the future. It's been my privilege to have been a part of this dedication ceremony, and I want to leave you with this thought: This building is, for me and for many people like me across this whole state, a dream come true. Thank you." □

Spring Event Celebrates Preceptors, Honors Students

By all accounts, the second annual Preceptor Celebration and Community Service Day, sponsored by the Office of Community Medical Education, was a success.

The April 26-27 event included a Friday evening banquet at Morehead Planetarium, several preceptor workshops and student presentations, and the induction of new members into the Eugene S. Mayer Community Service Honor Society. Although the formal program ended Saturday afternoon with a luncheon at the Carolina Club, informal activities continued over the weekend, including guided tours of the N.C. Botantical Gardens and Ackland Art Museum.

William D. Mattern, MD, senior associate dean of academic affairs at the School of Medicine, spoke on "Trends in Ambulatory Education" at the plenary session on Saturday morning. Following his presentation, preceptors attended one of four workshops led by faculty-preceptor teams.

Samuel Cykert, MD, assistant professor of medicine, and Stan Watson, MD, Smithfield Family Medicine, led the "Feedback on Student Performance" workshop.

John Langlois, MD, ORPCE clinical coordinator, Mountain AHEC, and Scott McGeary, MD, Kaiser Permanente, Raleigh, presented "Dealing with the Problem Preceptor-Learner Interaction."

The "One-Minute Preceptor" workshop was presented in two sections — one by Laura Sadowksi, MD, clinical associate professor of medicine, and C. Lee Gilliatt, MD, Shelby Children's Clinic, and one by William L. Coleman, MD, associate professor of pediatrics, and Bret Williams, MD, Caswell Family Medicine Center.

The fourth workshop, "Ethical Issues in Precepting Students," was led by Merry-K. Moos, FNP, MPH, research associate professor of obstetrics and gynecology, and Arch Woodard, MD, Bakersville Community Medical Center.

Following the workshops, preceptors viewed the poster presentations of 35 students whose community service projects earned them membership in the Eugene S. Mayer Community Service Honor Society.

Preceptor Bret Williams, MD, Caswell Family Medical Center, leads a workshop.

The honor society is named for the late director of the North Carolina Area Health Education Centers Program.

Induction into the honor society took place during a luncheon at which Thomas G. Irons, MD, associate vice chancellor for health sciences at East Carolina University, spoke on "The Meaning of Service." Irons is a 1972 alumnus of the School of Medicine and went on to complete his pediatrics residency in Chapel Hill. As a medical student, Irons was awarded a Berryhill Scholarship, the Medical Faculty Award, and was president of Alpha Omega Alpha.

Funding support for the event was provided by The Medical Foundation of North Carolina, the UNC Medical Alumni Association, the N.C. AHEC Program and the Whitehead Society. The Office of Community Medical Education would like to join these groups in thanking the more than 600 physicians and other health care providers throughout North Carolina who serve as preceptors for the medical students at UNC.

Andrews
Gary W. Roper, MD
Philip W. Royal, MD

Asheboro
John D. Cameron, MD
Robert L. Dough, MD
James Kinlaw, MD
Jeffrey Merrill, MD
Robert Scott, MD
Thomas Whyte, MD

Asheville
Alan Baumgarten, MD
Micki Cabaniss, MD
Susan Cohen, MD
Karen L. Dedman, MD
Erwin B. Elliston, MD
Wade Grainger, MD
David Foy, MD
Mark Lenderman, MD
James H. McMillan, MD
Bryson Robertson, MD
Joel Rosenberg, MD
William Snoddy, MD
Jeff Tait, MD
Kevin Treakle, MD
Richard Walton, MD
Catherine Yeagley, MD

Bakersville
Jerry Cade, MD
James Carroll, MD
Philip Cope, DC
Barbara King, MD
Arch Woodard, MD

Banner Elk
Marge Hacker, MD
Fredrick A. Martin, MD

Belhaven
Gregory L. Jones, MD

Belmont
Michael Case, MD
David Rinehart, MD

Benson
Frances Griffiths, MD
Keith Hasson, MD
Sheryl S. Joyner, MD
Regina Ryan, MD

Beaulaville
Carl D. Pate, MD

Bladenboro
Betty Bradley, MD

Boone
Juan Devirgiliis, MD
R. Bruce Jackson, MD
William M. Smith, MD
Russell C. Taylor, MD

Brevard
Andy Hornsby, MD
Thomas F. Lindsay, MD
James Sanders, MD

Burgaw
Cuong Nguyen, MD
Susan Pietrangelo, MD
Michael Rallis, MD
Kathleen Riley, MD
Brajendra Singh, MD
Bruce Williams, MD
Daniel F. Zinicola, MD

Burlington
Robert W. Carter, MD
Michael Dimeo, MD
Richard Gilbert, MD
Larry Harper, MD
Andy Lamb, MD
Edward Lance, MD
Philip Mann, MD
Lemont Morrisey, MD
Samuel Scott, MD
Jeff Sparks, MD
Eugene Wade, MD

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Woody McKay, MD

Calabash
George Saunders, MD

Canton
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Brian Caffrey, MD
Nancy Freeman, MD
George Freeman, MD
Ernest Goodwin, MD
Edward Lesesne, MD

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George Dodds, MD
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Norman Kramer, MD
Mary Lou Lawson, MD
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Linda Mundle, MD
Dale Owen, MD
Cathy Pate, MD
Melvin Pinn, MD
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Marsha Rhodes, MD
Charles Rich, MD
Michael Richardson, MD
Mark Robinson, MD
Carol Rupe, MD
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Daniel Sappenfield, MD
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Alan Thalinger, MD
Soroya Toosi, MD
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Wynne Woodyear, MD
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Thomas White, MD

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Joan Meehan, DO

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J. Thomas Newton, MD
J. Carson Rounds, MD
John Rouse, MD
John Smith, MD

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Harry Lipham, MD
Greg Randolph, MD
Steve Wall, MD

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Irene Cavall, MD
Elizabeth Lane York, MD

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David Christopherson, MD
Jeffrey Hoffman, MD
Kim Yenal, MD

Crossnore
Charles E. Baker, MD

Davidson
Ron Beamon, MD
David Cook, MD
Craig White, MD

Denver
Gerald Ahigian, MD
Susane Habashi-Ahigian, MD

Durham
Anyara Acharya, MD
George Brothers, MD
Trig Brown, MD
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Douglas W. Clark, MD
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Elaine Hart-Brothers, MD
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Sally Lehmann, PAC
Will London, MD
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Emmet Stewart, MD

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Terry Daniel, MD
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Kevin Howard, MD
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James B. Parsons, MD
Paul Sasser, MD

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Samuel G. Jenkins
Brandon Peters, MD

Elizabethtown
Susan Aycock, MD
Betty Bradley, MD
Steve Bridgers, MD

Elm City
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Elon College
Meindert Niemeyer, MD
Robert N. Schaller, MD

Fairview
William Hamilton, MD
John Wander, MD

Fayetteville
Raymond Gaskins, MD
James S. Hall, MD
Chris Hoffman, MD
Jessie Junker, MD
Catherine Kelly, MD
William H. Kelly, MD
David Lloyd, MD
Howard Loughlin, MD
Thomas McCutchen, MD
James Mergy, MD
Leonard Salzberg, MD
James Wetter, MD

Forest City
Thomas J. Jaski, MD

Franklin
Ben H. Battle, MD
Garland King, MD

Fuquay Varina
Gary C. Jones, MD

Gastonia
C. Ellis Fisher, MD
Maureen Murphy, MD

Preceptor Thomas McCutchen, MD (left) reviews Gregory Paul's community service project.

Glen Alpine
Roger Hill, MD
Mark McManus, MD
Clay Richardson, MD

Glendale
Darby Sider, MD

Goldsboro
Anthony C. Gaither, MD
Howard W. Newell, MD
W. James Stackhouse, MD
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Rondall Young, MD

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Hampstead
Shyam Garg, MD

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Thomas Gross, MD

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Ocracoke
Seaborn Blair, MD

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Thomas Koinis, MD
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Joseph T. Bell, MD
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Pittsboro
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Denise Tollefson, MD
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Nancy Henderson-Hines, MD
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John Rubino, MD
Michael Sherrill, MD
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Nancy Sokany, MD
James V. Soldin, MD
E. Brooks Wilkins, MD
Lynne Wirth, MD
Edward Yellig, MD

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M. Brad Thomas, MD

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Herman Chavis, MD
Kenneth E. Locklear, MD

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Scott Luking, MD
Steve Luking, MD

Research Triangle Park
Polly Guthrie

Rich Square
A. Jeff Burton, MD

Roanoke Rapids
Gupta Pandarinath, MD
Narayanae Sekaran, MD

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Daniel Hall, MD

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Renee T. Schust, MD
Robert J. Sheridan, MD
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Jon Warkentin, MD
Mark Zeringue, MD

Smithfield
Stan Watson, MD

Southport
Andre Minor, MD
Keith Reschley, MD

Spruce Pine
Steve Hill, MD
Susan T. Snider, MD

Statesville
Edwin M. Fulghum, MD

Summerfield
Brent Burnett, MD
David M. Kaplan, MD

Sylva
Robert Adams, MD
Beth A. Bailey, MD
Beth Dixon, MD
Teresa Duarte, MD
Ron Fisher, MD
Paul Gehring, MD
Concepcion Martinez, MD
Scott Nixon, MD
Randall Provost, MD
Steve Queen, MD
David Ramsey, MD
Charles Toledo, MD

Tarboro
Karen Coward, MD
R. Brookes Peters, MD
Ada F. Williams, MD

Wadesboro
Victoria Rommel, MD

Wallace
James S. Blair, MD
Mott Parks Blair, MD

Warrenton
Cosmos George, MD

Warsaw
Kimberly Grigsby-Sessoms, MD
Rodney Sessoms, MD

Washington
Russell C. Cook, MD

Waynesville
Stephen Durch, MD
Michael Pass, MD
John W. Stringfield, MD
Judith Stringfield, MD
Don Teater, MD

Weldon
Ricky Watson, MD

Westfield
Dean Cullen, PA
Aaron France, MD

Whitakers
Ronald E. Hughes, MD

Whiteville
Richard Berry, MD
Richard Fleming, MD
John F. Munroe, MD
F. Ray Thigpen, MD
Henry W. Traylor, MD
Richard Waldman, MD

Wilkesboro
Thomas McMahan, MD

Williamston
Wan Soo Chung, MD
Carl T. Dover, MD

Wilmington
Charles M. Almond, MD
Thomas Blackstone, MD
Dewey H. Bridger, MD
Gordon D. Coleman, MD
Daniel Gottovi, MD
Ronald Gregoire, MD
Henry C. Hawthorne, MD
Charles B. Herring, MD
Grady Morgan, MD
Neill Musselwhite, MD
Mary O'Brien, MD
John P. Pasquariello, MD
Janelle Rhyne, MD
Michael Sobociro, MD
Jonathan Staub, MD
Neal T. Thompson, MD
Mark Tillotson, MD
Ellis Tinsley Jr., MD
Scott W. Visser, MD

Wilson
Lindsey DeGuehery, MD
Jonathon G. Dewald, MD
Anwar Haidary, MD
Joseph Russell, MD

Yanceyville
Fredrick E. Moore, MD
Todd Shapley-Quinn, MD
Bret Williams, MD

Yaupon Beach
Peter D. Almirall, MD

Preceptor Clay Ballentine, MD (left) and Dustin Taylor, OCME field liaison.

Mutant Mouse Should Boost Breast Cancer Research

by Catherine Clabby

Medical school researchers in Chapel Hill have created a genetically altered mouse to help scientists understand how some breast cancers develop.

The mutant mouse was made possible by the discovery of a breast cancer gene in the fall of 1994. The damaged gene is blamed for most inherited cases of breast cancer, as well as for some cases of ovarian cancer.

The mouse could help researchers understand when and how the disabled gene does its dirty work. It will also enable scientists to explore whether known carcinogens or exposure to radiation accelerate the development of cancer.

"It is very important for people who are carrying this mutation to know what environmental factors increase the risk," said Beverly Koller, PhD, a UNC geneticist and pioneer in the making of genetically altered mice. "Virtually nothing is known about the function of this gene, however, except that when it is defective, breast cancer can get started."

While about 11 percent of American women develop breast cancer, 85 percent of women with the defective gene get the disease.

Koller, a research assistant professor in the Department of Medicine, credits a 24-year-old-graduate student who works in her laboratory with launching the project that led to the discovery.

Lori Gowen, a doctoral student in genetics, told Koller that she wanted to work on the mutant lab animal weeks after the discovery of the first known breast cancer gene. Scientists with the National Institute of Environmental Health Sciences at Research Triangle Park helped with that breakthrough.

Gowen knew the mouse could help scientists understand how the damaged gene works, and she hoped it would help them figure out how to disable it, Koller said.

Doctoral student Lori Gowen hopes her studies of genetically altered mice will shed more light on the function of the breast cancer gene.

"She was very determined," Koller said of Gowen, who was traveling to a scientific meeting and could not be reached for comment.

Koller agreed to devote a portion of the lab's resources to pay for Gowen's project, since she didn't have money for it.

With their success last spring [1995], kept under wraps until it could be published in a scientific journal, they beat out at least three laboratories attempting to do the same thing, Koller said.

Their findings were published in February in *Nature Genetics*.

Koller and Gowen have developed 100 mice with the gene, and will use them in a series of experiments. They will watch for tumors as the mice approach middle age about springtime. They will also expose some of the mice to carcinogens and radiation to see whether cancer develops more quickly than in mice without the defective gene.

Other scientists will watch closely. "The test will be if they have increased susceptibility to cancer," said Jeffrey Marks, a molecular biologist and deputy director of a breast cancer research center at Duke University.

Koller has played a prominent role in the development of mutant mice, known as "knock-out" mice. She has worked with the creator of the creatures, Oliver Smithies, D.Phil., at the University of Wisconsin and at UNC-CH, where he is excellence professor of pathology.

In 1992, she led a team of scientists that developed a mouse with the gene for cystic fibrosis, which is used now to help researchers test experimental gene therapies.

Perfected by Smithies in 1989, mutant mice are created when scientists damage targeted genes in mouse embryo cells. Those cells are injected into embryos that have been removed from one mouse and are then implanted in the womb of another.

More than 250 strains of genetically altered mice have been placed in use, including mice that have human genes. Samples of the mice are kept in a living repository at the Jackson Laboratory in Maine.

The UNC researchers will not attempt to license use of their mutant because they want it made available to as many researchers as possible, Koller said.

News of the UNC team's success is only the latest significant advance in breast cancer occurring in the Triangle. In December, researchers at Duke announced the discovery of a second breast cancer gene along with a British team. On the same day, a Utah company filed a patent application for the same gene; it is unclear who will get credit for the discovery.

The two genes, knows as BRCA-1 and BRCA-2, are believed to cause 5 percent to 10 percent of all breast cancers. □

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UNC Students Run Nation's Oldest Free Health Clinic

by Garnet Bass

The year was 1968. As the Vietnam War raged and inner cities burned, a group of health affairs students from Carolina opened a free medical clinic to serve low-income residents of the Chapel Hill-Durham area.

Twenty-seven years later, UNC students continue to operate what is believed to be the oldest student-run health service in the country. Each Wednesday during the academic year, students from the schools of dentistry, medicine, nursing and public health organize and staff clinics offering free after-hours dental and medical care to Orange County residents. They operate under the name Student Health Action Committee, or SHAC.

"It's not uncommon to find faculty-run clinics where students just come in and work," said Adam Goldstein, clinical assistant professor of family medicine, a SHAC faculty adviser. "What sets SHAC apart is that it was originated by students, and students maintain primary ownership. They recruit student volunteers, provide the services, do the budgets and decide what special services to do."

The medical clinic operates out of quarters rented from Piedmont Health Services in Carrboro. Dental students set up shop in the Carr Mill Mall offices of the Orange County Health Department.

On a Wednesday night last fall, about a dozen people filled the waiting room of the SHAC clinic. Sophia Edwards of Chapel Hill brought her 4-year-old son for a physical examination required by Head Start. Kristia Harward drove from Hillsborough for a job-related physical.

It was a typical night, said Marc Shalaby, MSII, a student coordinator. "Physicals are very important at this time of year," he said. "Kids need school and sports physicals. That's most of what we'll see for a month. The other big business is job physicals."

During the course of a year, students at the medical clinic will treat about 600 patients needing physicals, well-baby checkups and other routine care. Licensed professionals, faculty members and graduate students oversee the students' work. Altogether, the clinics provide more than $25,000 worth of medical and dental care for the community.

"There is a sizable number of uninsured who also are not eligible for Medicaid," said Daniel B. Reimer, director of the Orange County Health Department. "SHAC serves an important function in helping provide care for these people."

Michael Eyster, director of operations for Piedmont Health Services, said the SHAC clinic's evening hours are particularly valuable because many low-income people can't afford to leave work to visit a doctor or dentist during normal business hours. The clinics have proved as popular with student volunteers as with patients.

So many medical students sign up that they're allowed to work only one night each year, and even so, many students are turned away.

"The first two years [of medical school] is predominantly books," Shalaby said. "A lot of people come here to see why they're in medical school."

Kevin Buchholtz, a coordinator for dental students, said it was a relief to perform his dental procedure in a nonthreatening environment. "My first night, I was really nervous and hoping the patient didn't know how nervous I was," he said.

SHAC often takes on special projects. In 1995, the students planned a series of health fairs in cooperation with the American Medical Student Association. The first, called Heart Healthy, offered blood pressure checks, cholesterol screening and nutrition advice at a church in northeast Durham.

Meanwhile, SHAC is being credited with helping UNC win a $70,000 grant this year from Health Professions Schools in Service to the Nation, a program of the Pew Health Professions Commission. The grant, one of 20 awarded nationwide, is designed to assist medical and other health professions schools incorporate more community service into their curricula.

Program director Sarena Seifer said SHAC was an important factor in Carolina's selection.

"Students need to be more involved in determining the shape of their education," she said. "We were looking for a demonstration of students taking that leadership, and that's definitely a strength UNC already has." □

[This story ran in the UNC-CH Public Service *magazine, Fall 1995.]*

Jason Conway, MSI, and nursing student Lori Yancey treat a patient at the Student Health Action Committee clinic.

Five Alumni Honored with Distinguished Service Awards

The School of Medicine and the Medical Alumni Association presented the 1996 Distinguished Service Awards April 19 during the annual spring medical alumni banquet. This year, all five award recipients are Carolina medical school alumni.

The Distinguished Service Award was established in 1955, on the 75th anniversary of the founding of the School of Medicine, to recognize those who have made significant contributions to the establishment and early growth of the medical school. The award also was designed to honor alumni and friends whose distinguished careers and unselfish contributions to society have brought honor to UNC-Chapel Hill and the medical school.

1996 recipients are P.G. Arnold, MD '67, a native of Lincolnton and now head of the Mayo Clinic's Plastic and Reconstructive Surgery Section in Rochester, Minn.; Carol A.K. Aschenbrener, MD '72, chancellor of the University of Nebraska Medical Center; Charles Otis Boyette, MD '61, a family practitioner in southeastern North Carolina and mayor of Belhaven; Shahane R. Taylor Jr., MD '59, of Greensboro, a retired ophthalmologist and former president of the Medical Alumni Association; and David R. Williams Sr., MD '63, a Davidson County pediatrician.

Michael A. Simmons, MD, dean of the School of Medicine, presented the awards.

■ Arnold was cited for his productive and distiguished academic career. A decorated Vietnam veteran, Arnold is known as a "tell it like it is" individual with exceptional surgical skills. "His accomplishments bring honor to Dr. Arnold and to the School of Medicine," Simmons said. Arnold attended Davidson College before earning his MD from UNC-Chapel Hill. He did surgical residencies at N.C. Memorial Hospital and at Emory before going to the Mayo Clinic.

Arnold

■ When Aschenbrener entered the UNC-CH School of Medicine in 1968, she was one of only five women in her class. "Today, while many more women are entering medical school, she remains in a class by herself as the first female chancellor of a university medical center in the United States," Simmons said. Aschenbrener is a native of Dubuque, Iowa. She graduated from Clarke College there, then received a masters degree from the University of Iowa and her medical degree with honors from UNC-CH. She returned to the Midwest to do an internship and residency in pathology at the University of Iowa, followed by a residency in neuropathology. She rose steadily in the academic ranks there, and in 1992 was named chancellor at the University of Nebraska Medical Center.

Aschenbrener

■ In addition to serving as Belhaven's mayor and running a busy family practice, Boyette is Pamlico-Albemarle Medical Society delegate to the N.C. Medical Society, a member of the N.C. Institute of Medicine and supervisor/medical director for the Hyde County Health Department. He also has been a long-time and ardent advocate for the field of family medicine.

Boyette

Boyette received his undergraduate and medical degrees from UNC-CH, then spent five years in the Navy, completing a U.S. Naval Hospital Internship in Charleston and serving as a flight surgeon at the U.S. Naval School of Aviation Medicine in Pensacola. He returned to North Carolina in 1963, and in 1964 opened his practice. Boyette received the Distinguished Service Award "in recognition of his role in improving the health care of the citizens of North Carolina and in advancing the cause of family practice."

■ Taylor, said Simmons, "is one of the sharpest, most politically savvy physicians ever to graduate from this institution." After receiving his MD from UNC-CH in 1959, he pursued an internship in internal medicine at N.C. Memorial Hospital and an ophthalmology residence there and at McPherson Hospital in Durham. He returned to his native Greensboro in 1963 to begin a long and distinguished career in ophthalmology.

Taylor

Taylor has worked closely with the N.C. Medical Foundation to encourage alumni support for the medical school. He also has been active in the American Academy of Ophthalmology, the N.C. Medical Society and the Guilford County Medical Society. His father also was a DSA recipient.

■ Williams, a native of Laurinburg, is renowned for the care he provides to the children of Davidson County and surrounding areas. Since 1968, he has had an "open door" policy of treating any child, regardless of ability to pay.

Williams

He received his undergraduate and medical degrees from UNC-CH, then did a pediatric internship and residency at N.C. Memorial Hospital. After a two-year stint in the military, he joined Thomasville Pediatrics, where he's been ever since.

—*K.C.N.*

A Match Made in Carolina Heaven

Nine of the 34 School of Medicine seniors who will stay in Chapel Hill for their first years of post-graduate training: (from left) Gil Reid, obstetrics/gynecology; Stacy Gilbert, pediatrics; Shawn Gilbert, orthopaedic surgery; Leslye Sinn, psychiatry, with son Nikolas Wall; Dane Vines, family practice, with son Jaden; Darius Amjadi, pathology; Tracey O'Connell, radiology; Greg Gibbons, family practice, with daughter Kathryn; Shannon Goldsmith, pediatrics.

by Melissa L. Anthony

For 34 graduating seniors of the UNC-CH School of Medicine, Match Day 1996 was both a leave-taking and a homecoming. A leave-taking from medical school to their future careers. A homecoming because their careers will begin at UNC Hospitals.

These students, matched with residencies at their alma mater, had much to say when asked why they chose UNC as their training hospital. Their resounding response: affirmation of UNC faculty and programs.

"UNC Hospitals was my only choice," said Darius Amjadi, a graduating senior matched to a pathology residency. "Not only do UNC faculty and residents work closely together, but they have great relationships."

That sentiment was echoed by Greg Gibbons, who begins his family practice residency at UNC Hospitals in July. "What can I say? Excellent faculty means excellent training."

Leslye Sinn, who will be training in psychiatry, is particularly impressed with UNC's community and patient focus. "UNC Hospitals has one of the best psychiatry programs in the country," said Sinn. "Because UNC emphasizes patient care in addition to research, I'll spend much of my residency where it really matters, out in the community."

According to Match Day '96 statistics for UNC-CH, 87 percent of students participating in the National Resident Matching Program were successfully placed in their first, second or third choice. Nearly 40 percent of the 157-member class will continue medical training in North Carolina: 34 at UNC Hospitals; 14 at Area Health Education Center sites around the state; seven at East Carolina University Medical Center; six at Bowman Gray/Baptist Hospital; and one at Duke Medical Center.

Primary care continues to be a leading interest among School of Medicine graduates: some 59 percent secured residencies in family practice, internal medicine, pediatrics or obstetrics/gynecology. This trend is also reflected in the proportion of women and African-American students pursuing generalist training, 66 percent and 40 percent, respectively.

Nationally, 1996 statistics indicate a similar gravitation toward primary care. For the second straight year, more than half of all graduating U.S. medical students will enter residencies in a generalist discipline, according to the American Association of Medical Colleges.

Of the 13,395 U.S. seniors successfully matched through NRMP, 54.4 percent will pursue at least their first year of training in family practice, internal medicine, or pediatrics. "These results show that U.S. medical students understand the changing needs of the nation's evolving health care system," said AAMC President Jordan J. Cohen, MD. "They also indicate that students are being counseled appropriately by U.S. medical schools to make informed career choices for this new environment. □

News Briefs

Pediatrics Chair Featured in National Magazine

In the March issue of Good Housekeeping *magazine, Roberta Williams, MD, chair of the Department of Pediatrics, was featured as one of "The Country's Best Heart Doctors."*

The article recounts the story of Williams' decision to become a pediatric cardiologist at the age of 12 (see 'True Blue Tar Heel Returns to UNC,' June 1995 Bulletin*), and highlights her work with children whose congenital heart defects are detected before they are born.*

New AHEC Director Named

Thomas J. Bacon, DrPH

The University of North Carolina Board of Governors on May 10 approved the appointment of Thomas J. Bacon, DrPH, as director of the N.C. Area Health Education Centers Program. The appointment was effective June 1. Bacon also holds academic appointments in the schools of Public Health and Medicine at UNC-Chapel Hill and will be an associate dean in the medical school.

AHEC's mission is to provide community-based education for a variety of health professionals. "AHEC has had remarkable success in educating, recruiting and retaining those providers throughout North Carolina," said Michael A. Simmons, MD, dean of the School of Medicine, to which the AHEC program is responsible. There are nine regional AHECs, each affiliated with one of the state's four academic medical centers: Bowman Gray, Duke, East Carolina and UNC-Chapel Hill.

Bacon, 51, has served as executive director of the Mountain AHEC in Asheville since 1982. He holds a faculty appointment in the Department of Health Policy and Administration in the UNC-CH School of Public Health. Before heading the MAHEC program, he served five years as associate director of AHEC in the central office in Chapel Hill.

He holds a doctorate in public health from UNC-Chapel Hill and a masters degree in demography from the University of Chicago. He is a native of Florida.

"Dr. Bacon's appointment is the result of an extensive search process involving more than 70 candidates," said Simmons. "Qualities the search committee looked for included considerable experience as an educator, and someone who had built substantial and successful community programs.

"Given the rapid changes in the health care industry, the committee sought someone who welcomes leading change, not simply accommodating to it," Simmons said.

Bacon has a keen interest in rural health care needs. He has spoken and written extensively on how the AHEC program is helping underserved communities address those needs.

"I am truly honored to be assuming the position of AHEC director," Bacon said. "For nearly 25 years, AHEC has played a key role — and is recognized as a national model — in connecting health science centers to communities through the education and training of tomorrow's health care professionals." He noted the program's success was due in large measure to the leadership of the late Eugene S. Mayer, MD, who directed the program from 1978 until his death in 1994; Glenn Wilson, AHEC's first director; and John Payne, who has served as interim director since Mayer's death.

"Although AHEC has been very successful, we cannot be complacent. Private-sector health care reform will be followed closely by public-sector reform, and our university partners will be forced to change how and where they educate and train health professionals," Bacon said.

"We must help them by providing quality community placements for students and residents, creating an integrated, statewide electronic information system for health professionals and renewing our commitment to primary care education, health careers and minority development and multidisciplinary training," Bacon added.

Eight Faculty Ranked Among Top U.S. Doctors

Eight doctors from the School of Medicine were recognized in the March issue of *American Health* magazine as "The Best Doctors in America." They were chosen by more than 3,200 peers at 350 leading academic medical centers across the United States.

They are **John B. Buse, MD**, associate professor of medicine and director of the Diabetes Care Center, for his work in diabetes and endocrinology; **Robert C. Cefalo, MD**, professor of obstetrics and gynecology and division chief of maternal and fetal medicine, for his efforts in perinatology and maternal and fetal medicine; and **Wesley C. Fowler Jr., MD**, Leonard Palumbo professor of gynecologic oncology, associate chair of obstetrics and gynecology and associate director of the Lineberger Comprehensive Cancer Center, for his accomplishments in oncology and premalignant lesions.

Also chosen were **Harold C. Pillsbury III, MD**, Thomas J. Dark distinguished professor of surgery and division chief of otolaryngology, for his work in head and neck surgery and neuro-otology; **Louis Underwood, MD**, professor of pediatrics and nutrition and division chief of endocrinology, for his efforts with growth disorders; **Charles van der Horst, MD**, associate professor of medicine and clinical director of the AIDS Clinical Trials Unit, for his accomplishments with AIDS and infectious diseases; **Mark E. Williams, MD**, associate professor of medicine and director of the Program on Aging, in the area of geriatrics; and **Robert E. Wood, MD**, professor of pediatrics and associate director of the Cystic Fibrosis Center, for his work in bronchoscopy.

The list was composed of 1,019 physicians in 60 adult and pediatric specialties. Primary care physicians were not included.

Grant Will Help Create Registry of Birth Defects

The Birth Defects Center at the School of Medicine received a $150,000 grant from the March of Dime Birth Defects Foundation and Harris Teeter.

The money will establish a new registry that will allow researchers to report and analyze birth defect cases across the state.

The current registry relies on scant information from birth and death certificates. It misses about half of all the birth defect cases because of the way causes of death are reported.

Thomas Sadler, PhD, professor of cell biology and anatomy and director of the center, said the new registry will include more accurate details about babies born with abnormalities.

That should lead to much better education and prevention measures, Sadler said.

"If we know what areas of the state certain things happen, that will help us target areas for prevention," he said. "Birth defects are the No. 1 cause of infant mortality, and the state has refused to accept that. So I think this will help."

A few other states have similar detailed registries. Researchers will concentrate on 12 major hospitals where 60 percent of North Carolina's birth defect cases occur. They will visit those hospitals and collect records from the doctors directly involved in the cases.

The registry should be up and running this summer. It could enable doctors to track trends in defects and link them to environmental or genetic causes.

It also may show doctors where they should focus their education efforts — especially when it comes to preventable diseases.

North Carolina ranks first in the nation and fourth in the world in neural tube defects. The most common is spina bifida. Recent studies have shown that a woman can reduce her risk of having a baby with a neural tube defect by 50 to 70 percent if she consumes 400 micrograms of folic acid before and during early pregnancy.

A Folic Acid Task Force will try to get that message out to women. And solid data on birth defects can only help the efforts, Sadler said.

Liver Transplants Gain Payment Approval

The U.S. Department of Health and Human Services has approved Medicare payment for adult liver transplants and military payment for pediatric transplants at UNC. The decision came after a comprehensive review of the medical center's liver transplant program.

Spicer-Breckenridge Lecture

Joanne Lynn, MD, MS, professor of health care science and medicine at George Washington University and director of The Center to Improve Care of the Dying, talks with Richard Boyd, MD '56 and Betty Boyd after delivering the 14th Spicer-Breckenridge Memorial Lecture on April 19 in Berryhill Hall. Her topic was "A Good Dying: What Is It and Why Is It Hard To Get?"

Lynn is a nationally known physician whose career has been devoted to the care of elderly, disabled and dying people. In addition to her clinical work, she has played a major role in bioethics and health policy.

The Spicer-Breckenridge lecture was established in 1983 in memory of two School of Medicine graduates who lost their lives in World War II. Each year outstanding speakers are invited to speak on humanistic aspects of life and the practice of medicine. The lecture is sponsored by the School of Medicine and the Medical Alumni Association.

"This says a lot about our program," said Jeffrey Fair, MD, assistant professor of surgery and director of the UNC Hospitals Liver Transplantation Program. "We have outstanding patient outcomes because of tremendous institutional support and depth within our medical center.

"In the past two years, UNC Hospitals has seen approximately 30 patients who qualified for Medicare but had to be sent to distant medical centers because we didn't yet have funding," Fair added.

Brain Chemical May Protect Against Alcoholism

A naturally occurring brain chemical appears to protect animals against growing dependency on alcohol, researchers at the School of Medicine have discovered.

The chemical, a neurosteroid called allopregnanolone, may help prevent humans from becoming alcohol-dependent and treat alcohol withdrawal, the scientists say.

"We are excited about this work because it gives us what we think may be a major lead we didn't have before," said A. Leslie Morrow, PhD, assistant professor of psychiatry. "There are 18 million alcoholics in America, and this disease devastates their lives as well as the lives of their loved ones."

Morrow, an investigator at UNC-CH's Hargrove "Skipper" Bowles Center for Alcohol Studies, conducted experiments on rats with Leslie Devaud, PhD, research assistant professor of psychiatry. The scientists discovered that allopregnanolone has a calming effect on normal rats, but has much stronger effect in rats addicted to alcohol and prevents symptoms of alcohol withdrawal.

"In humans, it's known that allopregnanolone levels are higher in women than in men, whereas the incidence of alcoholism is far lower in women," Morrow said. "These correlations suggest that the chemical may naturally protect women from alcoholism."

UNC Hospitals Receives Highest Accreditation Rating

UNC Hospitals has been awarded the highest level of accreditation — accreditation with commendation — by the Joint Commission on Accreditation of Healthcare Organizations, a national accrediting organization. The accreditation, effective March 1, 1996, is for three years.

"We are very pleased about this rating," said Eric B. Munson, Hospitals executive director. "It is awarded only to hospitals that demonstrate exemplary performance overall, and is a tribute to the excellence of the employees and medical staff who make UNC Hospitals one of the premier public teaching hospitals in the country."

JCAHO surveys more than 5,000 hospitals each year; of those, less than 4 percent receive the highest level of accreditation.

"This is a significant achievement," Munson said. "It means that UNC Hospitals meets or exceeds demanding national standards for patient care, and that we are ranked in the top 200 hospitals accredited by JCAHO, nationwide."

High School Students Study 'The Deadly Diseases'

Under the auspices of Project 3000 by 2000, a national initiative to increase the number of minorities entering the medical professions, 16 area high schools students completed a six-week health careers enrichment program at the School of Medicine this winter.

Organized by Robert Reddick, MD, Kenneth M. Brinkhous distinguished professor of pathology, the theme of this year's program was "The Deadly Diseases: Cancer and Diseases of the Heart and Blood Vessels." Lecturers included Estrada Bernard Jr., MD, Surgery; Georgette A. Dent, MD, Pathology; Christopher Fordham III, MD, Medicine; Donald T. Forman, PhD, Pathology; William R. Meyer, MD, Obstetrics and Gynecology; Eugene Orringer, MD, Medicine; Leslie A. Walton, MD, Obstetrics and Gynecology; and Markus Williams, MD, Medicine.

Pictured with the students are, first row: Reddick (left) and Sha-ron Jones, assistant director of admissions (right); second row: Monica Leach, NC-HCAP (left), Walton (second from right), and Fordham (right); third row: Dent (third from right), Don Lawrence, MSIII (second from right) and Jessica Inscoe, 3000 by 2000 project coordinator (right); last row: Eric Packenham, coordinator, Math and Science Education Project (right).

Cancer Research Receives $30,000 Boost from Glaxo Wellcome

Researchers at the UNC Lineberger Comprehensive Cancer Center have received a $30,000 grant from Glaxo Wellcome Inc. to explore new approaches to cancer detection, treatment and prevention.

The award went to the center's seed grants program, which researchers will use to fund the earliest stages of work on new ideas.

The competitive grants were created to help bring innovation into the mainstream of scientific investigation. They enable promising ideas to become the medical advances of tomorrow.

For example, the N.C. Breast Cancer Screening Program, which helps older black women in eastern North Carolina receive mammograms and follow-up care, received its initial funding from a seed grant. The program is now a major component of the university's Specialized Program of Research Excellence in Breast Cancer, one of only six nationwide designated by the National Cancer Institute.

In other news, the UNC Lineberger Comprehensive Cancer Center's designation as a comprehensive cancer center has been renewed for five years by the National Cancer Institute.

Comprehensive cancer centers are national leaders in cancer treatment, research and education. Centers must apply for the designation and undergo an extensive peer review process by the Institute.

Support Continues for Clinical Scholars Program

The Clinical Scholars Program at the School of Medicine has received a $1,200,000 renewal grant from the Robert Wood Johnson Foundation, ensuring funding of the program through June 1998.

UNC's Clinical Scholars Program, one of only seven in the nation, has trained more than 100 physicians from a variety of fields in the non-biological aspects of clinical research and health policy analysis since 1974. Priority areas of emphasis at UNC include clinical effectiveness and policy studies in preventive health care and aging and geriatric care.

The two-year fellowship program is co-directed by David F. Ransohoff, MD, professor of medicine and epidemiology, and Gordon H. DeFriese, PhD, professor of social medicine, epidemiology, and health policy and administration and director of the Sheps Center for Health Services Research. In addition, more than 50 UNC-CH faculty are actively involved with the program.

Medical School Professor Heads Interdisciplinary Advisory Panel

Michael C. Sharp, MD, associate professor of community pediatrics and director of the Office of Community Medical Education, will chair a UNC-CH advisory panel looking at ways to match health expertise and services with citizens' needs.

Ten Orange County community leaders will work with 13 faculty members and six students on the Health Professions in Service to the Nation Advisory Committee. That panel will identify interdisciplinary activities that integrate community service and clinical activities at UNC-CH.

The university has matched a three-year, $86,325 grant from the Pew Health Professions Commission and the National Fund for Medical Education. It will foster collaboration between the five health affairs schools — medicine, dentistry, nursing, pharmacy and public health — and the School of Social Work.

Faculty Share Expertise at Mini-Medical School

More than a dozen members of the School of Medicine faculty added another course to their busy teaching schedules this spring. But when they walked into the classroom, they faced not the usual group of future physicians, but more than 500 members of the Chapel Hill community, ranging in age from 14 to 84.

Pearls Day

James H. Scatliff, MD, Radiology, emphasizes a point of particular importance during his Pearls Day lecture in March to fourth-year medical students. In addition to Scatliff, the 1996 Pearls Day Speakers were: Robert A. Bashford, MD, Psychiatry; W. Paul Biggers, MD, Surgery; Watson A. Bowes Jr., MD, Obstetrics and Gynecology; James A. Bryan II, MD, Medicine; William L. Coleman, MD, Pediatrics; Alan Cross, MD, Social Medicine; Arthur T. Evans, MD, Medicine; M. Andrew Greganti, MD, Medicine; John S. Kizer, MD, Medicine; Mark J. Koruda, Surgery; Henry R. Lesesne, MD, Medicine; Don K. Nakayama, MD, Pediatrics and Surgery; Samir M. Fakhry, MD, Surgery; Harold C. Pillsbury III, Surgery; P. Frederick Sparling, MD, Medicine; Charles M. van der Horst, MD, Medicine; Marcus L. Williams, MD, Medicine; and Mark E. Williams, MD, Medicine.

The second UNC Mini-Medical School, designed to give laypeople an overview of the science that underlies the modern practice of medicine, was held on five consecutive Tuesday evenings in March and April. The medical faculty made presentations on embryology, birth defects and pediatric surgery; molecular and cellular biology; nutrition, obesity and heart disease; neurobiology, the brain and addiction; and immunology, virology and HIV.

The next month, a condensed version of the UNC Mini-Medical School was presented in Charlotte. On May 15 and 16 at the Mint Museum, the sessions on embryology, birth defects and pediatric surgery and molecular and cellular biology were presented to interested laypeople in Mecklenberg County and surrounding areas.

Kathleen Sulik, PhD, professor of cell biology and anatomy, served as course director and lecturer for the second year. Other speakers were Thomas W. Sadler, PhD, professor of cell biology and anatomy and director, UNC Birth Defects Center and Laboratory for Developmental Biology; Don K. Nakayama, MD, Colin G. Thomas Jr. distinguished professor of surgery and chief of pediatric surgery; David C. Lee, PhD, professor of microbiology; Oliver Smithies, D.Phil., excellence professor of pathology; and T. Kendall Harden, PhD, professor of pharmacology.

Presentations were also made by Steven H. Zeisel, PhD, professor and chair of nutrition; Rosalind A. Coleman, MD, professor of nutrition and pediatrics; Sidney C. Smith Jr., MD, professor of medicine, chief of cardiology; Gerry S. Oxford, PhD, professor of physiology; Paul B. Farel, PhD, professor of physiology; Fulton T. Crews, PhD, professor of pharmacology and director, Bowles Center of Alcohol Studies; Jeffrey Frelinger, PhD, Sarah Graham Kenan professor and chair of microbiology and immunology; and Charles van der Horst, MD, associate professor of medicine.

The Olympic Test

by Nancy L. Kochuk

This summer, while sports enthusiasts around the globe are rooting for their favorite Olympic athletes, Scott Kleiman, MD '67, will be watching the Centennial Games in Atlanta from a different perspective. As Doping Control Station Coordinator for the 1996 Summer Games, Kleiman will be making rounds of the drug-testing stations located throughout the 250-mile Olympic competition area.

The goal of the multi-million dollar drug-testing program, of course, is to prevent any athlete from gaining an edge over competitors by using a performance-boosting substance such as anabolic steroids or other banned substances.

"The collection system is very tamper-resistant," the Atlanta orthopod says. "I hesitate to call it foolproof, but I can say it's been *very* carefully thought out. The stakes are so high in the Olympics, and we are committed to ensuring a fair competition."

Scott Kleiman, MD '67

Kleiman is knowledgeable about drug testing programs. He's been the physician crew chief at several Olympic national trials, including baseball, track and field, cycling and sailing. And as chair of the sports medicine committee of the U.S. Amateur Confederation of Roller Skating, he has served as team physician for that group's national and international competitions.

Doping control procedures for the Summer Olympics will be similar to those used at the 1994 winter games in Lillihammer, Norway, Kleiman says. At the end of each competition, medalists and other randomly selected competitors will be accompanied from the field by an escort who will stay with them until they report to a drug-testing station. Athletes will have up to an hour to do so. There, doping control medical officers will oversee the filling out of forms and the securing of a urine sample.

From his experience in other venues, Kleiman knows the process can drag on a while. Depending on the sport and the athletes' level of dehydration, obtaining the required sample size can take just a few minutes or it can take hours. "When winners of a triathlon come in, we just pick up a book," he says, laughing. "We know we're going to be in for a long wait."

At the Olympics, the athlete's urine sample will be divided into two parts, Kleiman continues. "The A specimen will be analyzed at a lab in Atlanta, and within 24 hours, we will know the result. If the sample tests positive, the International Olympic Committee Medical Commission notifies the athlete. The athlete and a representative have the right to appeal, and go to the lab and witness the testing of the B sample. If the second part of the specimen is also positive, sanctions may be imposed as determined by the IOC. Any athlete who refuses to be drug tested after being selected for testing or is found guilty of using a banned substance may have medals withdrawn and may have other sanctions imposed as determined by the IOC Medical Commission."

While anabolic steroids have been the most frequently used drug, the IOC and the U.S. Olympic Committee also test for stimulants, narcotics and diuretics, as well as peptides and glycoprotein hormones and their analogues. In addition, other classes of drugs such as alcohol, local anesthetics, and beta blockers are restricted to varying degrees.

"Diuretics are a problem in sports with weight classes, such as wrestling," Kleiman says. "Athletes are always trying to compete in a lower weight class. That's why it is common, even at high school wrestling matches, to see kids running up and down the sidelines, trying to burn off a few more calories before the weigh-in."

Kleiman sees doping control as a constant battle between athletes looking for any way to shave even 1/100th of a second off their time, and laboratories which must constantly improve their drug detection techniques to catch cheaters. The newest wrinkle in these drug wars, Kleiman says, is athletes' use of naturally occurring hormones such as testosterone, which are more difficult to detect than steroids.

As a member of the team supervising operations at the drug-testing stations, Kleiman has been working with the Atlanta Committee for the Olympic Games since 1992. He jokes that he's been in one long meeting since then.

"The amount of planning and detail is incredible," he says. "At one meeting several years ago, for example, we planned exactly how many trash cans, clip boards and pencils we would need at each testing station on *each* day of the competition."

How many athletes will actually be tested is a closely guarded secret. While medalists are routinely tested, every one of the 10,500 athletes who will compete in Atlanta is also subject to random drug testing.

Even those who have no intention of taking a performance-enhancing substance need detailed information about the testing program, Kleiman adds. The use of the wrong over-the-counter cold medication, for example, could have the athlete testing positive for a banned substance.

Now, as Atlanta is bracing for the millions of visitors and cars that will be pouring into the area, Kleiman is making a final check of maps and routes for his rounds of the drug-testing stations. "I can tell you already that my favorite sport during these games will be the one with the least amount of traffic surrounding it." □

Faculty Notes

Stuart H. Gold, MD, assistant professor of pediatrics, received one of four Distinguished Teaching Awards for Post-Baccalaureate Instruction. The $5,000 award was created to acknowledge teaching accomplishments, including excellence in graduate and professional instruction, at UNC-Chapel Hill. In nominating him, Gold's students said he is clear, well-organized, accessible and able to take many approaches to a problem. Said one colleague, "Anyone can be a teacher and spew facts, but few can be a role model as a clinician, mentor, teacher and guide."

Gold

Gold, who joined the faculty in 1989, teaches courses in hematology and morphology and conducts cancer-related research.

Arthur J. Prange Jr., MD, Cary C. Boshamer professor of psychiatry, received the Paul Hoch Distinguished Service Award from the American College of Neuropsychopharmacology. The award, which recognizes lifetime contributions to the college, had been given only 14 previous times. A college member for 32 years, Prange has held all of its elective offices and now represents it with the Association of American Medical Colleges.

Nancy Raab-Traub, PhD, professor of microbiology and immunology, is chair-elect of the Division of DNA Viruses for the American Society of Microbiology. Raab-Traub also is leader of the Lineberger Comprehensive Cancer Center's virology program.

Mahesh Varia, MB, BCh, associate professor and associate chair of radiation oncology, was elected to a four-year term on the executive committee of the Gynecologic Oncology Group, representing 45 centers for clinical research in the field of gynecologic oncology.

Don K. Nakayama, MD, professor and chief of pediatric surgery, has been named Colin G. Thomas Jr. Distinguished Professor of Surgery. Thomas served as Department of Surgery chair from 1966 to 1984.

Thomas M. Egan, MD, associate professor of cardiothoracic surgery, has been named associate division chief for general thoracic surgery. In this capacity, he is responsible for the administrative and educational components of general thoracic surgery at UNC. Egan also directs the Lung Transplant Program at UNC Hospitals.

Egan

A proposal by **Samir M. Fakhry, MD**, associate professor in the Division of General Surgery, titled "Death from injury in a developing country: a comprehensive, population-based analysis of the frequency, cause and severity of fatal injuries," was selected for funding by the USAID Linkage Program. Fakhry will travel to Javeriana University in Bogota, Colombia, to conduct research for the study.

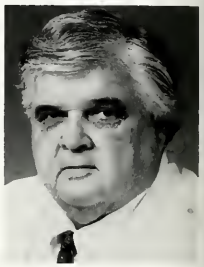
Fakhry

Lesli Taylor, MD, assistant professor in the Division of General Surgery, received a Junior Faculty Development Award for $3,000 for an outcome study of the surgical management of patent ductus arteriosus in early infancy.

Louis C. Almekinders, MD, associate professor of orthopaedics, was appointed to the Sports Medicine Fellowship Committee of the American Orthopaedic Society for Sports Medicine. This committee sets standards for the sports medicine fellowships and their certifying examination.

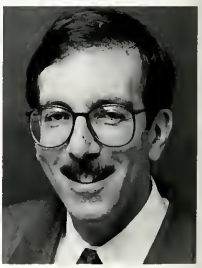
The Deafness Research Foundation has awarded two $15,000 grants to faculty in the Division of Otolaryngology/Head and Neck Surgery. **Vincent N. Carrasco, MD**, assistant professor, is principal investigator for "The role of nitric oxide in the neurotransmission of spiral ganglion cells." **Harold C. Pillsbury III, MD**, Thomas J. Dark distinguished professor of surgery and division chief, is principal investigator for "Middle ear effusion — role of cytokines." **Jiri Prazma, MD, PhD**, research professor, is co-principal investigator for both studies.

W. Paul Biggers, MD, Joseph Palmer Riddle distinguished professor of surgery in the Division of Otolaryngology/Head and Neck Surgery, produced two videotapes for the Voice Foundation Videotape Series. The videos, "Improved techniques for video-assisted examination of the larynx," and "Examples of common laryngeal disorders," can be obtained by calling Biggers through the Carolina Consultation Center, 800-862-6264.



Biggers

Gerald Sloan, MD, chief of Plastic and Reconstructive Surgery, was a visiting professor at the University of Manchester, England, in December 1995. While there, he presented three lectures and performed surgery at Booth Hall Children's Hospital, demonstrating the modified Hynes pharyngoplasty. The visit will lead to a collaborative research venture comparing pharyngoplasty and pharyngeal flap in the secondary management of cleft palate.



Sloan

Anthony A. Meyer, MD, PhD, professor of surgery, received a $538,095 grant from the Army Medical Research and Development Command to study "Improvement of cultured keratinocyte grafts

for burn wounds."

George F. Sheldon, MD, Zack D. Owens professor and chair of surgery, was awarded an honorary fellowship in the Association of Surgeons of Great Britain and Ireland.

Arrel D. Toews, PhD, research professor of biochemistry and biophysics, received one of two Johnston Undergraduate Teaching Excellence Awards at UNC-Chapel Hill. The award was established in 1990 by trustees of the James M. Johnston Awards Program to reward excellence in undergraduate teaching. Toews received $5,000 and was honored with other teaching award winners at an April dinner hosted by UNC-CH Chancellor Michael Hooker.

Toews came to Carolina in 1976 as a postdoctoral fellow in the Biological Sciences Research Center and began teaching the next year as a research instructor in the biochemistry department. He is currently the course director, lecturer and laboratory instructor for biochemistry courses for students interested in nursing and health-care oriented fields.

Toews' students praise him for his exceptional ability to present course material in an exciting way, but without compromising the rigors of science.

William E. Easterling Jr., MD, professor of obstetrics and gynecology and associate dean for continuing medical education and alumni affairs, has been elected president of the Society of Medical College Directors of Continuing Medical Education. At the annual meeting in April, the society embraced a new vision for medical college CME, creating new alliances, emphasizing self-directed learning, and addressing the many issues physicians and medical school faculty face in the new health care environment.

Easterling

The society consists of directors of CME in 121 U.S. and Canadian medical schools.

Bryan Receives Distinguished Faculty Award

James A. Bryan II, MD, a professor of medicine and social and community medicine, has been awarded the 1996 Distinguished Faculty Award. The award recognizes excellence in teaching, contributions to medicine, leadership in physician continuing education and efforts to improve communication among alumni, faculty and North Carolina residents.

Fred Bowman, MD '50, president of the Medical Alumni Association, which gives the annual award, made the presentation to Bryan at the Spring Medical Alumni Banquet on April 19 in Chapel Hill.

Bryan, a graduate of Davidson College, earned his medical degree from the University of Pennsylvania. He was an intern, resident and fellow at the Hospital of Pennsylvania in Philadelphia. He joined the faculty here in 1964 and has been a popular physician ever since.

"Patients are among Bryan's most loyal and devoted fans," Bowman said in presenting the award. "He has seen them in good times and in bad, through the continuum of health and illness. He visits them in their homes, and works with them when they have serious illnesses. He knows not only their medical conditions, but also their family situations and the environments in which they live. Quite simply, they believe in him and in his very personal approach to health care."

Bryan

"His commitment to patient care is legendary among the medical community and with his patients," said Tim Carey, MD, chief of general medicine and epidemiology, in nominating Bryan for the award. "His one guiding principle is that patients should be the focus of all medical care."

Bryan is also popular with UNC-CH medical students. They consistently name him as one of their most influential teachers and they have given him numerous teaching awards over the last 20 years. As one student wrote on a course evaluation, "Working with him is a wonderful experience. He should be a required part of medical school!"

In addition to caring for patients at UNC Hospitals, Bryan also works with patients and families at Triangle Hospice, residents of Carol Woods and Carolina Meadows retirement communities, and staff and overnight residents of the Interfaith Council Homeless Shelter.

Douglas A. Drossman, MD, professor of medicine and psychiatry, has been elected president of the American Psychosomatic Society. The 800-member society seeks to advance scientific understanding of the interrelationships among biological, sociological and behavioral factors in human health and disease. □

A Man with a Mission

John Johnston, MD, has come full circle in his career. As a medical student here in the '60s, he turned a desire to improve access to health care into a commitment to SHAC (Student Health Access Center) in Carrboro. Today, as medical director of the Teen Health Connection in Charlotte, he is again working to provide the full range of health care services to teens, regardless of their ability to pay.

"I remember recruiting people like Jim Bryan and other faculty members to back up the medical students at SHAC," he says. "Now, here at the clinic, I'm the one working with residents and medical students."

Johnston and his staff treat young people ranging in age from 11 to 22. "When patients come in complaining about sore throats and stomach aches, we use those symptoms as vehicles to get at the real issues that are troubling them. The medical conditions we treat pale in comparison to the psychosocial problems these teenagers are facing."

Johnston is well-equipped to deal with young people. After graduating from the School of Medicine in 1969, he completed an internship in pediatrics at the University of Washington at Seattle and began a residency there. He then took a slight detour by earning a Master's degree in public health from the University of California at Berkeley, finally returning to Seattle to finish his residency.

Johnston was happily employed in an inner-city clinic in Seattle when he learned his mother was ill. He decided to return home to Charlotte, and ended up spending the next 18 years as a pediatrician in private practice at the Charlotte Pediatric Clinic.

Johnston credits his wife with his latest career change. As a member of the Mecklenburg County Medical Alliance, she was involved in planning a clinic with a mission to provide affordable, accessible physical and mental health services for teens. She thought the philosophy suited her husband to a tee.

"She kept whispering in my ear that I would like it," he says. "And after one particularly exhausting weekend on call, I decided to at least apply for the medical directorship."

Last summer, President Bill Clinton visited the Teen Health Connection, a non-profit adolescent health care clinic in Charlotte that he cited as an example of "what is right with America." The President spent an hour visiting with eight teen patients, parents, executive director Barbara Ziegler, and medical director John Johnston (center, rear). "I was really impressed by the President's rapport with the kids," Johnston said. "He really tuned in to them."

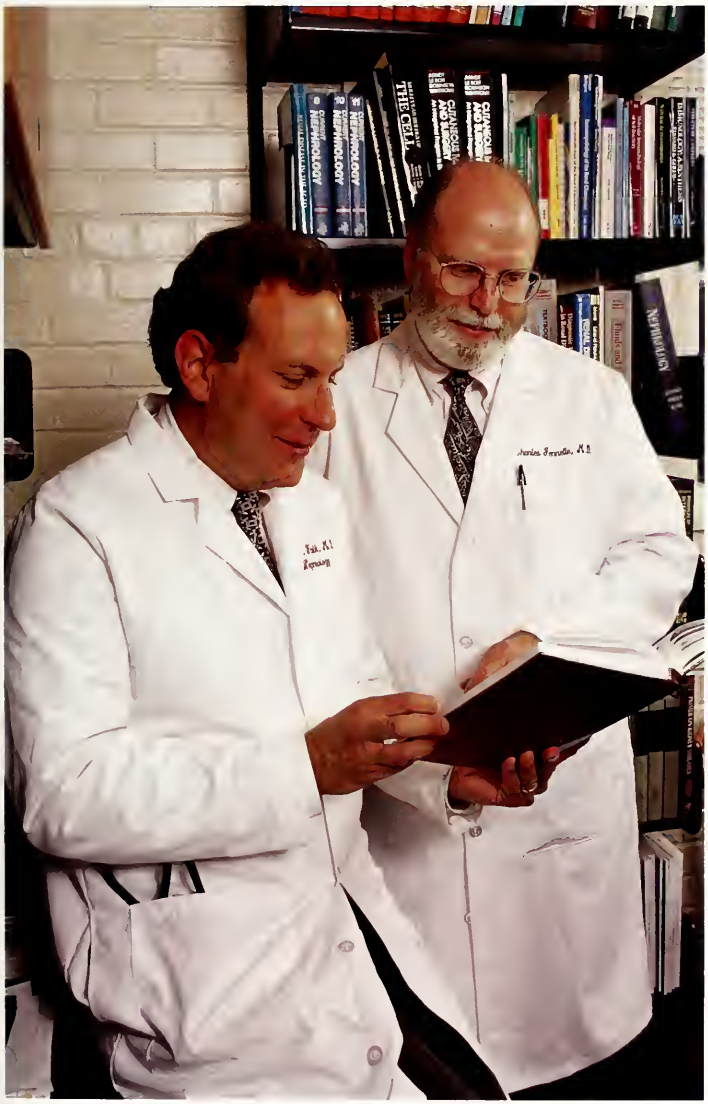
A fierce advocate for his patients, Johnston doesn't shy away from the tough issues. He talks to teens and parents or guardians about high-risk behaviors. He preaches the value of staying in school and encourages the adults to set limits, enforce curfews and, if necessary, restrict privileges. "Someone has to give them moral support and strength and teach them to expect more of these young people," Johnston says. Even teens who are initially hostile to his intervention usually come around. "When they finally realize that I do respect them and care about them, that's when they appreciate my concern," he adds.

Interestingly, one thing the Teen Connection will not do is offer prenatal care or baby care for teenage mothers. Pregnant teens are referred to the health department for follow-up.

"A few years ago," Johnston explains, "I saw a 15-year old with her baby in the waiting room, and everyone was oohing and aahing over that baby. I started to wonder what kind of message that was sending to the other teens who were also there who had chosen not to get pregnant. I decided we should be giving the most support and reinforcement to teens when they're making good decisions." □

—N.L.K.

The Vanguard of Vasculitis



The work of Ron Falk, MD, (left) has been 'totally entwined' with that of Charles Jennette, MD, since Falk joined the UNC faculty in 1983.

by Dianne G. Shaw

Treating a rare disease requires the skills of a rare physician. Someone who can discern the disease's signal amidst the static of symptoms. Yet someone who can synthesize this spectrum of symptoms into a discrete diagnosis. Someone who practices traditional medicine, yet someone who has developed and is guided by sophisticated diagnostic procedures.

Ronald Falk, MD, is such a physician. He is a professor of medicine and chief of the division of nephrology and hypertension. With Charles Jennette, MD, professor of pathology and laboratory medicine and professor of medicine, he is on the leading edge of the study and treatment of glomerular diseases — those which cause injuries to the filtration units of the kidneys.

* * *

When Falk first came to UNC from Dartmouth as a PhD candidate in virology, he was on an MD/PhD track. Not for long, however, "I liked the medicine part and stopped the PhD part."

It was his first month's rotation as a third-year medical student that captured his interest in nephrology. "The diseases were interesting to me and the attending physician — Bill Blythe — was outstanding. He was doing both clinical and investigational work. Seeing someone doing both and doing them well was what I wanted in my career."

Of that rotation, Blythe, Marion Covington distinguished professor of medicine and former chief of nephrology, recalls, "It was clear to me when he presented his first case that Ron was an outstanding student who had superior knowledge of — and feeling for — the patient. His understanding of the physical and emotional symptoms showed a maturity beyond that of a third-year student."

Falk's graduation from the School of Medicine in 1977 was followed by more training in Chapel Hill: an internship and residency in internal medicine from '77 - '80, and a fellowship in nephrology from '80 - '81. During his internship he met his

future wife, Katherine Huffman, MD, currently a physician with Chapel Hill Internal Medicine. And during his fellowship, he met Charles Jennette.

* * *

Jennette was a renal pathologist on the faculty, giving weekly conferences to the fellows. Their interests overlapped, and when Falk returned to UNC as a faculty member after a two-year fellowship in pediatric nephrology at the University of Minnesota, their collaboration developed, and is now, as Falk puts it, "totally entwined."

Their work echoes earlier productive pairings of renal pathologists and nephrologists such as Volhard and Fahr.

In 1985, Falk and Jennette were studying the autoantibodies of a young patient diagnosed with Wegener's granulomatosis, and noticed a similarity between the marker for her disease and those for other forms of inflammatory vascular diseases. This observation led the pair to conclude that the seemingly discrete marker for Wegener's was instead an indicator for a spectrum of inflammatory vascular diseases, including other types of vasculitis and glomerulonephritis. After publishing this conclusion three years later in The New England Journal of Medicine, the two began the pattern of presenting a concept that diverged from current dogma, being challenged for such nonconformity, and finally gaining acceptance for the concept.

Also in 1985, the pair formed a collaborative network of nephrologists and pathologists called the Glomerular Diseases Collaborative Network. Its purpose is to pool clinical data, design long-term clinical trials and develop a registry to evaluate the natural history of the diseases. Beginning with approximately 20 nephrologists, the network has grown to nearly 200 participants in four Southeastern states and Washington, DC. Annual meetings draw national experts and provide a chance to update and discuss research. "After a colleague from Mayo came to present at our meeting, he decided to form a similar network there," explains Jennette.

Because the diseases Falk and Jennette treat are so rare, and so little is known about their etiology, the defining characteristics are not easy to characterize.

In 1993, the pair convened an international, multidisciplinary group of experts in Chapel Hill to gain consensus on what names to use for various forms of vasculitis and how to define those names. Such consensus would facilitate communication among physicians caring for patients and provide continuity for what was being reported in the literature. The results, although initially controversial, are now widely accepted among the variety of specialists who treat vasculitis and glomerulonephritis.

Perhaps the thoughts of Franklin Maddux, MD, a Danville, Virginia, nephrologist who trained with Falk and Jennette at UNC, best capture the special synergy created by the two physicians.

He cites Jennette's "infectious interest in understanding not only how a nephrologic disease is understood and classified, but how to turn the bench understanding into clinical relevance," and describes Falk as "one of the most animated and articulate teachers in the Department of Medicine and Division of Nephrology.

"Ron Falk was in a better position than any other academician in the division to combine teaching, research, and direct patient care," Maddux continues. "His counsel in my years of training and during my years in practice has been one of the most useful and enjoyable relationships I have had."

* * *

Maddux is not the only person to sing Falk's praises. His many years of training and experience have won Falk the respect of his peers and the admiration of his patients. He has been cited by his peers as one of the "Best Doctors in America" every year since 1992. UNC recognized his excellence with a Jefferson Pilot Fellowship Award in 1986-89. As testimony to his excellent teaching, he received the Internal Medicine Housestaff Faculty Award in 1994.

Fred Sparling, MD, is chair of the Department of Medicine and one of Falk's early supporters. He encouraged Falk, at the time still a resident, to pursue academic medicine. "In a time when many despair of the possibility of satisfying the demands of being a physician, scientist and teacher, Ron Falk has shown us that it is quite possible to do all of these with great excellence. He is an unusual talent."

Falk thinks "there has to be a group of people who try to do both clinical practice and basic research. You can't explore clinical issues as easily if you don't have a basic science lab." He heads a weekly vasculitis clinic with a multidisciplinary approach to clinical care; he directs a laboratory where he investigates the causes of the diseases he treats in the clinic.

Says nephrology fellow Patrick Nachman, MD, "Ron gives you a lot of direction in the lab, but steps back, giving you freedom and independence. As a teacher, he gives guidance to my research as well as career advice, which is extremely valuable."

Falk's custom of offering directions, but then stepping away and watching supportively, is also reflected in his medical practice. Because of the rarity of most of the diseases he treats, there are few guidelines for therapy. He explains, "I use a lot of medicine to get people over an acute phase, then let their bodies heal, since the body heals itself one way or another." His key question when treating most patients is, "What's the minimal amount of medicine we can get away with?"

Falk's effectiveness is due in large part to his wife, he says. "She's taught me how to be a better doctor. How to listen to my patients." And listen he does.

Remarked one patient, " We had a conference about the possibility of starting a new drug therapy for my disease. My husband and I came away talking about how carefully Dr. Falk listened to us and our concerns, and how much that care meant to someone who has a rare disease about which not a lot is known." □

[Editor's note: Dianne G. Shaw is director of communications for the UNC Lineberger Comprehensive Cancer Center in the UNC School of Medicine. She was diagnosed last year with Wegener's Granulomatosis and is a patient of Dr. Falk.]

Thirty Years of Merit Scholars

When the first Loyalty Fund Merit Awards were presented for the 1965-66 academic year, the six recipients each received $200 and recognition as top scholars for the preceding year's coursework.

Since then, close to 200 Carolina medical students have had the honor of "merit scholar" bestowed upon them by the Alumni Association (see list). And as the Loyalty Fund grew, so did the amount of the scholarships. This year's group of 11 merit scholars each received a $2,700 award, covering the full cost of tuition for one year.

David A. Rendleman III, MD '70, is a former merit award winner, former president of the Medical Alumni Association, and an avid supporter of the Loyalty Fund scholarship program. "I was grateful for the support and recognition of the alumni when I was in medical school," Rendleman says, "and I think it's important to continue that support and recognition for the students who have come after me.

"If everyone who ever received a scholarship from the Alumni Association contributed that same amount back to the school every year," he adds, "Carolina's ability to attract and train the most talented medical students would be secured indefinitely."

Over the years, Rendleman says, he's spoken with some alumni who aren't fully aware of the important role alumni contributions play in the growth and success of the medical school. "It's important to remember that Carolina is state-subsidized, not state-supported," he explains. And while it's true that alumni who live in North Carolina continue to support the school through the taxes they pay, Rendleman likes to leave them with this thought, "Many pay taxes, but few get to go to medical school."

Currently, up to 15 one-year, full-tuition scholarships are awarded to second-, third- and fourth-year students who achieve high academic standing during the previous year's coursework. Of the 189 students named merit scholars to date, 39 received the award twice, and six earned merit awards for each of the three years they were eligible.

On the occasion of the merit award's 30th anniversary, the Alumni Association would like to recognize those who have earned the scholarship, and to remind all alumni of the importance of continued support for the program.

—*S.V.K.*

Loyalty Fund Merit Scholars
1966 - 1996

Names in italic received merit awards twice; names in bold italic received merit awards three times.

Marshall W. Anderson '93
Mett B. Ausley '84
Jean E. Aycock '82
Laura H. Bachmann '94
David Baird '87
John E. Barkley '90
Mack N. Barnes III '91
Robert R. Bass '76
Mary P. Baucom '80
Stephen A. Bernard '73
Evan H. Black '94
Mark L. Boles '93
Thomas W. Bouldin '74
Peter H. Bradshaw '82
Jane H. Brice '94
Tamara W. Bringwatt '93
Jon P. Brisley '88
Clyde L. Brooks Jr. '85
Robert Brooks '88
Jerry Lee Browne '92
John H. Bryan '69
Melissa W. Burch '87
Jerry W. Burke '80
James B. Butler '88
Marlene S. Calderon '94
Jeffrey P. Campbell '88
Wendi M. Carlton '94
Paul R. Chelminski '95
Brian J. Cohen '78
Enser W. Cole III '71
Francis S. Collins '77
Gerald E. Cooley '92
Joseph E. Craft '77
Elizabeth A. Creech '94
Daniel L. Crocker '70
Mary C. Dawson '98
William de Araujo '90
Robert C. Dellinger Jr. '82
Lianne M. de Serres '90
John D. Dick '82
Forest R. Dolly '78
Mark T. Dransfield '97
Richard N. Duffy III '76
Allen R. Edwards '79
Martha L. Elks '78
Kenneth R. Ellington '86
Stewart L. Ellington '69
Thomas L. Ellis '93
William F. Fleet III '85
Hilari L. Fleming '85
Vance G. Fowler '93
Daniel S. Frank '87
Thomas Funcik '89
Kathleen A. Gallacher '76
Miriam C. Gardner '81
Jayashri V. Ghate '96
John M. Gibson '72
Allen L. Gifford '89
William Goodnight III '94
Robin T. Goodwin '79
Todd W. Gothard '86
Michael L. Green '87
Walter B. Greene '72
David A. Grimes '73
Brian E. Grogg '96
Karen L. Grogg '98
Hratchia Havoundjian '87
Kenny D. Hefner '93
Jane T. Helwig '92
Thomas L. Henley '68
Keith D. Herzog '84
Laura E. Heyneman '92
Robin P.B. Hicks '93
Thomas Higgins '75
Robert L. Hinkle '70
Lisa Hockstra '92
John W. Holshouser '96
John B. Holtzapple '95
Thomas G. Irons '72
Rebecca R. Ison '81
Elizabeth H. Jackson '73
Stephanie A. Jaeger '76
Linda E. Jaffe '84
Elisabeth A. Kahl '95
George A. Kallianos '82
Sharon T. Kapeluk '91
Daniel M. Kaplan '89
Ron L. Kaplan '92
Christopher L. Karp '86
Dean H. Karras '93
Kent W. Kercher '94
Douglas S. Kernodle '81
John M. Kilby '90
Keith C. Kim '94
Barrett T. Kitch '92
Dawn E. Kleinman '96
Christopher G. Koeppl '83
John H. Krege '90
William L. Lawing '89
Suzanne Lazorick '94
John R. Leonard III '70
Laurel K. Leslie '89
Melissa M. Lutz '94
Michael D. Lutz '68
Jane E. Lysko '81
Daniel F. Maher '96
Patrick T. Malone '68
Susan R. Marcinkus '92
Thomas L. Mason '91
Hugh A. McAllister Jr. '66
Robert S. McCurley '95
Robert S. McDuffie Jr. '81
William F. McGuirt Jr. '89
John H. McMurray '76
Wendy Waters McNeill '94
Benjamin Merritt '91
Henry M. Middleton III '69
David P. Miller Jr. '96
Sean M. Muldowney '91
Dale A. Newton '73
Jerry L. Norton '67
Tracey E. O'Connell '96
James C. Osborne '83
Terry L. Overby '74
Larry R. Padgett Jr. '92
Paul C. Padyk '91
B. J. Parks '67
Frederick B. Payne Jr. '85
John K. Petty '96
John D. Phipps '93
Monica L. Piecyk '95
Hoke D. Pollock '75
Edward J. Primka III '92
Richard K. Primm '70
Gail Quackenbush '88
Petrie M. Rainey '80
Victor F. Randolph '93
David A. Rendleman III '70
Charles M. Richardson '85
Donald R. Rose Jr. '93
William D. Routh '76
William T. Rowe '69
Howard J. Savage '93
Robert A. Scarr '79
Andrew M. Scharenberg '90
Geoffrey M. Schoenbaum '94
John M. Schoffstall '84
Daniel S. Shapiro '86
Norman E. Sharpless '92
Hugh G. Shearin Jr. '73
Arthur J. Shepard III '89
James A. Shivers '71
Cameron L. Smith '71
Jeffery D. Smith '97
Jeffrey A. Smith '79
Jennifer S. Smith '90
Ronald J. Stanley '72
Robert W. Surratt '78
George E. Sutton '82
David E. Tary '74
Carolyn L. Taylor '94
Frances R. Thomas '79
Michael W. Tilson '78
Hilary H. Timmis Jr. '94
Jonathan P. Tolins '80
Donald E. Toothman '83
Todd W. Trask '89
Ann Marie Traynor '90
William H. Vaughan '66
Daniel C. Vinson '74
Deepak P. Vivekananthan '97
David M. Warshauer '78
Anne B. Waters '97
Douglas K. Ways '79
Michael S. Wheeler '77
Frances V. White '89
Susan J. Whitney '92
Robert E. Wiggins '84
Lee F. Williams '87
Candace E. Williamson '88
Cathy Jo Wilson '86
James S. Wilson Jr. '75
Joy L. Wilson '90
Heber G. Winfield III '70
Stephen W. Young '69
Sherri A. Zimmerman '91

Florida Physician Endows Emergency Medicine Chair

Stephen J. Dresnick, MD, president of Sterling Healthcare Group in Coral Gables, Fla., has pledged funds to endow a $1 million chair of emergency medicine at the School of Medicine. It is the department's first endowment.

"This is a very important and very generous gift," said Michael A. Simmons, MD, dean of the medical school. "It will help strengthen our growing Department of Emergency Medicine."

Judith Tintinalli, MD, professor and chair of emergency medicine, agreed. "We have seen incredible progress in the five years since the department was created.

"We've established 24-hour attending physician coverage in the Emergency Department, recruited 10 faculty members, begun a three-year residency program, developed research projects and helped plan a new and expanded ED that opened in May," Tintinalli said. "This endowed chair is the 'icing on the cake' that will allow us to continue to expand our program."

Steven J. Dresnick, MD

Dresnick is an alumnus of UNC-Chapel Hill. He received his MD from the University of Miami medical school and is board-certified in emergency medicine and surgery. His company, which he co-founded in 1987, provides medical management services to emergency departments and medical practices.

Of endowing Tintinalli's emergency medicine chair, Dresnick noted he has known Tintinalli professionally "for 15 or 16 years," and that she is "one of the stars of emergency medicine. UNC is fortunate to have someone of her caliber."

On April 22, Dresnick returned to Chapel Hill to deliver the keynote address at the Department of Emergency Medicine's first research forum. His topic was "Survival of the Academic Medical Center: Preserving Education and Research."

"Clearly, managed care is putting extraordinary pressure [to cut costs] on not just community hospitals, but on academic medical centers," Dresnick said. This pressure "threatens the critical missions of teaching and research."

Rather than spend time criticizing managed care, Dresnick prefers to look at the changing medical environment as offering new challenges and opportunities, especially to academic medical centers. He sees three levels of response: crisis, mid-term and long-term.

On the crisis level, he believes medical centers need to "re-engineer the health-care delivery process. Re-engineering is not just for business." That means looking carefully at processes and developing effective protocols based on sound medical science, he said. It also means looking at staffing levels. "Does it really require an RN to fit a pair of crutches?" he asked.

Mid-term strategies include affiliating with surrounding hospitals to ensure a steady flow of specialty cases; creating medical center-owned health plans; and, in some cases, selling hospitals.

Longer-term strategies will include shifting medical education to community sites and combining medical and business education to produce physicians who can provide compassionate care, yet also understand how to run a cost-effective business.

Dresnick also sees a shift in biomedical research from academic medical centers to private companies. Medical center research will, he believes, focus more on outcomes and population-science research.

Despite these changes, Dresnick still views education and research as vital missions of the academic medical center. "Each department, each institution must begin to create endowments to support these missions when other sources of funding, such as the National Institutes of Health, are being cut," he said. That was one of the reasons he chose to endow the emergency medicine chair at UNC-CH. "I view this as the starting line, not the finish line, for the emergency medicine department here. We must begin now to preserve these vital missions," he said. □

—K.C.N.

Development Notes

Alumni Campaigns Update

At the Spring Medical Alumni Banquet on April 19, Bob Lackey, MD '46, was a proud man. On the occasion of its 50th reunion, the Class of 1946 achieved 82 percent participation in its fund-raising campaign.

Lackey, who chaired the reunion campaign committee, dedicated the results to Luther Kelly, a classmate who was chair but died on November 3, 1995, during the early stages of the campaign. "Luther was an important friend of mine, and of the medical school.

"I'm extremely proud of the Class of '46," said Lackey. "The fact that so many contributed speaks volumes about the School of Medicine's impact on their professional lives.

"Although we all had to complete our M.D. coursework at other institutions, we were instilled with the basics at Carolina, and our contributions are a tribute to those teachers and mentors who inspired our careers."

The 82 percent participation by the Class of '46 came close to the all-time record of 88 percent, set by the Class of '55 in 1990 in honor of their 35th reunion.

In addition to the Class of '46, five other classes held reunions this spring. During reunion campaigns, all gifts to the medical school, including Loyalty Fund and program-specific contributions, count toward the total. Final reunion campaign totals were as follows:

Class	Percent Participation	Total Cash & Pledges
1946	82%	$14,701
1956	64%	$25,725
1961	68%	$24,975
1966	63%	$59,350
1971	50%	$70,825
1976	43%	$45,321

Chairs of the four regional Loyalty Fund campaigns also presented checks to Dean Michael Simmons, MD, at the Friday evening banquet. Forsyth and Guilford counties compete for the highest participation, and Wake and Mecklenburg counties also participate in a friendly challenge. Mecklenburg County, in the six years of organized competition, has shown strong gains in the number of alumni giving annually, but has yet to win. Forsyth and Guilford trade titles, as it is always a close competition. Guilford housestaff achieved an outstanding record of 55 percent participation. Only Loyalty Fund gifts count in county and regional campaigns.

Region	Percent Participation	Total Cash & Pledges
Forsyth	49%	$55,771
Guilford	48%	$45,197
Mecklenburg	44%	$59,625
Wake	51%	$78,563

The Class of 1996 Loyalty Fund Campaign culminated May 11, when campaign chair Margaret Collins presented the "big check" to Dean Simmons at the Senior Gala, an event traditionally sponsored by the Loyalty Fund.

Other North Carolina county campaigns on-going through June 30, the end of the medical school fiscal year, are Buncombe and New Hanover. The "mountains vs. the coast" participation challenge is co-chaired in New Hanover by Jim Hundley, MD '67, and Jim Sloan, MD '70, and in Buncombe by Al Shivers, MD '71, and Eric Van Tassel, MD '82.

Greater Atlanta alumni are organized under the leadership of George Cox, MD '66, who is chairing their Loyalty Fund Campaign for the third year. During this time, participation has grown from 21 to 35 percent. The Greater Atlanta campaign also ends on June 30.

The overall Loyalty Fund goals are: $525,000 in gifts, 35 percent participation and 285 Associates. As of mid-April, the campaign had achieved $385,000 in contributions, 21 percent participation and 203 Associates.

For information on how you can participate in the Loyalty Fund and help sustain quality medical education at UNC, call Jane McNeer or Ed Crowder at 800-962-2543. In the Chapel Hill area please call 966-1201.

Chairs of the class reunion campaigns and regional Loyalty Fund campaigns presented checks to Dean Michael Simmons, MD, at the Spring Banquet. From left: Robert S. Lackey, MD '46; Margaret Collins, MD '96; F. Ray Thigpen, MD '76; Associate Dean William E. Easterling Jr., MD '56; Richard A. Boyd, MD '56; Alumni Association President Carl S. Phipps, MD '62; Dean Simmons; National Loyalty Fund Chair John Foust, MD '55; Philip C. Deaton, MD '66; Darlyne Menscer, MD '79; W. Stacy Miller, MD '61; Mary Susan Fulghum, MD '71; Thomas J. Koontz, MD '66.

Class Reunion Campaigns

Steering Committees

Fiscal Year 1995-96

Class of 1946 - 50th Reunion

Robert S. Lackey, MD, Chair
David Y. Cooper III, MD
Crowell T. Daniel Jr., MD
Samuel H. Hay, MD
J. Edward McKinney, MD
Paul V. Nolan, MD
William E. Sheely, MD
H. Frank Starr Jr., MD
Arthur Summerlin Jr., MD
Allen D. Tate Jr., MD
Thomas E. Whitaker II, MD

Class of 1956 - 40th Reunion

Richard A. Boyd, MD, Chair
Gale J. Ashley, MD
John R. Baggett III, MD
Juris Bergmanis, MD
Thomas E. Castelloe, MD
Lee A. Clark Jr., MD
William E. Easterling Jr., MD
Alexander F. Goley, MD
Francis W. Green, MD
H. Neill Lee Jr., MD
Marvin M. McCall III, MD
William W. McLendon, MD
J. Doyle Medders, MD
Robert L. Murray, MD
John W. Ormand Jr., MD
Thomas W. Payne, MD
Carey J. Perry, MD
William R. Purcell, MD
James F. Richards Jr., MD
Joseph I. Riddle, MD
W. R. Stafford Jr., MD
Garland E. Wampler, MD
William B. Wood, MD

Class of 1961 - 35th Reunion

W. Stacy Miller, MD, Chair
E. Stanley Avery Jr., MD
Robert M. Boerner, MD
R. Carl Britt, MD
H. David Bruton, MD
Daniel E. Clark, MD
Robert K. Creighton Jr., MD
Ellison F. Edwards, MD
William S. Gibson Jr., MD
Claud M. Grigg, MD
L. Morgan Hale, MD
Richard W. Hudson, MD
Dale R. Lackey, MD
Louie L. Patseavouras, MD
Edward A. Sharpless, MD
Zebulon Weaver III, MD
William H. White Jr., MD

Class of 1966 - 30th Reunion

Thomas J. Koontz, MD, Chair
J. Curtis Abell, MD
Robert H. Bilbro, MD
George W. Cox, MD
Philip C. Deaton, MD
Wesley C. Fowler Jr., MD
Edgar C. Garrabrant II, MD
Robert E. Sevier, MD
J. Lewis Sigmon Jr., MD
W. Hunter Vaughan, MD
James A. Yount, MD

Class of 1971 - 25th Reunion

Jonathan O. McLean, MD, Chair
J. Richard Auman, MD
Robert A. Bashford, MD
Charles B. Brett, MD
Lawrence Caldwell II, MD
Steven P. Dewees, MD
Mary Susan Fulghum, MD
Joe E. Gaddy Jr., MD
Clarence A. Griffin III, MD
W. Randolph Grigg, MD
Donald V. Lewis, MD
James S. McFadden, MD
Philip D. Meador Jr., MD
Frederick S. Neuer, MD
William B. Pittman, MD
R. Randolph Powell, MD
John O. Reynolds Jr., MD
Charles H. Richman, MD
J. Allison Shivers, MD
C. Langley Smith, MD
G. Terry Stewart, MD
John P. Surratt, MD
George C. Venters, MD
William W. Webb Jr., MD

Class of 1976 - 20th Reunion

F. Ray Thigpen, MD, Chair
Paul D. Barry, MD
Robert G. Berger, MD
Jean C. Bolan, MD
Alexis C. Bouteneff, MD
Catherine J. Everett, MD
William H. Gamble, MD
Charles H. Hicks, MD
Robert H. Hutchins, MD
David B. Neeland, MD
Harold A. Nichols, MD
Kathleen Gallagher Oxner, MD
Linn H. Parsons, MD
V. Edgar Paul, MD
William A. Richey, MD
Tate M. Rogers, MD
Paul J. Saenger, MD
Thomas L. Speros, MD
Ronnie G. Swift, MD
Robert J. Tallaksen, MD
R. Henry Temple, MD
John W. Uribe, MD
L. Patrick Warren Jr., MD
Ray A. Wertheim, MD
Richard L. Wing, MD
Solomon G. Zerden, MD

Loyalty Fund Campaigns

Steering Committees

Fiscal Year 1995-96

Forsyth County

Robert M. Alsup, MD '74, Chair
Thomas J. Koontz, MD '66, Vice Chair
James E. Peacock Jr., MD '75, Vice Chair
Carl S. Phipps, MD '62, Vice Chair
C. Fredric Reid, MD '74, Vice Chair
Thomas C. Spangler, MD '84, Vice Chair
S. Patrick Stuart Jr., MD '85, Vice Chair
Thomas B. Cannon, MD '73
Robert J. Cowan, MD '63
Joe E. Gaddy Jr., MD '71
Robert L. Green Sr., MD '59
O. James Hart Jr., MD '59
David M. Herrington, MD '83
Thomas R. Hinson Jr., MD '79
J. Patrick Holland, MD '80
Stephen M. Hux, MD '82
David V. Janeway, MD '85
David L. Kelly Jr., MD '59
Theodore C. Kerner Jr., MD '85
James W. Lederer Jr., MD '85
K. Franklin McCain, MD '60
A. Ray Newsome, MD '61
Harold C. Pollard III, MD '74
James L. Sanderford, MD '79
William F. Sayers, MD '65
Eric S. Scharling, MD '85
C. Stephen Stinson, MD '83
Earl P. Welch Jr., MD '57
Daniel W. Williams, MD '84

Guilford County

Philip C. Deaton, MD '66, Chair
Paul D. Barry, MD '76, Vice Chair
David A. Crews, MD '81, Vice Chair
Richard A. Keever, MD '69, Vice Chair
David R. Patterson, MD '73, Vice Chair
Robert E. Sevier, MD '66, Vice Chair
David W. Sillmon, MD '63, Vice Chair
E. B. Spangler Jr., MD HS '61, Vice Chair
Shahane R. Taylor Jr., MD '59, Vice Chair
Kenneth H. Winter, MD '75, Vice Chair
Peter R. Young, MD HS '66, Vice Chair
Marcus L. Aderholdt, MD '41
H. Wallace Baird, MD '69
Mary John Baxley, MD '82
Thomas Brackbill, MD HS '71
H. John Bradley Jr., MD '57
George Brumback, MD HS '68
Peter G. Dalldorf, MD '88
Alan Davidson III, MD '68
Eric L. Dean, MD '79
Elizabeth A. Eagle, MD '79
Gary J. Fischer, MD HS '77
Otis N. Fisher Jr., MD '59
J. Franklin Hatchett, MD '87
J. Curtis Jacobs, MD '86
David C. Joslin, MD '85
Steven C. Klein, MD HS '87
Thomas E. Lawrence, MD '87
J. Terrill Massagee, MD '82
Louie Patseavouras, MD '61
V. Edgar Paul, MD '76
David M. Rubin, MD '68
Stephen Schuster, MD HS '83
Edward A. Sharpless, MD '61
Palmer F. Shelburne, MD '55
William J. Weatherly, MD '70
George T. Wolff, MD HS '53

Mecklenburg County

William M. Herndon, MD '81, Chair
Graham W. Bullard Jr., MD '81, Vice Chair
Dallas C. Craven Jr., MD '75, Vice Chair
Donald B. Goodman, MD '73, Vice Chair
Darlyne Menscer, MD '79, Vice Chair
John H. Rennick Jr., MD '82, Vice Chair
Thomas A. Roberts Jr., MD '70, Vice Chair
J. Byron Walthall, MD '78, Vice Chair
Mack W. White III, MD '79, Vice Chair
Warden L. Woodard, MD '81, Vice Chair
James A. Yount, MD '66, Vice Chair
Julian S. Albergotti Jr., MD '55
Joseph L. Albright Jr., MD '82
Ronnie T. Beamon, MD '82
Walter B. Beaver Jr., MD '84
Thomas W. Benton, MD '83
Bruce H. Berryhill, MD '64
Robert W. Brawley, MD '59
David S. Citron, MD '43
William G. Clark, MD '78
Bruce V. Darden II, MD '82
Charles H. Edwards II, MD '73
C. O'Neil Ellis, MD '80
Lawrence M. Fleishman, MD '82
W. Preston Fogle, MD '81
John W. Foust, MD '55
John S. Gaul III, MD '82
J. McNeill Gibson, MD '72
L. Clayton Harrell, MD '72
Stephen W. Hipp, MD '83
Rogers G. Howell II, MD '82
Dennis D. Kokenes, MD '87
Edward W. Kouri, MD '68
William H. Kouri, MD '61
H. Lee Large Jr., MD '40
David S. Lennon, MD '75
Jonathan O. McLean, MD '71
John H. McMurray, MD '76
Tommy L. Megremis, MD '84
James C. Parke Jr., MD '54
Robert B. Payne, MD '60
Alfred L. Rhyne III, MD '84
Timothy G. Saunders, MD '81
J. Lewis Sigmon Jr., MD '66
R. Mark Stiegel, MD '79
Gregory A. Underwood, MD '83
Barry M. Welborne, MD '67
Richard L. Wing, MD '76

Wake County

Mary Susan Fulghum, MD '71, Chair
John D. Benson, MD '78, Vice Chair
Walter E. Daniel Jr., MD '79, Vice Chair
David Edrington, MD HS '84, Vice Chair
James S. Fulghum III, MD '71, Vice Chair
William Lambeth III, MD '71, Vice Chair
Sheppard A. McKenzie III, MD '74, Vice Chair
W. Stacy Miller, MD '61, Vice Chair
David A. Rendleman III, MD '70, Vice Chair
Richard G. Saleeby Jr., MD '84, Vice Chair
Joel E. Schneider, MD '85, Vice Chair
Sharon Stephenson, MD '84, Vice Chair
Lisa A. Tolnitch, MD HS '88, Vice Chair
Annie Louise Wilkerson, MD '36, Vice Chair
Randall W. Williams, MD '85, Vice Chair
Michael N. Zarzar, MD '84, Vice Chair
M. Lisa Abernethy, MD '87
Joseph P. Archie, Jr., MD '68
Paul R. Becherer, MD HS '90
Jerry C. Bernstein, MD '70
Pouru Bhiwandi, MD HS '88
Donald C. Brown, MD '74
John R. Cella, MD '64
Vartan Davidian, Jr., MD '67
W. Kent Davis, MD '84
Lisa F. DeJarnette, MD '86
Donald Edmondson, MD '85
C. Allan Eure, MD '67
Edgar C. Garrabrant, II, MD '66
David A. Goff, MD '81
H. Gerard Hartzog, MD '62
Alexander C. Hattaway, III, MD '65
D. Allen Hayes, MD HS '79
J. Carver Hill, MD '84
Dennis N. Jacokes, MD '87
C. Dayton Kirk, MD '69
Kenneth R. Kulp, MD '74
William D. Lee, Jr., MD '74
Gordon B. LeGrand, MD '65
Stuart J. Levin, MD '88
Robert E. Littleton, MD '81
Charles Mangano, MD HS '75
J. Tift Mann, III, MD '69
W. Jason McDaniel, MD '67
R. Glen Medders, MD '84
Wade H. Moser Jr., MD '75
Albert R. Munn III, MD '85
Keith A. Nance, MD HS '89
Lanning R. Newell, MD '75
R. Claiborne Noble, MD '84
H. Clifton Patterson, MD '74
Philip W. Ponder, MD '90
David C. Powell, MD '78
Wanda L. Radford, MD '75
J. Flint Rhodes, MD '62
D. Emerson Scarborough Jr., MD '62
Evin H. Sides III, MD '65
Ross L. Vaughan, MD '70
Richard H. Weisler, MD '77

For the Love of Medicine, Family and UNC

by Robin C. Gaitens

There's blue blood in Carl Phipps' family. Carolina Blue, that is.

Phipps, his wife, his four children and their spouses all hold degrees from the University of North Carolina at Chapel Hill. In fact, this summer will be the first time in nearly two decades that one of Phipps' children has not been in school at UNC. "I guess you can say it's in our blood," says Phipps, new Medical Alumni Association president.

Phipps' devotion to UNC began in 1953 when he arrived on campus with nothing but a big, red suitcase and enough money to pay for his freshman year. As a freshman, he studied a broad range of subjects and quickly developed an interest in science, but it wasn't until the following year that he became interested in medicine. In 1954, Phipps was drafted into the Army and served in the medical corps for two years during the Korean War. Working with the doctors in the clinics convinced him that he wanted to pursue a career in medicine.

Carl Phipps, MD, left, assumed presidency of the Medical Alumni Association from Fred Bowman, MD, at the Spring Medical Alumni Banquet.

> "I guess you can say it's in our blood"
>
> Carl Phipps

Phipps returned to UNC in 1956 as a sophomore majoring in medicine. His senior year, he concurrently completed his bachelor's degree and began his first year of medical school. After graduating from medical school, he stayed in the area, completing his internship at N.C. Memorial Hospital and his residency at N.C. Memorial Hospital and Duke University Medical Center. He also had a fellowship in endocrinology and metabolism at Duke.

Phipps joined a private practice in Winston-Salem in 1966, specializing in internal medicine and endocrinology. At the same time, he began serving on staff at Forsyth Memorial Hospital in Winston-Salem.

Over the years, Phipps developed a strong interest in the administrative aspects of medical care, and in 1985, he was named vice president of medical affairs at Forsyth. In this capacity, Phipps oversees continuing medical education, quality improvement and the residency program. "Nothing comes close to working in medicine," he says. "Whether I'm seeing patients or focusing on quality improvement, there's nothing else I'd rather do."

Phipps' love of medicine is second only to his love of family. He is proud of all of his children, especially his two sons who pursued careers in medicine. Phipps' youngest son closely followed in his father's footsteps by also earning his medical degree from the UNC-CH School of Medicine, completing his residency at UNC Hospitals and getting a fellowship in endocrinology. Phipps' youngest son will leave UNC this summer. Although Phipps won't have family in Chapel Hill for the first time in 17 years, he will maintain his strong ties to UNC as president of the Medical Alumni Association.

As president, Phipps hopes to continue the extraordinary efforts of the alumni association. "I am impressed with the excellent staff and programs already in place and encouraged by the alumni's increasing participation," Phipps says. "I look forward to hearing from the alumni and welcome their insights into areas that may need improving."

Phipps has a vested interest in the association's success. In addition to his love of medicine and desire for quality improvement, he has nine grandchildren who also may earn medical degrees from UNC someday.

After all, it's in their blood. □

Alumni Notes

Attention all School of Medicine graduates and former UNC housestaff! The alumni office now has a dedicated e-mail address for any and all alumni-related communication — medalum@med.unc.edu. *Use it to tell us your new address, send news for "Alumni Notes," or submit questions or suggestions.*

And if you'd like to hear from classmates and colleagues over the Internet, tell us it's okay to include your e-mail address in the Alumni Notes section, and we will. We look forward to hearing from you soon — at medalum@med.unc.edu.

40s

Ira A. Abrahamson, MD '46, is a professor of ophthalmology at the University of Cincinnati College of Medicine. He and his wife, Linda, have three children and two grandchildren; their son Richard is a third-generation ophthalmologist.

Walter C. Barnes, MD '46, retired from clinical practice of surgery in 1988 and as medical director of St. Michael Hospital in 1994. He remains active in surgical consultation and organizations. He and his wife, Pauline, live in Texarkana, TX.

William W. Forrest, MD '46, is retired and keeps busy with golf and a 104-acre farm in the Blue Ridge Mountains between Fancy Gap, NC, and Hillsville, VA. He and his wife, Bobbie, live in Greensboro.

Mary Alice (Vann) Fox, MD '46, retired in 1979. She and her husband, Sam, live on a 4-mile-long lake in Maine, where they enjoy ice fishing.

Robert Lackey, MD '46, is a retired radiologist. He and his wife, Julia, live in Charlotte. He enjoys golf and his computer, where he can be reached at boblackey @aol.com.

J. Edward McKinney, MD '46, lives in Chattanooga, TN, where he enjoys golf and family. He and his wife, Jean, have three daughters, three sons-in-law named "Steve," and seven grandchildren.

George McLemore, MD '46, practices internal medicine and cardiology at New York-Cornell Medical Center, and lives in New York City.

Paul V. Nolan, MD '46, retired in 1982. He lives in Signal Mountain, TN, where he is active in local politics, education and church. He and his wife, Anne, have three children and five grandchildren.

50s

Jack Ashley, MD '56, will retire from family practice this July. He and his wife, Nancy, live in Sparta, NC, and have several grandchildren and a great-granddaughter.

Wade M. Brannan, MD '56, is retired after 35 years of pathology practice at hospitals throughout Texas. He currently lives in Port Arthur, TX.

M. Paul Capp, MD '58, is executive director of the American Board of Radiology, after 23 years as chair of the Department of Radiology at the University of Arizona.

60s

H. David Bruton, MD '61, practices general pediatrics in Southern Pines. He is president of the N.C. Medical Society, and active on the AMA's Council on Legislation.

John W. Garden, MD '61, is an ophthalmologist and clinical professor at the University of Kentucky School of Medicine, where he received the Master Teacher's Award in 1995.

Paul A. (Tony) Guiles, MD '61, has retired to New Mexico after 29 years as a pediatric anesthesiologist at Children's Hospital in San Diego, CA. He has four children and seven grandchildren.

W. Ferrell Shuford, MD '61, retired from private practice of gastroenterology in 1995. He currently teaches in the Coastal Area Health Education Center at New Hanover Regional Medical Center.

John C. Triplett, MD, MPH '69, is a regional medical officer at the U.S. Embassy in LaPaz, Bolivia. In August, he will depart for Pretoria, South Africa, where he will cover the southern region of Africa for the Department of State.

70s

J. Richard Auman, MD '71, retired from the Navy in 1995 after 23 years in academic medicine. He now is in private practice in Chesapeake, VA, with two other urologists.

Jane Meschan Foy, MD '71, is an associate professor of pediatrics at Bowman Gray School of Medicine, and vice president of the N.C. Pediatric Society. She and her husband, Miles, have two daughters.

Franklin B. Waddell, MD '76, is chief of gynecology at Winchester Hospital in Winchester, MA.

80s

Barbara Lowe Bethea, MD '82, is president of Harnett Internal Medicine. She was elected to fellowship in the American College of Physicians, and is chief of staff at Betsy Johnson Memorial Hospital in Dunn, NC, where she lives with her husband, Hank.

Kathi J. Kemper, MD '82, is associate director for research in the family medicine training program at Swedish Medical Center in Seattle, and clinical associate professor of pediatrics and health services at the University of Washington. Her first book, The Holistic Pediatrician, has been published by HarperCollins. She can be reached at kemper@u.washington.edu.

Peter J. Larson, MD '83, is an assistant professor of pediatrics at the University of Pennsylvania in the division of hematology. He is also assistant medical director of the blood bank and assistant director of of the apheresis service at the Children's Hospital of Philadelphia. His research interests, currently supported by awards from the NIH

and American Heart Association, include investigation of the structure-function relationships of human coagulation factors IX and X.

Jo (Matheny) Marturano, MD '84, finished a family practice residency, is currently working toward adolescent psychiatry certification, and has two daughters, Jordan and Jessi. She lives in Lexington, SC, and would welcome friends and skiers to Lake Murray.

Mary Frances (Casey) Moody, MD '85, practices obstetrics and gynecology in Raleigh. She and her husband, Howard Moody Jr., recently welcomed a daughter, Michaela Frances.

Steven J. Baumrucker, MD '86, is in solo family practice in rural Tennessee. He is on the faculty of East Tennessee State University College of Medicine and active in the Kellogg Grant, an interdisciplinary and experimental teaching model for medical, nursing and allied health students. Baumrucker has written a book, "Love at First Byte: Surviving Cyberspace," and plans to travel to Belarus in 1997 to start a hospice near Chernoby!. He can be reached at author@ilinkgn.net.

Craig Charles, MD '88, and his wife Martha welcomed a son, William Jackson Charles, on December 27, 1995.

Jeffrey Stolz, MD, MPH '88, has joined the neonatology faculty of Harvard Medical School. He is also assistant director of the NICU at Beth Israel Hospital in Boston, and assistant director of the infant follow-up program at Children's Hospital in Boston. His e-mail address is stolz@cochran.bih.harvard.edu.

Jeff Hoffman, MD '89, is a family practitioner in Concord, NC. He is a faculty member in the Cabarrus Family Medicine Residency Clinics, based at Cabarrus Memorial Hospital. He and his wife, Ruth, have two daughters, Julia, 5, and Lizzie, 3. He can be reached at JHoffman@InfoAve.Net.

Merle Miller, MD '89, is a partner in a six-person group, Long's Peak Emergency Physicians. She and her husband, Alex Maslanka, MD, also an emergency physician, recently moved into a new home they designed.

90s

Richard Brostrom, MD, MSPH '91, is completing a two-year family practice position with the Indian Health Service in Crown Point, NM. He recently signed a two-year contract for tropical family medicine on the island of Saipan. Send e-mail to rbrostrom@mem.po.com if current residents or medical students would like to schedule a primary care rotation in the South Pacific.

Clayton H. Bryan, MD '91, is an ophthalmology resident in Columbia, SC. He welcomed a son, Clayton Jr., on January 6, 1996.

Lisa Corbin Winslow, MD '92, and **Brad Winslow, MD '92**, welcomed a daughter, Lucy Corbin Winslow, on March 5, 1996. They both work at the University of Colorado Health Sciences Center, where she is chief medical resident and he is an assistant professor.

John D. Phipps, MD '93, completed his internal medicine residency at UNC Hospitals and will begin a fellowship in endocrinology at the University of Virginia in July. He and his wife, Melissa, have a son, Jackson, born September 15, 1995.

Sherif Farag, MD '94, is pursuing a fellowship in gastroenterology. He can be contacted at sfarag@mem.po.com.

Daniel H. Moore, MD '94, is a resident physician in the OB/GYN department at Memorial Medical Center in Savannah, GA. He was married in September 1995.

George Howard Perkins, MD '93, a radiation oncology resident at the University of Texas MD Anderson Cancer Center in Houston, was one of 50 outstanding young medical professionals honored by the American Medical Association at its annual National Leadership Conference.

The AMA/Glaxo Wellcome Achievement Awards were presented to 25 medical students and 25 residents in recognition of their exceptional leadership abilities in medicine or achievements in non-clinical community activities.

In addition to an award certificate, Perkins was funded to attend the AMA's Leadership Conference, which featured networking opportunities for medical professionals and three days of educational and informational sessions convering timely health care issues.

The AMA/Glaxo Wellcome Achievement Awards are presented annually and are sponsored by the AMA's Medical Student and Resident Physicians Sections and Glaxo Wellcome Inc.

Deaths

Hillard Gold, MD '42

Robert E. McCall, MD '34

When the California Academy of Family Physicians held its 48th Annual Scientific Assembly in February, three of the seven Saturday speakers were Carolina alumni.

Timothy Spiegel, MD '73, spoke about "Office Evaluation of Shoulder and Knee Pain." Spiegel is currently the director of the Division of Rheumatology at Sansum Medical Clinic in Santa Barbara, CA.

J. Lewis Sigmon Jr., MD '66, whose topic was "Clinical Pearls — A Potpourri of Common Problems in the First Year of Life," is director of the Charlotte Office of Regional Primary Care and a clinical professor of family medicine at UNC-Chapel Hill.

Bruce Berlow, MD '75, presented "Beyond the Guidelines: When Your Asthmatic Patient Doesn't Get Better." He is affiliated with Sansum Medical Clinic and Cottage Hospital in Santa Barbara.

President's Letter

It's an honor to greet you as the new president of the alumni association. Our association continues to grow, thanks to your efforts.

I would like to thank Fred Bowman for the excellent job he did as president during this past year. In addition to the regular meetings in Chapel Hill, he visited with many of you across the state at your regional meetings. We know Fred will continue to be active in the association and we do need active, forward-thinking members like him to remain involved.

Our medical alumni Spring Weekend was held April 19 and 20 in Chapel Hill and was a huge success. We had more than 250 people (which must be a record) attend the Friday night banquet. The CME program on Saturday was very well-received and interesting, with a combination of presentations from the departments of psychiatry, neurology and neurosurgery. It was held in the new N.C. Neurosciences Hospital, which had been dedicated the previous day. The medical school classes of '46, '56, '61, '66, '71, '76 and '81 held reunions over the weekend.

I hope even more of you will plan to join us for the fall meeting October 11-12. We also hope you will continue to increase both your financial contributions and your participation in association activities.

Our alumni association remains important to the medical school for several reasons. The most publicized is the financial support. This support is very important and does allow special projects, scholarships, research grants and recognition awards for which funds would not otherwise be available. The association also provides opportunities for you to meet and interact with each other as well as with the dean, faculty and students of the medical school. These interactions are important as all of us try to plot the course for medicine in the future.

In addition to your participation, I would ask you to reflect on what the Medical Alumni Association does. We have an excellent staff and the ability to do other activities that you think are important. Please let me know if there are other ways to channel our resources to make the organization more valuable for you or for the school.

I look forward to seeing many of you at your regional meetings and our October meeting in Chapel Hill.

Carl Phipps, MD '62

CME/Alumni Calendar

	Medical Alumni Activities	
June 27-29	Heart Failure Management: Established Therapy & New Frontiers	Myrtle Beach, SC
July 8-19	5th Annual Summer Institute on Literacy Issues in Augmentative & Alternative Communication	Chapel Hill
July 15-19	TEACCH Summer Training: Preschool & Early Elementary (Also July 22-26, July 29-August 2, August 5-9)	Chapel Hill
July 15-19	TEACCH Summer Training: Elementary & Adolescent (Also July 22-26, July 29-August 2, August 5-9)	Chapel Hill
July 28-Aug. 3	Recognizing & Managing Disorders of Learning and Attention in School-Aged Children	Research Triangle Park, NC
September 6	Pediatric Urology Conference	Chapel Hill
September 25-28	1996 Pediatric Flexible Bronchoscopy Course	Chapel Hill
September 26-29	Ross Society Annual Meeting (OB-GYN)	Chapel Hill
September 28	Issues in the Care of the Pediatric Patient	Chapel Hill
September 28-29	13th Annual George C. Ham Society Meeting	Chapel Hill
October 7-11	TEACCH Residential Training	Durham, NC
October 11-12	Fall Medical Alumni Weekend	Chapel Hill
October 18-19	Bone & Soft Tissue Tumor Course: An Annual Review	Research Triangle Park, NC
November 8-9	6th Annual Current Therapy in Vascular Surgery	Chapel Hill
April 18-19, 1997	Spring Medical Alumni Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Eduction and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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Medical Alumni
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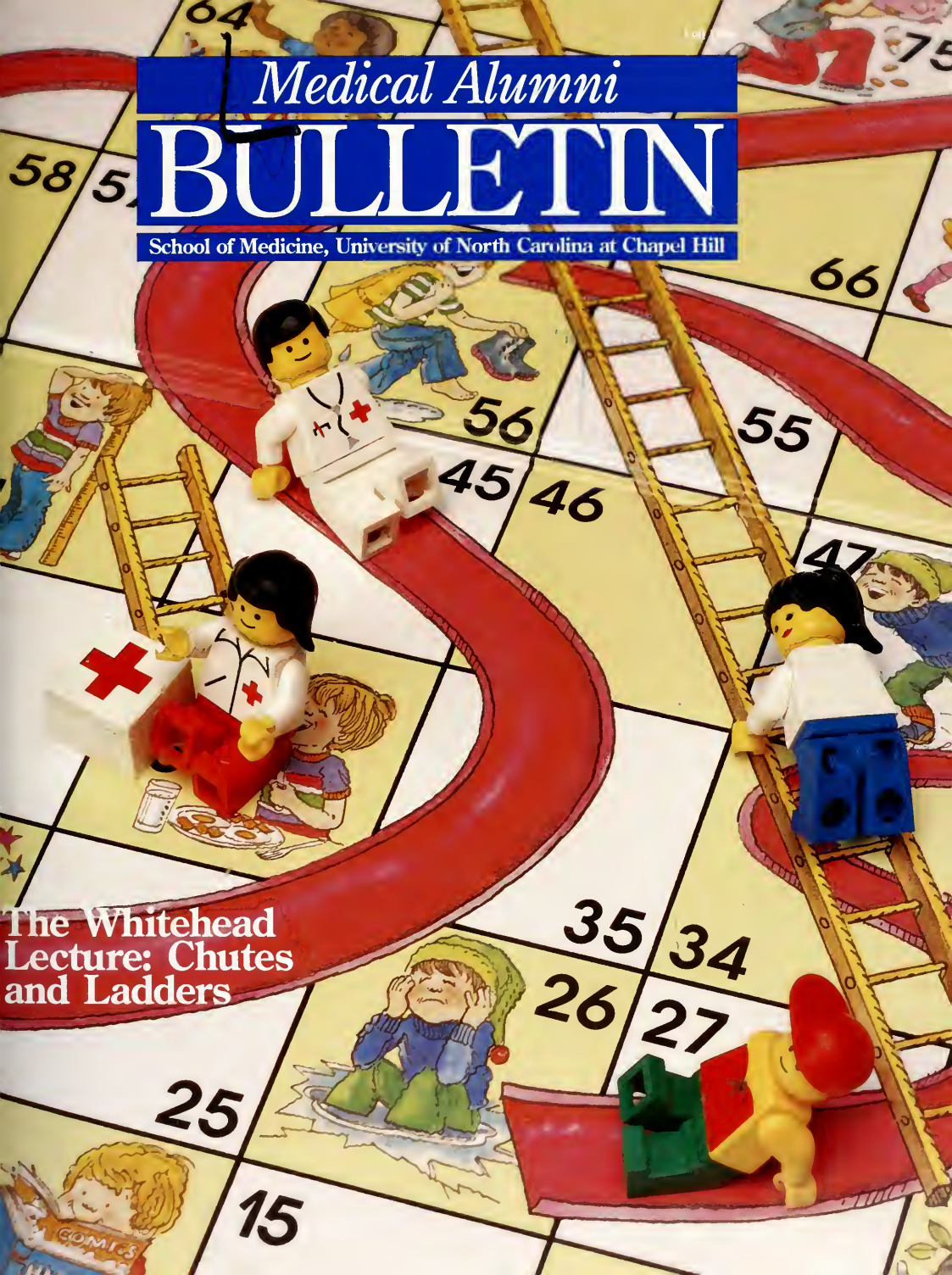
School of Medicine, University of North Carolina at Chapel Hill



The Whitehead Lecture: Chutes and Ladders

Dean's Page

In this first issue of the *Bulletin* published since I resumed the Deanship on an interim basis, I must comment on the transition of leadership of the School as I understand it.

In early July, Dean Simmons informed me that he was resigning from the Deanship for personal reasons. Chancellor Hooker asked if I would assume the Deanship until a new Dean could be appointed, and he promised to expedite the search. I am pleased that he has announced the appointment of a very strong committee chaired by Shelton Earp, MD, professor of medicine and associate director of the Lineberger Cancer Center.

Dean Simmons launched a number of important initiatives and made a number of real improvements. We are indebted to him.

On the basis of communications I have received both internally and from around the country, I am confident that the position remains one of the most attractive medical school deanships in the country, and that the search process will result in the early appointment of an outstanding Dean. I am sure the committee would welcome nominations from alumni. Any nominations or suggestions should be sent to Dr. Earp.

I have asked all Chairs, Associate Deans and Course Directors to continue, and I am confident that our programs of teaching, research and patient care will continue to be of the highest quality.

In order to be current, academic health centers must change continuously. Change in all of the programs in academic health centers is not so rapid that we cannot afford to pause pending appointment of a new Dean. To fulfill our mission and destiny we must continue to adapt our teaching and patient care to the new and future realities of clinical practice and our research to the new opportunities, promises and need for knowledge. With the support of faculty, staff, students, alumni, the University and friends, we can adapt, improve, and extend our effectiveness to provide the new Dean with a powerful contemporary platform for the next decade.

Stuart C. Bondurant

Stuart Bondurant, MD
Interim Dean

Editor's note: Please direct inquiries or suggestions regarding the Deanship to Dr. Shelton Earp, c/o Darla Nichols, Lineberger Comprehensive Cancer Center, CB# 7295, 10-022 Lineberger Building, Chapel Hill, NC 27599-7295

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: The childhood game of Chutes and Ladders served as the theme for the 1996 Whitehead Lecture, delivered by Nancy Chescheir, MD '82, associate professor and acting chair of obstetrics and gynecology. Excerpts from Chescheir's compelling address to the Class of 2000 begin on page 6. *(Photo by Don McKenzie)*

A Scientist Completes His Father's Journey with Acts of Generosity

by S.D. Williams

Sanford L. Steelman, PhD '49, made a gift to his father and to the University in one stroke.

"My grandfather was a farmer in the Yadkin Valley," he explained on a spring morning in Chapel Hill, before heading to his home in Hickory. "He was in the Civil War. My father was his youngest child, and he was very interested in medicine. In those days, to become a doctor you spent several years as an assistant to a physician, then went to medical school for one or two years. My father found a physician to assist in the late 19th century, but soon after, my grandfather died of typhoid, and my father left medicine in order to help the family make a living. I think he was very frustrated.

"One of my older brothers was an MD. During the Korean War he was the chief neurosurgeon at Walter Reed. Dad's happiest day was when my brother graduated from medical school. All of this history was my impetus for setting up a lectureship at the School of Medicine in my father's name. I always thought it would be nice for him to get into medical school somehow."

The elder Steelman died in 1946, and Sanford, his youngest child, established the Avery Steelman Lectureship Fund in 1990 to bring distinguished scientists to campus, where they would not only lecture but discuss research with faculty and students in the broad area of endocrinology. The visitors are an impressive group, and with the announcement of the 1996-97 speaker now include two Nobel laureates: Erwin Neher of the Max Planck Institute and Martin Rodbell of the National Institute of Environmental Health Sciences.

"These people are wonderful role models," said Rudolph Juliano, PhD, chair of the Department of Pharmacology, which oversees the series. "Marty Rodbell addressed the students especially forcefully, advising them on keeping their creative sights high as they plowed through their day-to-day work."

Steelman has also remembered his mother and sister in a gift to the University. The Blanche O. Steelman Research Fund, established by Steelman in 1994 and named for his mother, supports research in gynecologic oncology through the Department of Obstetrics and Gynecology.

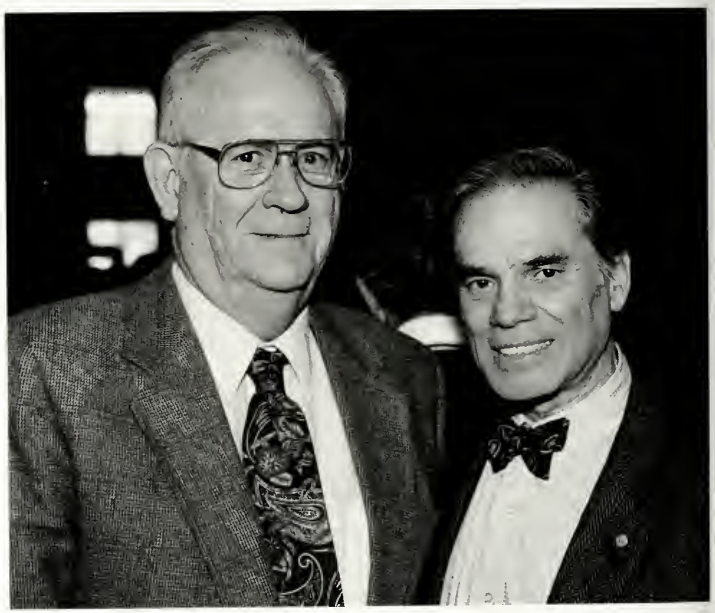
"My mother died of breast cancer, and my sister had ovarian cancer," Steelman said. "Both of these have an endocrine source. I thought this would be a good area to support."

The funds currently help underwrite the work of John Boggess, MD, who studies a particular type of ovarian cancer — granulosa cell tumor. He has developed lines of cancerous and normal cells and is investigating tumor markers and growth factors in vitro.

Steelman's own success in science includes five patents, one hundred publications, and several breakthroughs that have had significant practical effects.

After earning his PhD, he went to work for Armour Laboratories in Chicago, where he and his team processed animal products to develop drugs, some for animal and some for human use. After seven years he accepted a position as associate professor at Baylor University and the University of Texas-Houston. In 1958 he joined Merck Sharp & Dome Research Laboratories, where he stayed for twenty-eight years.

In his varied research efforts he devel-



Steelman (left) and Nobel laureate Martin Rodbell of the National Institute of Environmental Health Sciences. Rodbell delivered the 1996 Avery Steelman Lecture, which was funded by Sanford Steelman in 1990 and named for his father.

Steelman visits with the School of Medicine's John Boggess, MD, whose research into ovarian cancer is supported in part by the Blanche O. Steelman Research Fund, established by Steelman in 1994 and named for his mother.

oped original bioassays for four different hormonal types: thyroid stimulating hormone, follicle stimulating hormone, glucocorticoids, and serum insulin. His laboratory at Baylor was the first to prepare in highly purified form human follicle stimulating and luteinizing hormones. He also prepared highly purified oxytocin, a hormone still commonly used to induce labor in humans.

The endocrine group he ran for Merck was the first to biologically characterize amiloride, and Steelman co-authored the first published paper on this substance, which is being actively pursued at the University as a possible therapy for cystic fibrosis.

Dr. Steelman retired in 1986.

"It's very satisfying for a scientist to say 'Look, what we've found is doing some good,'" he said. "The years of my career saw some rapid advancement in endocrinology. I was just lucky to be there."

He laughed and added, "Now the field has passed me by. It's all molecular biology. Years ago I could keep up with several scientific fields. No more."

Through his gifts, however, he will make certain that others stay abreast of their fields, whether in complex research or in practice. In early 1994 he quietly endowed scholarships in the associate degree nursing program and the environmental and life science division at Catawba Valley Community College near his home. He has also funded a visiting scientist lectureship program at his undergraduate alma mater, Lenoir-Rhyne College.

He seeks no publicity for his gifts. He feels, in fact, that it is his social obligation to support the institutions and people who helped him. His generosity seems one good chapter in a long story that started with a young man's efforts to become a country doctor about a hundred years ago.

"Since I've retired," said Steelman, "I've been trying to support educational endeavors and have given funds to universities and colleges to stimulate young people to be the best they could be. The University has been very good to me, and I feel people who've been fairly successful should return something. I think it's our responsibility." □

Profile:

Sanford L. Steelman, PhD '49

Born: October 11, 1922, in Hickory, North Carolina

Family: Wife Margaret of 51 years; sons Sanford Jr., a Carolina law school alumnus and North Carolina Supreme Court judge, and Brian, director of safety, health, and environment at Ciba Corporation in Delaware.

Education: BS Chemistry, 1943, Lenoir-Rhyne College; PhD Biochemistry, 1949, University of North Carolina at Chapel Hill.

Favorite places: Dr. and Mrs. Steelman were born in Hickory, NC, and returned home to retire. Their getaway, a house up the hill from the Green Park Inn in Blowing Rock, is a short drive away.

Scholarships Awarded Through Loyalty Fund

by Susan V. King

A record number of first-year medical students were recipients of four-year scholarships from the Medical Alumni Association's Loyalty Fund. The group of six students, which includes two who are on an MD/PhD track, were selected based on academic standing, service to humanity, breadth of personal and educational experience, evidence of financial need and diversity among recipients.

In addition to these six scholarships, this year the Loyalty Fund is supporting:

- nine one-year scholarships for medical students
- two one-year scholarships for medical allied health students
- thirteen four-year scholarships carried over from previous years
- seven merit award scholarships

In total, the Loyalty Fund scholarship commitments this year are nearly $100,000.

This year, the scholarships are $2,700 each ($1,000 each for medical allied health students). Recipients of the 1996-97 Loyalty Fund Scholarships and Loyalty Fund Merit Awards are:

Four-Year Scholarships
April L. Blue, MSI
Kimberly R. Clemons, MSI
Carolina M. Hoke, MSI
Shannon M. Swain, MSI
Noah Hoffman, MSI (MD/PhD)
Jason Merker, MSI (MD/PhD)

One-Year Scholarships
Ellen Flanagan, MSII
Daniel R. Briggs, MSIII
Michael L. Batten, MSIV
Andrew W. Bazemore, MSIV
Laura A. Brown, MSIV
Nicole M. D'Andea, MSIV
Michael Gill, MSIV
Dawn Kleinman, MSIV
Melanie V. Paul, MSIV
Kristin Chamberlin, Occupational Therapy
Kimberly Woodruff, Speech-Language Pathology

Carry-Over Scholarships
Andrea Decsi Roche, MSIV
Robert C. Miller, MSIV
Julia K. Nelson, MSIV
Don M. Armstrong, MSIII
Cathleen M. Callahan, MSIII
Brian Matthew Shelley, MSIII
Kimberly Renee Singletary, MSIII
Stacie Jean Zelman, MSIII
Peggy Ann Becker Byun, MSII
Latonya A. Brown, MSII
Shaida Khajenasir Ryan, MSII
Thomas F. Laney, MSII
Mark L. Wood, MSII

Merit Awards
Carrie Dow-Smith, MSIV
Anne E. Hillman, MSIV
Anne Boat Waters, MSIV
Karen L. Grogg, MSIII
Chad B. Gunnlaugsson, MSIII
Steven S. Dunlevie Jr., MSII
Jeffrey W. Ralph, MSII

Alumni Association Awards Endowment Fund Grants

The Endowment Board of the Medical Alumni Association has awarded nine one-year grants, totaling nearly $26,000, to School of Medicine faculty, housestaff, fellows and students.

The Grant Review Committee, chaired by Joe Russell, MD '69, reviewed 40 applications to fund new and on-going research projects.

"The Medical Alumni Endowment Fund was established to support academic enrichment programs," said Russell. "Each application is ranked on five criteria: academic research, faculty and housestaff development, enrichment activities for students and housestaff, enrichment of the alumni relationship and identified needs which will promote excellence in education, research and service."

Grants are funded from interest earned on gifts to the Medical Alumni Endowment Fund. During the 1996-97 fiscal year, awards of up to $5,000 were available to medical school faculty members and awards of up to $2,000 were available to students and housestaff. Grant recipients must utilize the funds during the year of the grant, and are required to submit a year-end report to the Medical Alumni Endowment Board within 90 days at the end of the grant period.

In addition to Russell, the Grant Review Committee was comprised of Dick Boyd, MD '56; the late Luther Kelley, MD '46; Noel McDevitt, MD '64; and Bill McLendon, MD '56. *Ex officio* members were Gregory Strayhorn, MD, associate dean for academic and student programs, and Bill Easterling, MD, associate dean for continuing medical education and alumni affairs.

Parise

Jones

Flanagan

This year's grant recipients, their research topics and grant amounts, are as follows:

Stan A. Beyler, PhD, clinical assistant professor, Reproductive Endocrinology. "Elucidation of the Embryotoxic Effect of Hydrosalpingeal Fluid." $3,974.

Donald E. Moore Jr., PhD, director of CME, clinical associate professor, Obstetrics and Gynecology. "A Proposal to Develop a Preliminary Model to Help Physicians Plan and Accomplish Changes in Their Practices." $5,000.

Leslie V. Parise, PhD, associate professor, Pharmacology. "Integrin Signaling and Cell Migration in Atherosclerosis." $5,000.

David R. Jones, MD, fellow in Cardiothoracic Surgery. "Effects of Isoproterenol, Rolipram, and Hyperoxia on Eschemia-Reperfusion Lung Injury." $2,000.

Christopher M. Larson, MD, PGY2, Orthopaedic Surgery. "Culture of Cartilage Transplants: Chondrons versus Chrondrocytes." $2,000.

Mingmuang Worawattanakul, MD, fellow in Pediatric Gastroenterology. "Role of Intestinal Permeability in Septicemia and Effect of Prophylactic Lactobacillus in Children with Intestinal Insufficiency." $2,000.

Paul M. Flanagan, MS4. "Message Pad/PC/Mac Electronic downloader and updated for laboratory values of patients." $2,000.

Todd F. Griffith, MS4. "Identification of proteins interacting with integrin <2B1 cytoplasmic domains and their roles in signal transduction." $2,000.

Kenneth Lee Johnson, MS4. "Nitric oxide and its role in Aminoglycoside Ototoxicity." $2,000. □

—*S.V.K.*

Choice and Chance in Medical School

The Whitehead Lecture was delivered this year by Nancy Chescheir, MD '82, associate professor and acting chair of obstetrics and gynecology. The following is excerpted from her presentation, titled "Chutes and Ladders."

Most of you remember the childhood game called "Chutes and Ladders." It's for children under 7 and involves moving a token around a board while rolling a die. If you land on a square at the bottom of a ladder, you get to climb the ladder and miss a bunch of turns of the path, while landing you at the top of a slide will plummet you to the bottom of the chute. The child can make some choices about different turns here or there. As a first board game, it's a winner. I remember playing it as a child and have since played it, now on computer, with my own children.

I'm going to use "Chutes and Ladders" as an analogy to what the Class of 2000 is facing, now early in their paths towards becoming physicians. The metaphor may become a little stretched at times, but bear with me. The characteristics of "Chutes and Ladders" which appeal to me as a metaphor for medical school are the passions that are felt by the players, the role of choice and the role of chance, and the fact that this game, while perhaps changed over the years from a cardboard one to a CD-ROM version, is still basically the same game.

No one will argue that medicine is changing. As the largest single factor in the Gross Domestic Product, it has been the focus of much discussion and thought over the past 10 years. The politicians have rightly targeted it for scrutiny and have mandated changes in the delivery systems and reimbursement for federally-sponsored health care. The regulations and corporate rules that influence the care of patients are annoying and generally resented by physicians who are, for the most part, "take charge" people, who rightly feel that they know more about doctoring than the government or an insurance company. If we wanted to be business people, the argument goes, we would have signed up for an MBA instead of an MD.

But medicine is a microcosm of the larger world. While it is the one-to-one involvement with a patient that motivates most of us, that doesn't absolve us of understanding the business of medicine. Hiding from the facts serves no one well. You will be a better advocate for your patient if you understand the health care industry, even to the point of knowing how to navigate the CPT codes and ICD-9 codes that summarize every "billable encounter" into just 10 digits. You can be the most brilliant, caring physician, but if you don't pay attention to these details, you won't understand that the patient's insurance company may not pay for proprietary medications if a generic is available, and the patient may suffer by not filling the prescription at all or not buying food for a few days in order to take the medicine you've prescribed.

You can climb a ladder as you aspire to practice medicine by including in your study a practical, thorough knowledge of the economic, political and industrial climate in which you will practice. You are fortunate to be at an academic medical center with excellent business sense and leadership. Seize the opportunity to learn about the health care systems you work in from excellent teachers.

There are also significant changes within medicine that require that you become a life-long student of medicine. When I finished medical school here in 1982, laser surgery was in its infancy and the techniques necessary to understand the genetic code at the level we know it now were only being developed. Prenatal ultrasound was an exercise in Rorschach pictures. What fabulous changes just these three examples have made in the care of patients!

A warning I would give, however, is to avoid taking these technologies for granted, and don't embrace them without understanding their power, cost, and limitations. There is a limit to the number of gizmos we can afford and at times, you may need to work in a situation in which there are very clear limits. And at all costs, recall that the technology is being used to help care for people. Most diagnoses in medicine are based on the findings of a carefully taken history and meticulously performed physical examination. Laboratory tests and imaging studies may help at times to uncover an unsuspected diagnosis, but for the astute clinician, most of the time they confirm the diagnosis or hone down the differential diagnosis.

Technology may not only confirm impressions and make diagnoses, but it can also answer questions that you and, more importantly, your patient, do not want to know the answers to. A striking example of this is found in presymptomatic diagnosis of genetic diseases. Huntington's chorea is an autosomal dominant disease that causes de-

mentia, involuntary movement and premature death, but causes no symptoms until an affected individual becomes an adult — usually at an age after which most folks would choose to have kids. One half of an affected individuals' children will be affected. Due to the identification of the gene that causes this disease, it is now possible for people at risk for Huntington's chorea disease to find out if they have the gene that caused their parent to suffer. Presymptomatic testing is most frequently done to allow someone with a family history of Huntington's to choose whether or not to have children. Unfortunately, after initiating presymptomatic diagnosis for this disease, several centers found a very high rate of suicide among individuals who had found out that they did have the gene and that they would ultimately develop Huntington's chorea.

So technology as it is developed and improved can either be a ladder or a chute. And it won't always be one way or the other.

Beyond technology, politics and economics, medicine and its practitioners are being challenged by the explosion of new knowledge. Things that have always been accepted as truth are being questioned.

T.J. Kuhn, in an article written in 1962 titled "The Structure of Scientific Revolution," wrote "Outmoded scientific explanations live on long after the facts that belie them have been brought to light ... This is rooted in the collective investment that members of an established discipline have in the discredited paradigm."

From obstetrics, the dictum "Once a cesarean section, always a cesarean section" has clearly been proven incorrect. Work done at this institution by my colleagues Dr. John Thorp and Dr. Watson Bowes and others questioned the "necessity" of routine episiotomy in the 1980s; there are now many articles supporting their contention that routine episiotomy should be abandoned. Nonetheless, episiotomy rates vary from about 4 percent of all deliveries here at UNC to numbers in excess of 50 percent at other places. So, I would urge you to be curious about assumptions and systems and methods that are cloaked in phrases like "because that's the way we do it" or "always" or "never." Ask questions, challenge the dominant paradigm, and think laterally — or have the opportunity to experience a "chute."

An excellent example of how students questioned and expanded the medical education process here at UNC centered around a community health project that Maiji Holsti, now a third-year student, organized. Recognizing a lack of emphasis in the medical school curriculum on domestic violence, Maiji organized two 12-hour training sessions to teach medical students about domestic violence. These were voluntarily attended by over 120 students who will, it is hoped, incorporate this knowledge into their care for patients. But just as importantly, within a short period of time, the students became the vectors carrying this information to their community preceptors and their medical center faculty and teaching us about this problem. Like a ripple after a stone is dropped into the pond, this effort by the students has the potential for enormous expansion over time.

The students who attended those seminars had an opportunity to see another ladder in action, as well. Namely, the importance of a multidisciplinary approach to the care of patients. You have chosen to become a doctor, but the care of patients also involves nurses, technicians, social workers, therapists, and many others. You will learn a body of knowledge and skills and ways of thinking that are different from, but overlap with, those of other health professionals. It isn't better or worse; it will be more complete in some areas and very incomplete in others. If you act like the initials "MD" represent Major Deity, then you will feel the friction of chute at some point, and you will loose your effectiveness with patients and colleagues. If, instead, you treat others as part of the team of professionals who are taking care of patients with you, your way will be easier and a you can climb a few ladder rungs.

The Chinese character for crisis is actually two characters put together: opportunity and danger. The stacks of syllabi and texts and schedules that you will receive in the next few days are representative of the logarithmically increasing body of knowledge in biomedical and social sciences that pertain to medicine. At times, similar to the Chinese character, that body of knowledge will seem like both a chute and a ladder.

It is impossible to learn it all. Despite our efforts to snooker you to the contrary, none of the faculty know it all. Wolfang Vogel addressed this issue in a 1993 article in the journal, *Academic Medicine*: "In spite of the reality that the students will learn more than they will ever use in their later lives and yet not enough to be fully knowledgeable and prepared to start and continue their professional careers, this seemingly endless stream of information must serve another purpose as well. While we store all the relevant and irrelevant facts, we also train our brains to comprehend the information and to use it wisely. As we fit piece onto piece, we slowly construct a scientific and medical model until we begin to 'see' the 'Gestalt' of the human body in health and disease."

It is appropriate to be awed and overwhelmed at first by what you need to learn to become an excellent physician. Don't allow it, however, to paralyze you into inaction. As Arthur Godfrey once said "Even if you're on the right track, you'll get run over if you just sit there."

You have many choices that you can make in this adventure that will help you reach your goals. You are a very diverse group of individuals and that diversity must be respected. You can choose to polarize yourselves or you can work together. You don't practice medicine in a vacuum and you cannot learn it alone. The friendships you forge here in medical school will be different than others because of the experiences you will share. Together, you will explore the human body in the gross anatomy laboratory, perhaps flunk the first examination in your life, experience your patients' births, deaths, suffering, joy. You will examine your own ethics and morals and the interface between yours and those of your patients. These experiences will be powerful, meaningful, and challenging, but in the intensity of those experiences, amazing friendships are solidified.

Another choice that you can make in your path to becoming a physician is about how much you immunize yourself from feeling with your patients. The events and processes that your patients experience will run the full gamut of human emotion and you have the privilege to share that with them. There will be patients that you like, some you can't stand to be around, and some that will become your friends. No matter the circumstances, however, you have to find a way to make rational, objective decisions and recommendations to patients despite your own emotional involvement. I'm not ashamed to cry with patients, nor to laugh out loud with them, or hug them. Those are lines you have to define for yourself, but if you don't let yourself accept the gift of sharing patients' lives with them, you are missing a huge part of the passion of medicine. One of my heroes here at UNC is a surgeon who isn't

Choice and Chance continues on page 17

Speaker Opens Minds to Medicine's Future

by Christopher Kirkpatrick

Imagine a surgeon removing an infected appendix with a robotic arm as he sits 1,000 miles away. Imagine strolling between tower-like models of neurons to better learn the brain's structure.

Imagine honing surgery skills for a particular operation the same way a fighter pilot might use a simulator to practice for a particular mission.

Just open your mind and imagine the possibilities, a guest speaker urged about 150 School of Medicine faculty members in a lecture in July.

Richard Satava, a surgeon and Army colonel with the Department of Defense, outlined the latest breakthroughs and research in medical robotics, virtual reality and computer applications.

"It's no longer blood and guts. It's bits and bytes," he said. "Stop thinking with your medieval minds, your industrial-age minds."

Two other groups of physicians listened and asked questions as they sat in interactive conference rooms miles away in Wilmington and Roanoke Rapids.

"Is everybody online?" asked George Sheldon, MD, chair of the department of surgery, before he introduced Satava.

Satava's Defense Advanced Research Projects Agency, with an annual $120 million budget, doles out money to researchers and supports and spurs on the application of coming-of-age and older technologies to the medical sciences.

"I don't have a lab," he said. "I have money and lots of it."

Satava's agency, and many of its ideas and advances, have grown out of the Strategic Defense Initiative, or "Star Wars" plan, which President Reagan pushed as a defense against intercontinental ballistic missiles in the 1980s.

Satava's ultimate charge by the Defense Department has been to apply information-age technologies, such as the Internet and robotics, to create a quicker medical response to wounded soldiers on the battlefield.

Half the soldiers who are wounded and end up dying could be saved with a quicker response to the battle zone, Satava said. The soldiers of the future will wear a Personal Status Monitor, like a small computer on a bracelet, designed to send statistics, such as body temperature and location, back to a command center. Some soldiers today are wearing the first versions of the high-tech bracelet, Satava said.

Last year, four Army soldiers in Ranger training near Eglin Air Force base in Florida died from exposure during training exercises. The wrist monitors would have saved them, Satava said.

"Today we have [personal status monitors] on the Rangers' wrists," he said. "That will never happen again."

Changing reality

Satava's work has stretched out into myriad applications beyond military uses. At the session, he showed videos and slides of virtual reality and how it could be used in mainstream medicine.

Virtual reality works by tricking the human senses into thinking the body is somewhere else. The programmer and the user get to decide where. A doctor might wear a helmet with a visor and gloves, all connected to a computer running the virtual reality software.

The reality created might be the inside of a heart or colon for anatomy students to study. Or a surgeon might have an exact replica of a tumor he or she plans to remove from a particular patient. The surgeon could practice removing or just study the tumor from all angles. The digital bird's eye view would be generated from traditional scans and probes that are turned into digital information, Satava said. Over time, the scans and modeling would become more sophisticated and improve the quality of the virtual reality, he said.

Thinking digital

UNC-CH Chancellor Michael Hooker sat in the front row of the Old Clinic auditorium and listened in rapt attention. He spoke after the lecture about the challenge for everyone at the University to breed a new type of thinking about research and the future.

Hooker recently took a flight in a military plane, he said. He looked over to the pilot, who stared only at the plane's instruments, not out of the window.

"The pilot could have been sitting in Fayetteville and flying the plane," he said. "We have to move the blockage in thinking that the future is going to be like the present. It ain't going to be at all like it is now."

Satava agreed. Thinking about the digital age requires thinking beyond today's tools and creating a whole new reference point, he said. Satava used air bags in cars as an example of how a machine-based system can be switched to a digital information-based system for the better.

An automobile air-bag system used to

work with six sensors placed around the car and a machine that inflated the bag, Satava said. The system boasted a 98 percent success rate, he said.

Now, after $35 million in research, the operation has been shrunk down to a computer microchip that uses digital information to save lives, he said. The success rate is now 99 percent and the chips are mass produced for $3.50 each, he said.

Advanced medicine

Surgeons must start to think in terms of a digital future, when everything about a patient's medical condition is translated into information that can be used to better treat or save the person, he said.

In 50 years, a patient will walk through the doctor's office doorway and immediately be scanned, Satava predicted. "As the patient sits down, a 3-D hologram, an exact representation would appear," he said. "When the patient says, "Doctor, I hurt here,' he can rotate the image [and inspect]." The doctor could look inside the patient and order blood tests from the futuristic scan and other vital signs to quickly diagnose the problem.

The patient and doctor might not even have to be in the same state. The idea prompted a question after the session from one of the physicians.

"Do you think Medicare will require us to be in the same state?" he asked with a laugh. □

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This video image shows Etta Pisano, MD, performing a breast cyst aspiration. She wears a head-mounted display unit that enables her to see three-dimensional ultrasound images.

Virtual Reality Applied to Breast Cyst Aspiration

At the 11th annual Department of Radiology Research Review in March, Etta Pisano, MD, presented "Virtual Reality Applied to Ultrasound-Guided Aspiration of Breast Cysts." Pisano worked on this project in conjunction with Henry Fuchs and Andrei State, both members of the UNC Computer Science Department.

The project goal is to enable physicians to perform breast cyst aspirations with the aid of three-dimensional imaging. Through the view on her head-mounted display unit, Pisano can see the ultrasound image of the breast cyst superimposed onto the actual breast. This image helps her to guide the needle directly to the cyst.

The study found that this procedure might improve the accuracy and speed of ultrasound-guided percutaneous sampling of the breast. The procedure was successful when used on breast phantoms with simulated lesions. Trials were done on four volunteer patients who needed cyst aspirations. Further improvements to the tracking system, the head-mounted display unit and the registration are continuing. This method might one day be applied to more complicated surgeries, such as the removal of kidney tumors.

— Carolyn Edy

From Lab to Clinic: Working to Understand Alcoholism

by Vida Foubister

For years communities have whispered about it.

It's a fact backed both by folklore and statistics: Tommy's dad is an alcoholic so it's likely that Tommy will be one too.

Today, alcoholism researchers are confronting this observation head on. But they are going far beyond numbers and community folklore.

They're identifying biological differences between alcoholics and nonalcoholics, and between young people with a family history of alcoholism and those without that history. If they learn enough about the factors that set these groups apart, those who might be susceptible to the illness could be warned that if they start drinking, they might develop alcoholism. Alternatively, a greater understanding of these differences might lead to the development of medications that reduce craving or risk of relapse, such as the recently introduced naltrexone (ReVia®).

"Some offspring are at greater risk than others because they inherit different genetic factors from their parents," says James C. Garbutt, MD, a psychiatrist and clinical researcher. "Vulnerability markers could be utilized to let someone know they're at higher risk for the development of alcoholism—above and beyond whether they have a positive family history of alcoholism."

Garbutt has spent the last 16 years trying to identify some of these inherited differences. "We know alcoholism has a genetic component," he says. "The question is, what is the expression of that genetic component biologically?" Further, how does that contribute to the development of alcoholism?

As director of clinical research at Dorothea Dix Hospital in Raleigh and a member of the Center for Alcohol Studies'

James Garbutt, MD, associate professor of psychiatry, leads a research effort in search of a biological indicator of alcoholism.

research team. Garbutt has access to laboratory animals bred to consume alcohol and to people who have alcoholism or who are at risk for alcoholism.

Because of the many challenges of working with human subjects, most experimentation begins in the lab. If the initial experiments in animals are successful, the long process of human testing begins.

Looking for a biological indicator of alcoholism sounds relatively easy, that is, until you realize that alcoholism is an umbrella term for what may be more accurately called the alcoholisms.

"People don't realize there's more than one type of alcoholism," says Linda Powell, a clinical research associate who has worked with Garbutt since 1987. "That may be why it is so hard to treat some people. Like cancer, some types of alcoholism are much more treatable than others."

The illnesses' biological gestures are thought to include alterations in neurophysiological, neurochemical, neuroendocrinological and temperamental patterns.

One avenue of Garbutt's research involves studying subjects' hormonal responses to thyrotropin-releasing hormone (TRH). This response is part of the thyroid axis beginning in the brain with the release of thyrotropin from the pituitary, which then leads to the release of thyroid hormone by the thyroid gland. Measuring this response may provide insight into the activity of TRH within the brain; TRH being of interest to alcoholism because it can modify the behavioral actions of alcohol.

Early research indicated that alcoholics have a reduced response to TRH. Because depressed patients were known to exhibit the same phenomenon, Garbutt looked at whether the response of depressed and alcoholic patients to TRH was similar. He found, however, that the neuroendocrine thyroid axis abnormality was different in the two types of patients. Depressed patients not only had a decreased TRH-response to multiple doses of TRH, but their prolactin response was lower as well. Alcoholic patients, in contrast, retained a normal prolactin response to TRH.

This suggested that the TRH-response abnormality observed in alcoholics might be unique to their condition and represent a possible vulnerability factor.

Garbutt then looked at the TRH-response of young men with alcoholic fathers compared to those who have no close relatives with alcoholism. The results showed that young men with fathers whose alcoholism began later in life had the same decreased TRH response. The others – those with no family history of alcoholism or fathers with an early onset of alcoholism – did not exhibit this phenomenon.

"Blunted TRH may be tapping a genetic difference between a subgroup of people at risk for alcoholism and those not at risk for alcoholism," Garbutt says. "It may provide another means to define and to describe this population which may have relevance for prevention and treatment."

A collaboration with Ron Thurman, PhD, professor and director of the Laboratory of Hepatobiology and Toxicology, has provided clues to another possible vulnerability marker: different ethanol metabolism rates.

In this study, nonalcoholic young men were given a pruning dose of alcohol and then a second dose. Thurman's lab first noticed that about 20 percent of those tested had a rate of ethanol metabolism that increased by at least 40 percent after the second dose. The individuals with this response, called Swift Increase in Alcohol Metabolism or SIAM, reported little or no problems with alcohol.

A second study confirmed this finding and made another discovery. The ethanol metabolism rate of some young men with a positive family history (FHP) of alcoholism decreased 20 percent or more after the second dose of alcohol. "What this means is some FHP men show rates of alcohol metabolism that decrease during drinking, and this could lead to a greater exposure to alcohol and a more rapid development of tolerance," Garbutt says. "One of the things we know is that individuals who develop alcoholism generally develop tolerance faster than people who aren't at risk."

In another collaboration with two UNC scientists, Alexey Kampov-Polevoy and David Janowsky, a possible diagnostic test is being investigated.

This project grew out of the recognition that recovering alcoholics often crave sweets. Crunching M&Ms, munching a candy bar or eating ice cream are reported by many patients during recovery.

The test is simple: subjects are given sugar solutions of differing sweetness and asked to rank the relative sweetness of each solution and their preference for each one.

So far, the results confirm the research team's expectations: About 65 percent of alcoholics prefer the sweetest solution, compared to only about 16 percent of the nonalcoholic subjects.

"Again, one thing that's exciting about this work is that sweet preference may be associated with a subtype of alcoholism," Garbutt says.

Beyond a diagnostic tool, further investigation of this phenomenon might lead to the development of a drug that activates the brain system stimulated by sweets. This drug could potentially be used to decrease craving in alcoholics.

Garbutt hopes the results of these clinical experiments will lead to solutions that will help more alcoholics achieve long-term sobriety. □

News Briefs

Bill Willcox/Chapel Hill Herald

Krista Schwabacher, left, a fourth-year medical student at UNC, checks 12-year-old Tatiana Ivashevitch's breathing. The Belarussian girl was one of 21 children who were examined in Chapel Hill this summer for maladies related to the Chernobyl nuclear disaster. Joseph Wiley, MD, associate professor and chief of Hematology and Oncology in the Department of Pediatrics, coordinated the program for the second year, conducted in conjunction with the American Belarussian Relief Organization.

Search Panel Named for Medical School Dean

UNC-Chapel Hill Chancellor Michael Hooker in August appointed a 10-member search committee to fill the vacant deanship at the School of Medicine.

H. Shelton Earp, MD, professor of medicine and pharmacology and deputy director of the Lineberger Comprehensive Cancer Center, will chair the committee.

The panel will recommend to Hooker a candidate to replace Michael Simmons, MD, who resigned from the post in July. Stuart Bondurant, MD, dean emeritus, is interim dean.

"I am grateful to Dr. Earp for agreeing to take on this considerable responsibility at a key time in the medical school's history," Hooker said. "The committee's charge includes identifying a strong leader who will continue guiding the school into the challenging era of managed care. Filling the position quickly is a priority."

The search committee is composed of seven school faculty members, two UNC-CH trustees and Eric B. Munson, executive director of UNC Hospitals.

Besides Earp, other faculty on the committee are Georgette A. Dent, MD, associate professor of pathology and laboratory medicine; Robert N. Golden, MD, professor and chair of psychiatry; Rudolph L. Juliano, PhD, professor and chair of pharmacology; Darlyne C. Menscer, MD, clinical associate professor of family medicine; George F. Sheldon, MD, professor and chair of surgery; and Roberta G. Williams, MD, professor and chair of pediatrics.

Representing the UNC-CH Board of Trustees are Drs. William R. Jordan of Fayetteville and Charles A. Sanders of Durham. Jordan, a urologist-turned-businessman, is chief executive officer of Global Lithotripsy Inc., which provides kidney stone treatment. Sanders, of Durham, is former chief executive officer of Glaxo Inc., the pharmaceutical corporation, in Research Triangle Park.

Healthcare Affiliations In Progress

UNC, Bowman Gray Medical Centers Sign Affiliation

The UNC Health Plan and Bowman Gray/Baptist Hospital Medical Center have signed an affiliation agreement that calls for the two academic medical centers to work together to improve the efficiency and effectiveness of health care delivery.

Both institutions emphasized that the affiliation provides only for collaboration between the entities. Both medical centers will retain their autonomy and independence.

A group of representatives from both institutions has been established to guide the relationship. Topics the steering group is expected to examine include developing joint projects, sharing administrative and support services, avoiding duplication of services, and pursuing managed care opportunities.

UNC Joins Statewide Affiliations Discussions

In related developments, UNC Hospitals and the School of Medicine have joined three of North Carolina's largest not-for-profit healthcare systems in discussing an alliance that would involve coordinated services and

joint service contracts with payers.

Deliberations are currently underway among UNC, the Carolinas HealthCare System in Charlotte, North Carolina Baptist Hospital in Winston-Salem, and Pitt County Memorial Hospital in Greenville.

While it is too early to know what formal structure the four healthcare systems would implement under an alliance, the goal will be to reduce healthcare costs addressing the same issues that will be looked at by the UNC/Bowman Gray group.

UNC Doctor Puts AIDS Course on Internet

Health-care providers around the world now have instant access to the latest information on HIV and AIDS, thanks to a School of Medicine faculty member.

Charles van der Horst, MD, associate professor of medicine and principal investigator at the AIDS Clinical Trials Unit at UNC, has written the first in a series of HIV/AIDS-related continuing medical education courses that have been approved by the American Medical Association to be offered on the Internet.

The interactive course, "CMV Retinitis and Treatment," was developed for primary care physicians, ophthalmologists, pharmacists and nurses who have a basic understanding of HIV and AIDS. Healthcare professionals who complete the course are eligible for continuing education credit.

"This innovative educational tool is time-saving, cost-efficient and convenient," said van der Horst. "Clinicians can stay up-to-date on the continuously evolving standards in HIV care from their own offices, which means they will access information more frequently and their patients will reap the benefits. They can also ask me questions about the material."

The AMA series, "Clinical Care Options for HIV," can be accessed on the Internet at any of the following Web addresses: http://www.ama-assn.org; http://www.immunet.org/meded; or http://www.cmegateway.com.

Mary Ellen Jones, PhD, biochemist and first woman to chair a department in the School of Medicine, died August 23 in Waltham, Mass., after a long struggle with cancer.

Jones taught at UNC from 1966 to 1971. In 1978, she returned to the University to chair the Department of Biochemistry and Nutrition. Although she stepped down as head of the department in 1989, she continued to teach and conduct research until her retirement last year.

Jones made major discoveries concerning how cells make some of the building blocks of DNA. She also found that enzymes can be involved in more than one task in the body. A tireless advocate for advancing the careers of women in the science field, Jones was honored by the Association of Women Faculty at the University of North Carolina with the Mary Turner Lane Award in 1987.

Born in LaGrange Park, Ill., on December 25, 1922, Jones received her bachelor's degree from the University of Chicago in 1944 and her doctorate from Yale in 1951.

In addition to her tenure at UNC, her career included positions at the Biochemical Research Laboratory at Massachusetts General Hospital under Nobel Laureate Fritz Lippman (1951-1957), at Brandeis University (1957-1966), and at the University of Southern California (1971-1978).

The many honors she received for her contributions included memberships in the National Academy of Sciences, the Institute of Medicine, the American Academy of Arts and Sciences, and the American Philosophical Society. Special honors included the Wilbur Lucius Cross Medal from Yale University, the Thomas Jefferson Award from UNC-Chapel Hill, and the North Carolina Award in Science in 1991.

Jones leaves her son, Ethan V. Munson, of Milwaukee, Wisc.; her daughter, Catherine L. Munson, of Fort Mill, SC; a sister, Anna Mae Duffy, of Pueblo, Colo.; two brothers, George K. Jones of West Roxbury, Mass., and Elmer E. Jones of Weston, Mass.; one grandchild; and former husband Paul L. Munson of Baltimore, Maryland.

History of Pathology at UNC Now Available

A reception and book-signing at the Carolina Inn on Sept. 19 marked the publication of "How It Was: Pathology at UNC, 1896 – 1973." Written by John B. Graham, MD, alumni distinguished professor of pathology, the 268-page volume is dedicated to Kenneth Brinkhous, MD, former chair of pathology. The text is illustrated extensively with photographs, charts and tables, and contains a section listing the names and current addresses of all faculty, trainees and fellows in the department prior to 1974.

The book is available in both soft- and hard-cover editions. To order, send $25 (soft cover) or $35 (hard cover), payable to the Department of Pathology, to: Business Manager, Dept. of Pathology and Laboratory Medicine, UNC-Chapel Hill CB# 7525, Chapel Hill, NC 27599-7525. (The price includes sales tax, shipping and handling.) Include your name and mailing address, and indicate if you wish to have the book signed by Dr. Graham and/or Dr. Brinkhous.

Fuller Award Winner Leads by Example

Obstetrics resident Andra James is joined by Fuller Award winner Robert Cefalo during a patient's follow-up visit to the clinic.

by Robin C. Gaitens

Robert C. Cefalo, MD, assistant dean of graduate medical education, chief of the division of maternal and fetal medicine, and professor of obstetrics and gynecology, has received the 1996 H. Fleming Fuller Award for dedication to compassionate patient care and excellence in teaching. The award was presented Friday evening, Aug. 30, by Eric B. Munson, UNC Hospitals executive director.

The annual award is given in memory of H. Fleming Fuller, a Kinston physician and longtime member of the UNC Hospitals Board of Directors, who died in 1986.

"Dr. Cefalo is a distinguished leader in obstetrics, a formative force in medical ethics, an inspiring teacher, and, most importantly, the personification of the highest standards of competence and caring as a personal physician," said Stuart Bondurant, MD, interim dean of the School of Medicine. "Our medical school and hospital, the specialty of obstetrics, generations of students and residents, and thousands of patients are the beneficiaries of his warm, compassionate, and exemplary practice and leadership."

"He emphasizes to residents and students the importance of the humanity of health care for women," said Nancy Chescheir, MD, acting chair of the Department of Obstetrics and Gynecology. "He leads frank discussions about the seemingly mundane parts of the doctor-patient relationship, such as sitting down next to patients instead of standing over them, as well as the more complex issues like ethical decision-making."

Medical residents admire Cefalo's compassion for his patients and credit him for "leading by example." One resident recalled Cefalo discussing a gynecologic examination with a group of incoming residents. "He emphasized that there is a human side to medicine, not just diagnoses and procedures. He stressed the importance of creating a comfortable environment for the patient and reminded us that our ultimate responsibility is to treat the patient with the utmost dignity."

Cefalo's commitment to improving maternal and fetal health extends beyond his patient care and teaching activities. Since 1985, he has served on the Advisory Board of the MariMed Foundation, an organization which addresses the health care of women in the South Pacific Islands. In 1993, he was honored by the North Carolina Governor's Commission on Reduction of Infant Mortality for his contributions to the improvement of maternal and fetal health. Cefalo currently serves as the president of the American Board of Obstetrics and Gynecology, the governing body that sets the trend for obstetrical and gynecological care nationally. In addition, he is a state and national leader in promoting preconceptual health as a routine component of women's health care.

Cefalo graduated from Boston College in 1955 and earned his MD from Tufts University in 1959 and his PhD from Georgetown University in 1974. In 1979, after serving in the U.S. Navy for more than 20 years as a captain, he joined the UNC-CH faculty as a professor of obstetrics and gynecology. □

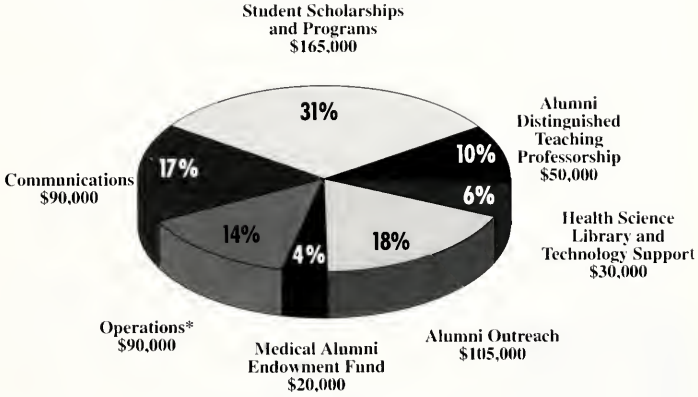
Development Notes

FY97 Loyalty Fund Goals Established

The Loyalty Fund goal for the 1996-97 fiscal year is $550,000, and the participation goal is 36 percent. Components of the budget include:

- **Scholarships** ($115,000) — All awards are $2,700 each, except Medical Allied Health, which are $1,000 each. (*See story on page 4.*)
- **Student Programs** ($50,000) — The Loyalty Fund supports more than two dozen student programs, activities and publications, including the Whitehead Society, the Zollicoffer Lecture, the student research journal FAX, the Arts and Humanities Program, and the first-year orientation booklet, *Grapevine, Greens and Gunners*.
- **Alumni Distinguished Teaching Professorship** ($50,000) — An endowed three- to five-year term professorship to recognize teaching excellence. Financial minimum to activate professorship is $250,000.
- **Health Sciences Library and Technology Support** ($30,000) — Funding for Medical Alumni Association Computer Laboratory and journals/subscriptions.
- **Alumni Outreach** ($105,000) — These programs include Dean's receptions across the state, class reunions, the Berryhill Lecture, alumni weekends, and alumni and faculty awards.

Loyalty Fund Budget, FY 1996-97 $550,000



*Funds raised in excess of Budget decreases the percentage

- **Medical Alumni Endowment Fund** ($20,000) — Interest earned on these funds provides support for student, faculty, and housestaff development, academic research seed grants, and other needs identified to promote excellence at the medical school. (*See story on page 5.*)
- **Communications** ($90,000) — Includes publications such as the *Medical Alumni Bulletin*, the *Case Statement*, and alumni weekend materials.

For more information or to make a gift to the Loyalty Fund, call Jane McNeer or Ed Crowder at 800-962-2543.

Margaret Collins, MD '96, explains how students benefit from Loyalty Fund gifts during a Class of '96 fundraising meeting. A record number of students in that class, 54 percent, made a Loyalty Fund commitment. In other campaigns which ended June 30, Buncombe County raised $10,275 with 52 percent participation; New Hanover County, $15,945, 54 percent participation; and Greater Atlanta, $11,598, 37 percent participation.

Faculty Notes

Robert Brown, MD, assistant professor of medicine and transplant hepatologist, recently joined the faculty as medical director of UNC Hospitals' Liver Transplant Program. In this position, Brown will lead the liver transplant team with Jeff Fair, MD, assistant professor of surgery and surgical director of abdominal transplantation.

Brown

Brown comes to UNC from the University of California at San Francisco, where he served as an attending transplant hepatologist qualified by the United Network for Organ Sharing. While there he cared for more than 300 pre- and post-transplant patients and participated in clinical trials for the treatment of liver disease.

Amelia F. Drake, MD, associate professor of otolaryngology, was the faculty inductee into the Gamma Chapter of Alpha Omega Alpha. This honor goes to faculty members who have distinguished themselves in their professional careers.

Thomas M. Egan, MD, associate professor of cardiothoracic surgery, spoke on "Current issues in lung procurement and transplantation" at the annual conference in education: Issues in Transplantation and Organ Procurement, held in Nashville in April. He also presented "Surgical options in the treatment of end-stage chronic obstructive pulmonary disease" at the North Carolina Surgical Association meeting in Pinehurst in April.

Floyd Fried, MD, Drs. John Sloan Rhodes and John Flint Rhodes professor of urology, received a Distinguished Service Award from the University of Chicago.

Steven K. Gudeman, MD, Van Weatherspoon Jr. Distinguished professor of neurosurgery, has been selected as vice president for the Southern Neurosurgical Society.

David Janowsky, MD, professor of psychiatry, has received a $20,000 grant from the R.K. Mellon Family Foundation. The grant will support a study that is examining the role of underlying personality characteristics in the diagnosis and treatment of mood disorder and substance abuse patients.

Culley C. Carson III, MD, professor and chief of urology, has been elected to chair the multidisciplinary Urology Expert Advisory Panel for the U.S. Pharmacopeia Division of Information Development for the 1995-2000 cycle. The panel is responsible for the ongoing revision and development of USP's continuously revised, evidence - based drug and therapeutics information database. Panel chairs are elected members of USP's Committee of Revision, which comprises nationally and internationally recognized scientists, academicians, clinicians and consumer advocates.

Carson

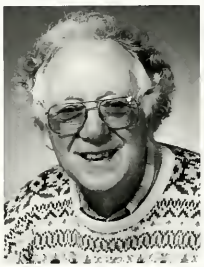
Joseph M. Khoury, MD, associate professor of urology, has received an appointment to the Urology Expert Advisory Panel, U.S. Pharmacopeia.

Edison Liu, MD, former professor of medicine in the Division of Oncology and director of the Specialized Program in Research Excellence in breast cancer at the Lineberger Comprehensive Cancer Center, has taken a position with the National Cancer Institute as head of its new Division of Clinical Sciences, effective September 1996. At UNC, Liu established programs in cancer genetics and molecular epidemiology, co-founded the UNC Breast Center, and led the effort to obtain the UNC Breast Center SPORE.

Michael R. Mill, MD, associate professor of cardiothoracic surgery, recently implanted the Novacor LVAS in the first patient at UNC as a bridge to transplantation. This is a new project under an FDA-approved protocol. The patient was successfully supported for 51 days before undergoing transplantation. The patient did well post-operatively and has been discharged from the hospital.

Fred J. Spielman, MD, professor of anesthesiology, received a Wellcome Research Travel Grant to study at the Wellcome Institute for the History of Medicine in London, England, Sept. 6-20, 1996. His research project is titled "The History of Anesthesiology Through Art."

Oliver Smithies, D.Phil., Excellence professor of pathology, is one of two North Carolina scientists awarded the American Heart Association's 1996 CIBA Award for Hypertension Research. He was selected, according to the prize committee, for "groundbreaking work in the use of homologous recombination to insert altered genes into specified positions in the DNA of living



Smithies

cells and application of this technique to transfer of 'designer mutations' to living animals and to the study of high blood pressure and cardiovascular disease."

Smithies received the award, which carries a $10,000 stipend, at the 50th Annual Fall Conference and Scientific Sessions of the AHA's Council for High Blood Pressure Research.

Suresh Mukherji, MD, assistant professor of radiology, was named one of six scholars by the Radiologic Society of North America beginning June 1, 1996. The two-year scholarship carries a stipend of $45,000 per year and will allow Mukherji more academic time to devote to his research on two-dimensional 1H MRS metabolite mapping and image fusion for treatment monitoring of head and neck carcinomas.

Don Nakayama, MD, Colin G. Thomas Jr. distinguished professor of surgery and chief of pediatric surgery, was elected to membership in the American Surgical Association.

Christian Newcomer, VMD, research associate professor of pathology and laboratory medicine and director, Division of Laboratory Animal Medicine, was installed as president of the American College of Laboratory Animal Medicine on July 22, 1996.

I. Glenn Wilson, MD, professor of social medicine, has implemented the Quintiles Scholars program, a five-year effort to provide management training for the future leaders of two Chinese medical schools. Two groups of Quintiles Scholars will study in Chapel Hill each year and 30 will attend the program in China. The program is financed by a grant from the Quintiles Transnational Corporation in Research Triangle Park.

Loyal G. Tillotson, MD, PhD, assistant professor of medicine in the Division of Digestive Diseases, received a one-year, $40,000 basic research grant from the Glaxo Wellcome Institute for Digestive Health to study "Ras-activated Gastrin Transcription in Human Colon Tumor Cells."

Frank C. Wilson Jr., MD, Kenan professor of surgery, received the 1996 Distinguished Alumnus Award for Professional Achievement from the Alumni Association of the Medical College of Georgia. Wilson, the former chief of orthopaedics at UNC, is a 1954 graduate of MCG's School of Medicine. In addition, Wilson received the 1996 Distinguished Service Award from the Thomas Wolfe Society for his work in the teaching of Thomas Wolfe.

Wilson

Wilson also published several books in 1996: *Orthopaedics: Pre-test Self-assessment and Review*, with Douglas R. Dirschl, MD, published by McGraw-Hill; *Symbols and Symptoms*, published by Guild Press of Indiana, emphasizing the connectedness between medicine and the humanities; and *General Orthopaedics*, with Patrick Lin, MD, published by McGraw-Hill.

Benson R. Wilcox, MD, professor and chief of cardiothoracic surgery, was honored by the Health Sciences Library in April in recognition of his support of the facility. He was paid tribute for endowing the Wilcox Rare Book Fund in 1993, transferring portions of the Wilcox Rare Book Collection to the library, and encouraging medical students to appreciate historical knowledge and to keep alive their love of learning and of books.

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afraid to tell me that when he loses a young trauma victim he "loses a piece of himself." That doesn't keep him from being an outstanding surgeon, or from making necessary difficult decisions; but it does emphasize the ultimate humanity of being a physician.

In medical school you must study not so much for the grade, but for the content. Facts are less important than concepts. The processes of learning to think critically and to locate and synthesize information arefundamental to the practice of medicine. You must see your scholarship in a different context than before, in that it really doesn't matter to your patients whether you made an Honors or a Fail in a course — it matters to them whether you learned the material and integrated it into that Gestalt picture of their particular situation. It is perfectly OK and culturally normal — because we were all premeds at one point in our lives — to have a competitive edge to our work. But the competitor is not the person sitting next to you — it's yourself, illness, suffering and the enormous responsibility of educating yourself to become a physician. Skills that served you well to get to this point will still be important, but will need to be modified. The level of prioritization and organization that you will need is going to be ratcheted up significantly. Don't expect that to come easily or quickly and give yourself a break by understanding that those changes are part of becoming a physician — and that's a life-long learning project. Max Depree wrote in "Leadership as an Art" that "in the end, it is important to remember that we cannot become what we need to be by remaining what we are."

The last point I want to make is to enjoy yourself while you're working hard. You are

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Leading Research into Cancer Treatment

by Linda Haac

Four years ago, the University of North Carolina at Chapel Hill lured Beverly S. Mitchell, MD, away from the University of Michigan at Ann Arbor. A physician and a scientist, Mitchell is nationally recognized for her work on the various roles that genes play in cancer cells' response to certain types of chemotherapy.

Today, Mitchell serves as one of the Lineberger Comprehensive Cancer Center's associate directors and leads its molecular therapeutics program. She also heads the division of hematology/oncology in UNC's department of medicine. She is the first Wellcome distinguished professor in cancer research.

On her appointment to lead UNC's hematology/oncology division, she says, "We're starting with a very good division in terms of clinical care and delivery. Now, we'd like to achieve additional first-rate, novel drug research that we can take back to the clinic and treat patients."

With this in mind, Mitchell is overseeing the recruitment of several new faculty members, who, she says, will have a strong interest in bridging the gap between basic science and clinical medicine. One new hire is Mark Socinski, MD, who serves as co-director of Carolina's new Multidisciplinary Thoracic Oncology Program. Another valuable contributor to UNC's clinical programs is Thomas Shea, MD, head of Carolina's bone-marrow transplant program and director of the hematology/oncology division's clinical research efforts.

"What we have left to do," Mitchell says, "is to recruit several more people in clinical research and bring in two more people in basic scientific research who can create links between research and patient treatment. What we want to offer is new, different and more effective treatments of cancer."

> "We'd like to achieve additional first-rate, novel drug research that we can take back to the clinic."
>
> Beverly S. Mitchell, MD

She says the division also wants to recruit several new, young trainees. Yet government-funding cutbacks, the researcher admits, have made financial support for such training programs more difficult these days. "Our goal," though, Mitchell says, "is to train people who will stay in academic medicine and contribute to knowledge."

In her own research, Mitchell focuses on cancer's molecular processes. She spends her time tracking down specific genes, figuring out how they work, then trying to alter the way in which a particular gene will express a specific enzyme in the body.

Mitchell's primary goal is to improve cancer treatments involving chemotherapy. For several years now, for instance, she has worked on increasing the overall response to chemotherapy drugs used to treat leukemia. Her work involves the enzyme deoxycytidine kinase. This enzyme provides the first of three phosphate groups that chemotherapy drugs need to inhibit cancerous cell growth in leukemia.

Mitchell and members of her lab have located the human gene that produces deoxycytidine kinase. They have also mapped the gene's structure. With these discoveries in hand, they have worked to identify the specific mechanisms that regulate gene expression of deoxycytidine kinase. Their hope is to develop pharmaceutical agents that can alter the gene's activity, thus increasing the amount of deoxycytidine kinase within leukemia cells. Such an increase could make leukemia cells more vulnerable to the deadly effects of chemotherapy.

Currently, Mitchell is leading a clinical trial of the chemotherapy drug Ara-G, used to treat resistant leukemia, in conjunction with Duke University pediatric hematologist/oncologist Joanne Kurtzberg. The drug was developed by Dr. Gertrude Elion, who shared the Nobel Prize with Dr. George Hitchings for their work at Burroughs Wellcome in 1988. Elion discovered Ara-G, Mitchell says, while searching for anti-viral

drugs. The Nobel laureate, she adds, is a terrific role model for those who desire to develop new treatments that will have a major impact on human diseases.

Of Ara-G's effectiveness, Mitchell says, "So far, it's showing a lot of activity with a subtype of resistant leukemia, and with few side effects."

Currently, 24 patients are enrolled in the study, and the drug has demonstrated some ability to push resistant leukemias into complete remission for several months. "This drug by itself will not be curative," Mitchell says, "but it will be an important component."

Mitchell is also looking at a drug somewhat analogous to one that Chinese scientists originally developed, using vitamin A as a base. Studies have shown the drug may allow immature cells to undergo maturation. Such cell immaturity is a hallmark of leukemia.

"Leukemia is thought of as an increase in the number of immature cells in the bone marrow," Mitchell explains. "So in some way, the disease probably blocks the cell's maturation process."

In this second clinical trial, Mitchell and her colleagues are looking at whether a specific enzyme-inhibitor can stop immature cells from dividing and thus give the cells time to mature.

About her work, Mitchell says, "It makes a big difference to know that what you're doing has some treatment applications to disease. What I've been doing is mostly studying cellular mechanisms, but those mechanisms will have some applicability to the treatment of the patient. To have patients go into remission is incredibly exciting."

Beverly Mitchell and Deana Hapke, a graduate student in pharmacology, review the metabolism of Ara-G, an important drug in the fight against leukemia.

Research Briefs

North Carolina Children Not Immunized Soon Enough

North Carolina children treated by private doctors are not being immunized or screened early enough for anemia, tuberculosis and lead poisoning, according to a new study.

The research, conducted at the School of Medicine, evaluated infants' records at 15 private pediatric practices in central North Carolina.

By age 2, 39 percent of children studied were not fully immunized against diphtheria, tetanus and whooping cough. Thirty-two percent were not screened for anemia, 43 percent were not examined for tuberculosis, and 97 percent were not tested for lead. Doctors surveyed were unaware of the incomplete immunizations.

Complete infant immunization rates among practices varied widely, from 38 percent to 82 percent, said W. Clayton Bordley, MD, assistant professor of community pediatrics.

"Physicians overestimated the proportions of fully immunized children in their practices by an average of 10 percent," Bordley said. "The median number of well-child visits by age 2 was five. Only 19 percent of the entire sample made eight or more well-child visits, the number recommended by the American Academy of Pediatrics."

Because the proportions of North Carolina children who were fully immunized and who were immunized in private practices mirrored national figures, the results likely apply to most other parts of the nation, he said.

"Helping parents understand the importance of well-child care must be an integral part of efforts that practices make to improve their provision on preventive care."

A complete report on the research appears in the April issue of *Pediatrics.*

Complications in VBAC Deliveries

Women who first gave birth by cesarean section are twice as likely to suffer major complications during a second childbirth if they choose to go through labor rather than undergo a second cesarean section, according to a new study from UNC physicians. A report on their findings appeared in the Sept. 5 issue of the *New England Journal of Medicine.*

"Cesarean sections are of great interest to health researchers because up to a quarter of all infants born in the United States and Canada are delivered by that procedure," said Michael McMahon, MD, assistant professor of obstetrics and gynecology and principal investigator.

"I think everyone agrees that the cesarean delivery rate is too high," McMahon said. "Unfortunately, after a previous cesarean, it is difficult to determine which women are most at risk going through labor."

Researchers followed 3,249 women who underwent labor after a previous cesarean, and 2,889 who chose a repeat cesarean. Overall, 8.1 percent of the women suffered complications, and 1.3 percent had major complications such as hysterectomies, ruptured uteruses or operative injuries.

"Although we found that the overall rate of complications did not differ between the two groups, major complications were nearly twice as likely among those who went through what doctors call 'a trial of labor,' " McMahon said.

"Clearly, the way to decrease the overall risk entailed by labor, including the risk of major complications, is by selecting women who have a high probability of delivering their babies vaginally," he said. "In this study, women were more likely to have a successful labor if they were under age 35, if the child's birth weight was less than 4,000 grams, and if they delivered in a tertiary care hospital."

Americans Reducing Fat Intake

Over the past three decades, U.S. residents have significantly reduced their saturated fat intake, according to a major new study of what Americans eat.

In 1965, wealthier whites ate the least healthy foods overall, while poorer blacks ate the most healthful, the research shows. Twenty-five years later, most U.S. residents' diets had improved slightly and were similar regardless of income and race.

Not all the news is good, however. Consumption of fruits, vegetables and grains generally has remained stagnant and has decreased in lower-income whites and blacks.

Researchers in UNC's Department of Nutrition conducted the study, the most comprehensive national investigation of its kind. They include Barry M. Popkin, PhD, professor; Anna Maria Siega-Riz, PhD, research assistant professor; and Pamela Haines, DrPH, associate professor. A report on the findings appears in the Sept. 5 issue of the *New England Journal of Medicine.*

Treating STDs May Slow AIDS Epidemic

Men who test positive for the virus that causes AIDS and simultaneously suffer other sexually transmitted diseases, such as gonorrhea, shed five or more times as much AIDS virus in their semen as men without another STD, a unique new study shows.

The study found that treating the other illnesses cuts the level of AIDS virus, or HIV, almost back to the amount found in men not otherwise infected. As a result, aggressively treating gonorrhea and related conditions in HIV-positive men probably could reduce the number of new AIDS cases around the world significantly by cutting the amount of virus passed from one person to another, the study concludes.

The researchers presented their findings at the International AIDS Conference in Vancouver, Canada, in July.

"Because a certain critical concentration of HIV is likely required to cause infection, we have been trying to understand how we can make transmission of the AIDS virus less efficient," said Myron Cohen, MD, professor of medicine and chief of infectious diseases at UNC-CH. "This newest work, which we think is very exciting, is strong biological evidence that we can cut back HIV infectiousness by giving good care for sexually transmitted diseases. It supports results of ongoing epidemiological studies."

In addition to Cohen, authors of the report include Susan Fiscus, associate professor of

microbiology, and, from the Department of Medicine, Irving Hoffman, research instructor; Joseph Eron Jr., MD, assistant professor; Bruce Gilliam and John Dyer, postdoctoral fellows.

Researchers to Examine Gene Therapy Issues

School of Medicine researchers have received a $500,000 grant from the Ethical, Legal and Social Issues Program of the National Center for Human Genome Research to study medical decision-making and informed consent in gene therapy. The grant will support a two-year project.

Principal investigators are, from the department of Social Medicine, Larry R. Churchill, PhD, professor and chair, Nancy M.P. King, JD, associate professor, and Keith A. Wailoo, PhD, assistant professor; Myra L. Collins, MD, associate professor of pathology; and Michael R. Knowles, MD, professor of medicine.

Normal Bacteria Can Cause Intestinal, Arthritis Problems

Normally harmless bacteria that live in the colon of mammals can cause intestinal and joint inflammation in genetically susceptible laboratory rats, medical researchers at the School of Medicine have discovered.

The finding is important, the scientists say, because they believe the same happens in genetically susceptible humans and that ulcerative colitis and Crohn's disease — which afflict more than a million U.S.residents — should respond to selective antibiotic therapy.

A report on the discovery appears in the Aug. 15 issue of the Journal of Clinical Investigation. Authors include Balfour Sartor, MD, professor of medicine, and Heiko Rath, postdoctoral fellow.

The team showed that rats genetically engineered to express the human HLA-B27 gene develop colon, stomach and joint inflammation when exposed to intestinal bacteria that do not cause illness in healthy mammals.

"What we have shown that's quite new is that not all bacteria have equal capacities to induce inflammation," Sartor said. Bacteroides species, for example, induced very active inflammation, while five other kinds of bacteria also found in high concentrations in normal intestines did not.

The clinical important of this is that if we can inhibit certain selected bacteria with antibodies or other techniques we could theoretically decrease inflammation and possible even cure the colitis one day."

Experiments designed to inhibit Bacteroides in special rats cut inflammation dramatically, the physician said.

"It would be a much less daunting task to inhibit certain bacteria selectively than to wipe out all of them, which would be impossible for very long," Sartor said. "Also, all present therapies are aimed at trying to turn off the body's inflammatory response once it has begun. The beauty of this approach, which is very different and theoretically much better, is that it involves stopping what's causing the inflammation."

A promising, non-antibiotic approach would involve using benign bacteria to block cell receptors that attach and react to Bacteroides and other species that cause inflammation in susceptible people, he said.

"In ongoing studies sponsored by the National Institutes of Health and the Crohn's and Colitis Foundation of America, we are trying to determine why a genetically susceptible hose reacts to its own bacteria and how this abnormal response can be terminated by nontoxic approaches," Sartor said.

Conservative estimates are that a half million Americans suffer ulcerative colitis and another half million suffer from Crohn's disease, Sartor said. These chronic, lifelong, painful illnesses, which relapse spontaneously, chiefly strike during adolescence and early adulthood when people are trying to complete schooling and start careers and families.

Scientists at the N.C. State University School of Veterinary Medicine, the University of Wisconsin and Southwestern Medical School in Dallas collaborated with the UNC-CH researchers in the study.

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continuing on the path of entering one of the most wonderful, passionate professions in the world. There will be moments when you will doubt that statement and some of you may not love it and will choose other opportunities. You certainly won't love all of it. My own fantasy alternate profession is that I am the person at a floral shop who fills the orders. "Send up a dozen long-stem roses, please." And I gently and deliberately open the vast refrigerator of flowers of every color and shape and smell and pick out the most beautiful, fragrant roses you ever saw and they don't stick my fingers. But I don't have that fantasy often, because I love what I do. Malcom Forbes said, "It is not work if you love what you do." Feel and enjoy the passion, squeal in delight, groan in agony, but love it.

Part of enjoying yourself is recognizing that your work is not your identity. You may have family, a spouse, friends, a lover, children, parents. They will be there for you when you need them, hopefully, but you must also make room for them in your life. It is particularly easy to get caught up in the importance of doctoring and to let the notion "you've saved my life" go to your head. Angels know how to fly because they take themselves lightly. It is always possible to find more to do — another paper to read, another conference to go to, practice your surgeon's knots with a suture on your big toe one more time before you go to sleep. Medicine will give you much in return, but you must be aware that it will also take a lot out of you. Keep the main thing the main thing and recognize and respect your priorities. The game of "Chutes and Ladders" is much more fun and challenging and wonderful if you play with others.

Thank you for the honor of representing the faculty of the School of Medicine to welcome you. This is a wonderful place with outstanding people and resources for you. Make your choices wisely, enjoy your work passionately, don't forget to live your life fully. Your path will not be straight and there will be chutes and ladders along the way which may surprise you. You'll get there and we are here to guide you. □

Alumni Notes

Attention all School of Medicine graduates and former UNC Housestaff! The alumni office now has a dedicated e-mail address for any and all alumni-related communication — medalum@med.unc.edu. Use it to tell us your new address, send news for "Alumni Notes," or submit questions or suggestions. We look forward to hearing from you soon!

40s

Frederick A. "Ted" Blount, CMED '42, moved to a retirement community in Winston-Salem last year. He especially enjoys being two minutes closer to the golf course.

50s

Scott "Bruce" Berkeley Jr., CMED '51, recently retired after 35 years of general surgery in his home town of Goldsboro, NC.

Alexander F. Goley, MD '56, has been named to the Admissions Committee for the UNC-Chapel Hill School of Medicine. In this capacity, he will represent the alumni of the school. His three-year term began July 1, 1996.

R.V. (Dick) Liles Jr., MD '57, is retired and lives in Albermarle, NC. He and his wife, Ann, have two children (one married) and three English setters. He enjoys hunting, fishing, tripping and raising quail.

Thomas A. Noone, MD, Housestaff '57, is an assistant professor of obstetrics and gynecology at the Robert Wood Johnson Medical School in Camden, NJ. He was awarded the Golden Apple for Excellence in Teaching by the Class of 1996.

60s

Clark M. Hinkley, MD '61, is retired and lives in Houston, TX.

Chet Taylor, MD '63, is retired and lives in Honolulu. He recently ran the Honolulu Marathon for the twelth time, and is going to Bali to fish and scuba dive for lobsters. His son is a junior at UNC.

E. Carmack Holmes, MD '64, has been named the William P. Longmire Jr. professor and chair of the Department of Surgery at the UCLA School of Medicine. Recognized nationally for his expertise in lung cancer therapy and immunology, he has published more than 150 research articles on lung cancer treatment.

Jack B. Peacock, MD '64, retired September 1995 as professor of surgery, Texas Tech University. He lives in El Paso, and is presently involved in teaching ATLS, trauma site surveys, and professional writing. He has three grandchildren, all in El Paso, and enjoys travel, backpacking and gardening. His e-mail address is JayPK@msn.com.

Jesse Samuels, MD, Housestaff '67-'68, is director of emergency services at the Veterans Memorial Medical Center in Meriden, CT.

70s

Patricia Aronin, MD '76, is on the neurosurgery staff at Wayne State University. She and her husband, Bill Sherrill, have three children, Caitlin, 8, Patrick, 6, and Eric, 4. She can be reached at paronin@med.wayne.edu.

Rubin F. Maness, MD '76, is a pediatrician at Goldsboro Pediatrics. He is the immediate past president of ALANC and chair of the ALANC-NCTS Asthma Committee. He was recently named one of three AAP Section on Allergy board members to the national consortium on children's asthma camps, and won an AAP special achievement award in March.

George T. DiFerninando, MD '78, is director, Division of Family and Local Health, New York State Department of Health. The division coordinates programs for child, adolescent, school and reproductive health, and acts as the liaison with local county health departments.

Glenn S. Harman, MD '79, is an associate professor of medicine, adult bone marrow transplantation, at the University of Iowa. He and his spouse, Jeff Arnold, continue to perform extensively as duo pianists.

Lawrence H. Hooper Jr., MD '79, is an assistant professor of pediatrics and aerospace medicine specialist in El Paso, TX. His third child was born in June 1995. He is returning to active duty Air Force with Air Combat Command at Whiteman AFB, MO.

James Mandell, MD, Housestaff '70-'72 and '74-'79, has been appointed as the 16th dean of the Albany Medical College. Prior to his appointment, he was chief of the division of urology, and is the region's only pediatric urologic surgeon. His appointment was effective August 7.

James G. Peden Jr., MD '79, an associate professor of medicine and psychiatric medicine at East Carolina University, has been appointed to oversee the admissions process at the University's School of Medicine.

Margery Sved, MD '79, is the director of the Adult Psychiatry division at Dorothea Dix Hospital in Raleigh. She now has two children. Sara Yessenia Sved, born May 2, 1986, joined the family last summer from Guatemala. Sara enjoys her younger sister, Eliana, 3.

80s

Edward T. Plyler, MD '81, is a family physician in Morganton, NC, and vice chairman of the Grau Hospital Board of Directors. He merged practices with **Clay Richardson, MD '82**, to form Burke Primary Care. He and his wife, Robin, have two children, Elizabeth Avery, 4, and Giles Edward McCormick, 6 months.

William Winkenwerder Jr., MD '81, has been named to three newly-created leadership positions in primary care at the Emory University System of Health Care. He was named vice president for Primary Care Services, Emory University System of Health Care; associate director for Primary Care, The Emory Clinic; and an associate vice president for The Robert W. Woodruff Health Sciences Center.

Robert J. Sherertz, MD, Housestaff '79-'82, has been promoted to professor of internal medicine (internal diseases) at Bowman Gray School of Medicine. He had been an associate professor since 1991.

David J. Ballard, MD/MSPH '83, PhD '90, is professor of medicine and director of the Emory University Center for Clinical Evaluation Sciences, professor of epidemiology in the Rollins School of Public Health of Emory University, and president of the Kerr L. White Institute for Health Services, a public charity focused on population-based health care quality and effectiveness research. He lives in Atlanta with his wife, Michela Caruso, MD, a radiation oncologist, and their two children. He can be reached at dballard@ctrclineval.sph.emory.edu.

Jocelyn M. Pyles, MD '83, is with the Department of Health in Houston, TX. She was recently appointed to the Board of Trustees of the Houston Grand Opera, and received the Project Cherish Award from Delta Sigma Theta Sorority for her work to increase the number of minorities entering the medical professions.

Leslie A. Bunce, MD '85, is an assistant professor of medicine (hematology) in Rochester, NY. She announces the birth of her second child, James Hale Jushchuk, born April 18, 1996.

Mitchell E. Gibson, MD '85, is a medical consultant in Phoenix, AZ. He was recently named one of the "best doctors in America" in a survey published by Woodward and White. His artwork will be featured in a one-man show at the Mahogany Art Gallery in Los Angeles, owned by Denzel Washington and Debi Allen, in December 1996. He was a recent presenter at the National Black Arts Festival in Atlanta.

Bennie L. (Eure) Jarvis, MD '85, announces the birth of a daughter, Faith Lamm O'Neal Jarvis, born May 21, 1996, the day after brother Will's second birthday.

Steven J. Baumrucker, MD '86, has a new e-mail address: author@washington.xtn.net.

J. Lewis Gregory, MD '87, is medical director of utilization management at Healthsource of South Carolina in Charleston. Contact him at LewGreg@aol.com.

Erich Lieth, PhD '87, is an assistant professor in the department of neuroscience and anatomy at Penn State College of Medicine in Hershey, PA. He and his wife, Marya Ilgen-Lieth, have two children, Kai, 4, and Linnea, 7 months.

Tom Paulson, MD '87, would like to hear from classmates about a 10-year reunion. E-mail him at TomPaulson@aol.com.

Alan J. Townsend, PhD '87, has been promoted to associate professor of biochemistry at Bowman Gray School of Medicine. He had been an assistant professor of biochemistry since 1990.

Craig Charles, MD '88, completed a fellowship in infectious diseases at N.C. Baptist Hospital and has taken a position with Piedmont Medical Specialists in Winston-Salem.

Margaret F. (Marsden) Campbell, MD '89, is practicing in Greensboro, where she cares for residents of long-term care facilities. She and her husband, Gary, announce the birth of a son, Patrick Garrison, on May 18, 1996.

W. Clark Davenport, MD '89, is an orthopaedic surgeon and hand surgeon in Orlando, FL. He and his wife, Lisa, have two sons, William C. III, 4, and Christopher C., 2.

Greg Murphy, MD '89, is a urologist and an assistant clinical professor of surgery at East Carolina University in Greenville. He and his wife, Wendy, have welcomed their third child, Leigh Caroline, to join Parker, 3, and Matt, 2.

Mary B. Rippon, MD, Housestaff '89, has joined Upstate Surgical Specialists in Greenville, SC, where she practices surgical oncology and directs the Breast Health Center at Greenville Memorial Hospital. She welcomed her second child, Sean Patrick Rusnak, on February 21, 1996. Her e-mail address is mrippon@ghsms.ghs.org.

Rick Sessions, MD '89, has gone into private practice of urology in Sylva, NC.

Wendell G. Yarbrough, MD '89, has joined the UNC-CH Division of Otolaryngology/Head and Neck Surgery as an assistant professor. He recently received a three-year Clinical Oncology Career Development Award from the American Cancer Society.

90s

Rupa Desai Goolsby, MD '90, and **Robert Patten Goolsby, MD '91**, announce the birth of their first child, a daughter, Caroline Dove Goolsby, on July 20. They live in Birmingham, AL.

Stanley G. Alexander, MD '90, has been named to the Robert W. Holden Chair in Radiology in the Indiana University School of Medicine. He has been a member of the faculty since 1994. In 1995, following his first year of teaching, he received the Golden Apple Award, an honor bestowed by the graduating class to a faculty member felt to represent the best example of teaching excellence.

Lori Lilley, MD '90, has joined the private practice of Carolina Surgical Associates in Raleigh.

Gary B. Loden, MD '90, has completed his training in urology and will pursue a fellowship in Melbourne, Australia.

Wanda Nicholson, MD '90, is an assistant professor at the University of Maryland Medical Center.

Lawrence R. Nycum, MD '90, is a fellow in gynecologic oncology at Walter Reed Army Medical Center in Washington, DC. He is a major in the Air Force.

M. Gene Radford, MD '90, announces the birth of a son, Reece, on January 27, 1996. He completed a nephrology fellowship at the Mayo Clinic.

Edwin Scott, MD '90, practices family medicine in the Augusta, Georgia, area. He and his wife, Joy, have a daughter, Sarah, 1. He can be reached at scottedwin@msn.com.

Stephen G. Somkuti, MD, PhD '90, is an assistant clinical professor in reproductive endocrinology and infertility at Jefferson Medical School, and on staff at the Abington Hospital. He and his wife, Andrea, announce the birth of Livia Miriam on September 5, 1995.

Elizabeth Denny Brown, MD '91, is associate chief resident in radiology at UNC-Chapel Hill.

Clayton H. Bryan, MD '91, has joined Carolina Ophthalmology in Asheville, NC.

Angela Ferebee, MD '91, is an OB/GYN in private practice with her husband, **Matthew Whitted, MD '86**, in Norfolk, VA. She completed her residency at Eastern Virginia Medical School in 1995, where she served as administrative chief resident and was selected resident of the year.

Tiffany (Scott) Flanagan, MD '91, is in practice with her sister-in-law and classmate **Angelia Moore Flanagan, MD '91**, in Raleigh.

Alan B. Fleishcher Jr., MD, Housestaff '91, has been promoted to associate professor of dermatology at Bowman Gray School of Medicine. He had been an assistant professor of dermatology since 1991.

Valerie J. King, MD '91, is a clinical instructor in the Department of Family Medicine at UNC-Chapel Hill. She is in her second year of the Robert Wood Johnson Clinical Scholars Program, and is finishing an MPH in epidemiology. She is working on perinatal epidemiological studies, and is involved in a midwifery practice. Contact her at vking@med.unc.edu.

Chapman McQueen, MD '91, will specialize in pediatric otolaryngology under a fellowship at Great Ormond Street Hospital in London, England. He then plans to return to UNC to join the Division of Otolaryngology/Head and Neck Surgery.

Patricia "Tish" Fowler Triplett, MD '91, finished an infectious disease fellowship at Bowman Gray in June 1996. She joined LeBauer, Brodie, Patterson and Associates in Greensboro as an internist/infectious disease specialist. She and her husband, Ben, have two daughters, Liza, 5, and Courtney, 1.

Carol Czop, MD '92, is a fellow in pain management at Bowman Gray School of Medicine. Previously, she was chief resident for the department of anesthesia. Earlier this year, she spent a month in Umtata, South Africa, as a volunteer in the department of anesthesia at the University of Transkei. She can be reached at cczop@bgsm.edu.

Kenneth J. Headen, MD '92, is a staff psychiatrist at Alamance Mental Health Center and Regional Hospital.

Andy C. Kiser, MD '92, won first place in the Residents Trauma Paper Competition in Clinical Investigation at the North Carolina Chapter of the American College of Surgeons Committee on Trauma meeting in Wilmington. He also received the Resident of the Year Award for the General Surgery Service at the Wake AHEC 1996 Medical Education Banquet.

Robert Larkin, MD '92, married Alisa Witiak on Oct. 5 in Bethleham, PA. They will be moving to Latrobe, PA. He was recently elected to AOA in his senior year of OBG residency by the medical students at Thomas Jefferson University in Philadelphia.

Nancy Wood, MD '92, has joined Columbia Pediatrics in Long Beach, CA.

Tony M. Wright, MD '92, was selected as chief resident for the department of anesthesia at Georgetown University Medical Center.

Geoff Allen, MD '93, completed his residency in pediatrics this year at Yale-New Haven Hospital, and is now in private practice in Orange, CT. He will start a pediatric hematology/oncology fellowship at UNC in July 1997. In the meantime, he can be reached at mrbarbq@ix.netcom.com.

Charles Corley, MD '93, is in his third year of a pediatric residency in San Diego. He completed a one-year tour as medical officer with the Marines on Okinawa, Japan, in 1995. He has been married for two-and-a-half years to the former Rachel King from West Jefferson, NC.

David S. Leslie, MD '93, is a rheumatology, allergy and immunology fellow at Children's Hospital in Boston. He and his wife, **Lu-Ann Caron-Leslie, PhD '92**, have a daughter, Carolina Blue, born August 3, 1995.

Loretta Kaus Tibbels, MD '93, completed a family medicine residency at the University of Nebraska Medical Center in July. She is with Alegent Health in Omaha, and has two daughters, Lauren Nicole, born July 5, 1996, and Stephanie Kristen, born January 21, 1995. Her husband, Stephen, is a family medicine resident at UNMC.

Daniel H. Moore, MD '94, and his wife Yvonne welcomed a daughter, Anna McKenzie, on June 12, 1996.

Deaths

Ottis L. Ader, CMED '23

David Leonard Avner, CMED '32

Charles Franklin Gilliam, CMED '50

H. Douglas Jameson, MD '58

Will H. Lassiter, CMED '36

Dermot Lohr, CMED '32

Carlyle Thomas Mangum Jr., CMED '45

Zack D. Owens, CMED '28

Foyell P. Smith, CMED '41

Frank Page Smith, CMED '43

Robert Wicksman, Housestaff '67-'70

Ralph Galloway Woodruff, CMED '28

James C. Wren, CMED '37

Verne S. Caviness, CMED '19, died August 22, 1996. He attended the School of Medicine from 1916-1919 and received his medical degree from Jefferson Medical College in 1921.

He opened the first Internal Medicine practice with a specialty in cardiovascular diseases in Raleigh in 1923. From 1947-1967 he taught weekly at the medical school where he was an associate professor of clinical medicine, and retired as professor emeritus.

Clinical research was his first great medical love and interest. In 1985 he established the Dr. Verne S. Caviness Professorship of Investigative Medicine. In 1991, the Clinical Research Unit was renamed and dedicated the Verne S. Caviness General Clinical Research Center. In 1990 he was awarded the medical school's Distinguished Service Award.

Caviness is survived by a son, Verne S. Caviness Jr., MD, of Boston; daughter, Elizabeth C. Levings of Winston-Salem; daughter, Alice C. Hardy of Raleigh; six grandchildren; three great-grandsons; a niece and three nephews.

President's Letter

We have completed a successful year for the alumni association. Your participation and financial support for our medical school continues to increase. During the 1995-96 fiscal year, 35 percent of the alumni made a contribution to the school. This is the highest percentage of participation we have ever had. This compares favorably with the participation levels at Duke, but is still behind Bowman Gray which reports a 50 percent rate.

We know that the quality of our education and quality of our school are second to none and that the financial burden upon our students is among the lowest in the country. These facts alone should be incentive for us to have the highest percentage of our graduates contribute to the Loyalty Fund.

We raised $535,000. Of this, $115,000 is used for scholarships. In 1989, when John Faust became the Loyalty Fund Chairman, scholarship support was $2,500. This is an indication of how far we have come in the last seven years in showing our support to the school.

The recipients of the Alumni Loyalty Fund Merit Awards, Medical Alumni Scholars, and the medical alumni endowment grants are listed in the Bulletin.

As you all know, Dr. Simmons has resigned as Dean and Dr. Stuart Bondurant has accepted the job as interim dean. We know the school is in good hands while the search is conducted for the new dean. Dr. Darlyne Menscer, president-elect of the Alumni Association, will represent our association in the search process.

Thank you again for your participation and support.

Carl Phipps MD

Carl S. Phipps, MD '62

CME/Alumni Calendar

	Medical Alumni Activities	
December 6	Annual Critical Care Conference	Chapel Hill
December 6	New Therapies for Osteoporosis	Chapel Hill
December 6-7	ECG Reading Course	Chapel Hill
December 13	Birth Defects Prevention, Detection and Management for the Obstetrician	Chapel Hill
January 9-10	Challenges in Geriatric Practice	Chapel Hill
February 25	Wake County Alumni Reception	Raleigh
February 28	Issues in Pediatric Urology	Chapel Hill
March 5	Mecklenburg County Alumni Reception	Charlotte
March 12-15	21st Annual Internal Medicine Conference	Chapel Hill
April 18-19	Spring Medical Alumni Weekend	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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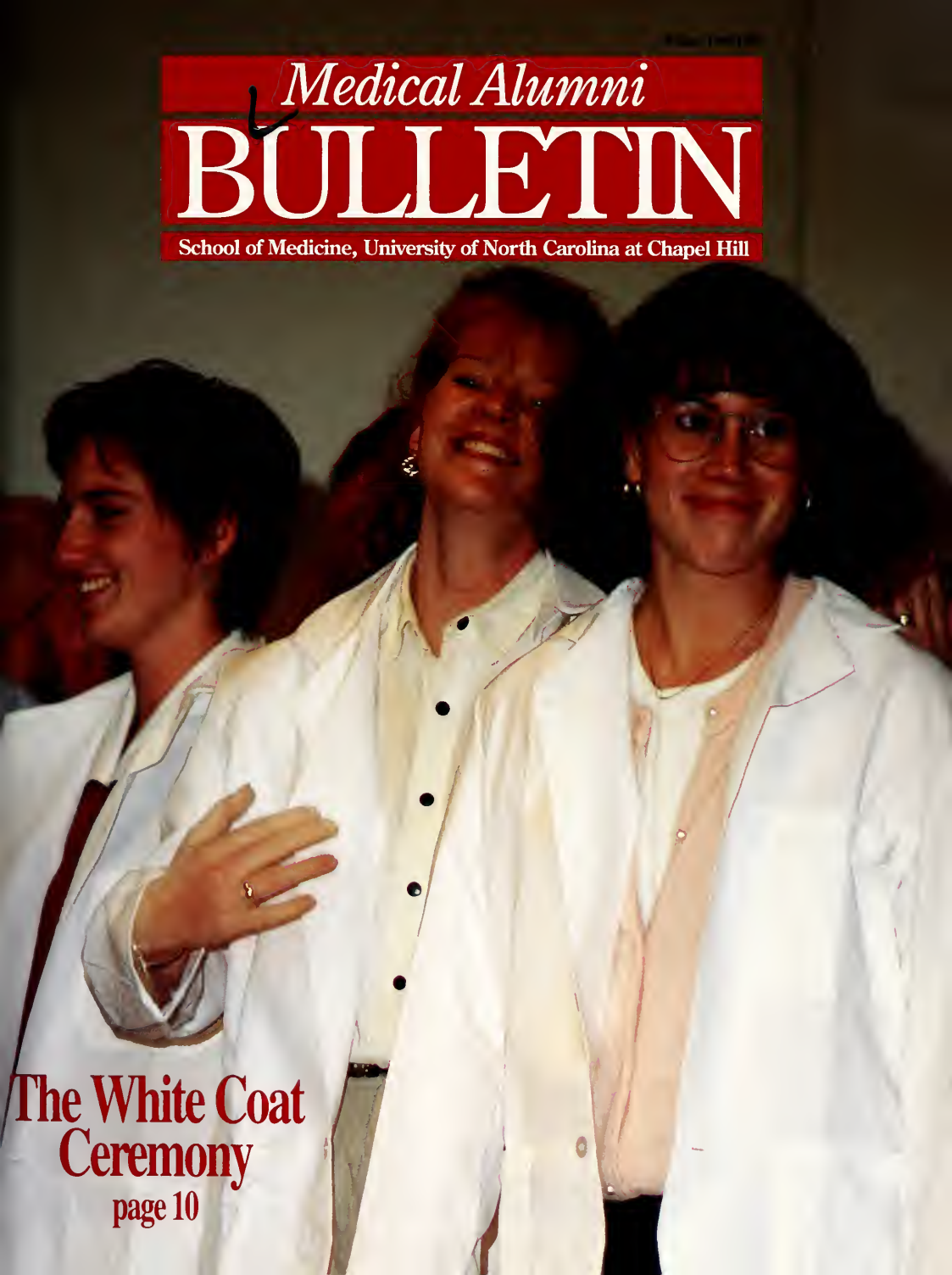
BULLETIN
School of Medicine, University of North Carolina at Chapel Hill



The White Coat Ceremony

page 10

Dean's Page

It has been an interesting and stimulating experience to return to the Deanship after a gap of two years, during which I worked out-of-state and was intensely occupied with matters unrelated to the School of Medicine.

The most important observation I would make is that I am again awed by the strength and diversity of our Medical School. Students, faculty, and staff are outstanding sources of clinical and academic health care activities of great scope and of the highest quality.

I am impressed too by the continuing change in both content and process of the clinical, teaching, and research programs of the School — change which is rooted in our historic commitment to the health of the people of the State and which is an extension and an adaptation of well established principles.

I am also impressed by the magnitude and the subtlety of the challenges facing our School, and I want to use this column to express my views on some of these.

Academic health centers are widely perceived as being seriously threatened by the integration and "corporatization" of the health care system around competition on the basis of cost among managed care organizations and insurers. Beyond any question, academic health centers must develop successful relations with the organizations and professionals responsible for delivering health care. Doing so is certainly an urgent and important responsibility of the administration and the faculty.

But I believe that this is not our most important challenge. Further, it seems that the intense sense of urgency and even political correctness associated with aligning the medical school with other providers in the competitive marketplace can obscure or distract from other more fundamental challenges.

Our most fundamental challenge, I believe, remains the one I cited in the 1993 Berryhill Lecture — maintaining a clear distinction between our ends and our means, between our purposes and our processes. It is even more difficult today to give first priority to service, rather than to quarterly bottom lines or positioning to acquire market share.

Sound management and organizational initiatives are absolutely essential to our clinical and academic purposes, but they are not the purposes. The challenge is to manage institutional affairs well in order to fulfill institutional purposes.

A related challenge is that of sustaining and adapting the values of a service profession as we pass through a period characterized by the "commodification" of patient care. Sooner or later, I believe, health care will be valued again as a professional service rather than as a commodity.

Perhaps the greatest strength of medical education for the last century has been the successful joining of education, research, and clinical practice to produce results in each of these missions that are different and superior as a consequence of their interactions in the academic health center. As the conditions of clinical practice change, provisions for continuing the clinical teaching setting with interaction with research is a great challenge that lies at the heart of the education of the next generation of physicians. Corporate practice in some form is now predominant, and so corporate adaptations will be necessary to accommodate continuing production of a highly capable workforce.

Many forces act to regularize the practice of medicine in the face of the fact that each patient is genetically and experientially unique. These forces press toward trivializing the subtleties of medical practice and reducing the value and incentives for independent critical thinking by students and physicians. We are challenged to sustain the intellectual content and depth of medical education and clinical practice.

We face an exciting technical challenge in the need to exploit for health care the immense power of state-of-the-art systems of information management and in adapting our programs to make the best use of these powerful new tools.

Basic and clinical research have been a source of a wide range of discoveries that have greatly improved our capacity to prevent and treat disease and sustain

health. The social, intellectual, and financial bases of medical research are at risk, and we are challenged to sustain the capacity to improve the capability of the health care system through research.

Finally, we are challenged to assure a health care workforce appropriate to the needs of the people of the State. A major subset of this challenge is our responsibility to assure adequate numbers of minority physicians and to assure both minorities and women of education and professional experiences that are free of racism and sexism.

Medical education and clinical practice have always presented great challenges and great promise worthy of the giants whose legacy of achievement underlies our effectiveness. Today's challenges and today's promises are also great ones worthy of the best, most dedicated talent we have. The personal and professional rewards of such leadership will be enduring.

Stuart Bondurant

Stuart Bondurant, MD
Interim Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: The School of Medicine's first White Coat Ceremony was held Oct. 26 in conjunction with Family Day (see story, page 10). Pictured, from left, are first-year students Karen Dixon, Leslie Ellis and Elaine Gilmore. *(Photo by Will Owens)*

CORRECTION: In the last issue of the *Bulletin*, the name of John Foust was spelled incorrectly in the President's Letter. We apologize for the error.

Research into Prostate Cancer: New Choices for Men

by Linda Haac

As demand for screening for prostate cancer becomes increasingly common in many parts of the country, physicians now face a new dilemma: How will they treat the disease, once it has been diagnosed?

Today, one man in 11 will be diagnosed with prostate cancer, but only one in three who have been diagnosed will die of the disease. That's because prostate cancer is a relatively slow-growing malignancy that men can live with for many years without showing any symptoms. Also, prostate cancer rarely kills until it spreads to other organs.

"Many men get this disease," says James L. Mohler, MD, associate professor of surgery in the Division of Urology and member of the Lineberger Cancer Center's urologic oncology program, "but prostate cancer doesn't grow that fast and if it is left untreated, especially in older men, frankly more men will die *with* prostate cancer than *of* prostate cancer."

Consequently, Mohler and his UNC colleagues have been studying the benefits of taking a wait-and-see approach to treating prostate cancer. Called "watchful waiting," the strategy allows doctors to observe patients on a regular basis, monitoring them for any signs of increasing malignancy, but otherwise not treating the disease. The other option is radical surgery to remove the prostate gland.

The prostate is a walnut-sized gland that sits beneath the bladder. Its function is unknown, as are the causes for benign enlargement of the gland or the growth of prostate cancer. Since the gland is located where the body is filled with nerves, blood vessels and muscles related to sexual, bowel and bladder function, its removal can pose significant challenges for a surgeon. Post-operative complications can include incontinence and impotence. Nerve-sparing surgery helps to decrease these problems, but as Mohler points out, "It really makes a difference who does your surgery."

Gary Smith (Pathology), Jim Mohler (Surgery — Urology) and Frank French (Pediatrics — Laboratories for Reproductive Biology) investigate the role of androgrens in prostate cancer.

Because of the relatively slow growth of most prostate cancers and the risks of surgery and its costs, American medicine today has begun to question whether aggressive treatment for prostate cancer is the right choice. In Scandinavia, for example, nearly all patients diagnosed with localized prostate cancer are followed, rather than treated surgically. In the United States, on the other hand, radical surgery to remove the prostate gland has increased six-fold from 1984 to 1990, and almost a quarter of men undergoing this surgery are over age 70. These figures are expected to rise as the American population ages and as prostate screening becomes more routine.

As a result, Mohler and his colleagues have undertaken to study what happens when men choose to delay treatment. Since 1989, Mohler has discussed the controversy over treatment with patients seen for prostate cancer at UNC Hospitals' urology clinic. When appropriate, the men are given the

choice of watchful waiting or radical surgery. They are counseled about how long the disease takes to progress, from eight to 12 years, and are given specific information on their individual tumor's size and its state of development. If a man chooses to wait, he is examined every six months at the clinic and given a PSA blood test. If the exam or the blood test indicates tumor growth, aggressive treatment is recommended.

In one recent study, Mohler and his colleagues looked at the psychological effects on patients of such a choice. A total of 120 men, half of whom had decided to wait, were asked to fill out a questionnaire about their experiences thus far. These men had first been seen in the clinic one to seven years earlier. Thirty-five men of the watchful-waiting group responded, while 38 men of the radical-surgery group filled out the questionnaire. Data from the clinic showed that those who failed to respond were no different clinically from those who did respond.

The study's results revealed that patients who chose watchful waiting tended to be older. They also were more likely to be black Americans. In addition, they had received a more favorable prognosis as measured by levels of prostate specific antigen in their blood, a protein that signals the presence of malignant cells in the prostate, and by the estimated clinical stage of their disease.

Both groups had similar socio-economic backgrounds. They did differ somewhat in education. Those who chose surgery tended to be better educated, with more patients in this group holding graduate degrees. Neither group, though, exhibited any real differences in their overall psychological health, their quality of life after a prostate-cancer diagnosis, nor in their general urological symptoms. Neither did the group that underwent surgery experience any significant operative or post-operative complications.

But the watchful-waiting group and the surgery group did differ in one important area. Men who chose to wait exhibited greater psychological stress once they saw their disease was progressing, as measured by increased levels of prostate specific antigen in their blood. They were unstressed, however, as long as the cancer remained stable. Interestingly, men who chose radical surgery also remained unstressed. This was true even if their disease continued to advance as demonstrated by post-operative pathology reports or rising levels of serum prostate specific antigen.

The men who had surgery, Mohler says, most likely feel they have done all that they can do. "The stress exhibited by patients under observation with progressive cancer," he adds, "may be alleviated by treatment, but whether treatment would be successful or even necessary in these patients requires further study."

To find a cure for prostate cancer, Mohler says, will take understanding what role androgens play in the disease. If androgens were eliminated from the body, the scientist says, prostate cancer would not develop in the first place. Yet most men would find prophylactic castration, which would rid the body of androgens, even after fathering children, impractical. Eventually in men, androgens do stimulate the growth of prostate cancer and its spread. Removing the prostate gland, and thus eliminating the presence of androgens, usually causes prostate cancer to go into remission for about two years. But the cancer soon regains its ability to grow and spread, even without androgens.

No one knows exactly why or how this happens. So the question remains, Mohler says, "How does a cancer that depends on androgens to develop and grow regain the ability to grow when the androgens are gone?"

Seeking more information on androgens, professors Frank French, MD, and Elizabeth Wilson, PhD, both members of the Lineberger Center's cell biology program, cloned the androgen receptor, a crucial protein that binds to male hormones and is likely to be an important link to prostate cancer, in their reproductive biology lab in 1988. Since then, Mohler and his colleagues have characterized the androgen receptor in prostate cancer. Says the scientist, "We have done two things. We've found a mutation in the androgen receptor that alters the way a tumor responds to steroid hormones.

"We have also characterized the way that the tumor itself responds to the loss of androgens on a molecular level. That process is called apoptosis, or programmed cell death."

Yet some cancer cells do manage to escape cell death and go on to multiply without androgen. As a result, Mohler and Gary Smith, PhD, associate professor of pathology and laboratory medicine and a member of the Lineberger Center's molecular carcinogenesis program, are looking for an appropriate animal model to study this phenomenon. They have succeeded in growing androgen-dependent tumor cells taken from rats in cell culture, the first scientists to accomplish this feat. They have also cloned these tumor cells, then injected them back into rats and found the cells possess the same characteristics as the original tumor.

"So we now have the ability to model more precisely the human situation," Mohler says. "If we continue to be successful, we will be able to look at how prostate cancer is androgen-dependent, how it then becomes androgen-independent, and we can do this on the molecular level.

"Our goal is to stop the process that allows prostate cancer to become androgen independent, which in turn should effectively cure prostate cancer."

Radiology 401 Offers Valuable Lesson For All Medical Students

by Carolyn Edy

Four weeks will not make anyone a radiologist, but it's a good place to start. The School of Medicine's four-week Radiology 401 elective provides a solid introduction for those aspiring to be radiologists. For those who plan to enter other fields of medicine, it offers a unique experience that will be useful throughout their careers.

The thrust of the elective is to acquaint students with radiology so they will know when to call on radiologists, what questions to ask, and which study is most appropriate for their future patients. Physicians familiar with the capabilities and characteristics of the various modalities can often save their patients time, money, and unnecessary radiation.

"People in all subspecialties interact with radiology, so we think it's a very useful elective to take," said Claire Wilcox, MD, clinical associate professor of radiology, who has coordinated the senior elective since 1983. "In fact, we would prefer that radiology would become a regular part of the curriculum."

Most people would agree that the radiology elective could benefit every medical student. But, making the radiology elective a requirement for all medical students might mean taking time away from another area of medicine. As Wilcox said, "It's not like you can create more time in the day."

Right now there are openings for 88 students to take the course each year. Wilcox said that while this would not allow all 160 medical students to take the class, other radiology electives, such as neuroradiology and pediatric radiology, are also offered during the year.

Radiology 401 includes classroom lectures, group projects, and what are called "X-ray rounds."

During X-ray rounds students accompany radiologists as they work in the various clinical areas, so they can get a feel for what it means to be a radiologist. This is helpful to medical students who are looking at what each subspecialty involves as they go along.

The X-ray rounds also provide medical students with a view of the patient's experience during the various radiologic procedures.

"When they are the doctors on the floor ordering these studies, they'll have an idea of what's in store for their patients," she said. "Certainly they could come any time with their patients, but in fact, they're just so busy they often don't have the time, so while they're in our department, we say this is the time you can learn these things."

In both X-ray rounds and the classroom lectures, the students are introduced to everyone in the department.

"We round up everyone from the department," Dr. Wilcox said. "We have every faculty member, every 2nd- and 3rd-year resident, and most of the fellows do something for the elective every month."

For their out-of-class work, the students are lent textbooks to read and assigned work with a radiology computer program. The program, called "Radiologic Anatomy," was originally devised for medical students at the University of Florida. This is the first full year that Radiology 401 has used the program. "Radiologic Anatomy" uses interactive point-and-click methods to teach students to recognize anatomy in various imaging modalities.

The students really seem to enjoy the program and the radiology elective as a whole, Wilcox said. "It's less oppressive in terms of time than other senior electives, sort of a breather for them," she said. "That's okay with me, but we still expect them to apply themselves."

Students' reasons for taking the course often differ from the department's purpose for offering it. The department seeks to teach the students how to use radiology for their patients, but many students take the class to learn how to "read" films. The course will give students useful patterns to look for when viewing radiographic studies, but it cannot give them the ability to read films. Even after completing four years of residency, radiologists do not always have all the answers.

Carles Surles, MD '96, who plans to go into internal medicine, said the reason he took the class is simple: "No matter what specialty you're in you should feel comfortable looking at radiologic studies, and the more adept you are at looking at those films the more informed clinical decisions you can make regarding your patients."

The instructors were enthusiastic and used an interactive approach to teaching, he said. They sat down with students to help them develop systems for looking at the films and establishing differentials. Many people take for granted that radiologists just read films, rather than establishing possible diagnoses.

"You really appreciate the amount of effort they're putting into our education, and you can't take that for granted," Surles said. "It was one of the best experiences I had during my entire four years here."

Ulrika Stenhammer, MD '96, took the course because of its application to all fields of medicine, especially her chosen field of family medicine.

"Compared to any other field, you realize what an important link to health care radiologists really are," she said.

Stenhammer said the course taught her that it helps to be both inquisitive and informative when interacting with radiologists. The course impressed upon her just how important it is to provide radiologists with background information when requesting a patient study.

"You learn your own limitations," she said, "You realize you can't rely on your own reading, and you learn to consult radiologists when there is a question." □

During their fourth year in medical school, Class of '96 graduates Ulrika Stenhammer (foreground) and Carles Surles took advantage of the elective Radiology 401.

A "Blue Jeans" Approach to Work and Life

Gilbert C. White II, MD

by Jaime Welch-Donahue

There are no gilt-framed diplomas on his office walls, no secretary to assure you that the doctor will be right with you. If you want magazines to read, you'll have to make do with *Thrombosis and Haemostasis*. You'll find a copy on the floor, next to the comfortably worn desk chair. Across the inside back of the chair a bumper sticker pleads in red type: "Give the best that's in you, GIVE BLOOD."

The man at the desk is Gilbert C. White II, MD, professor of medicine and pharmacology at the School of Medicine. If the word "doctor" conjures up the image of Marcus Welby, think again. Well, keep the intelligence, humor and compassion, but get rid of the white coat and black bag.

Leaning back in his chair, White, who received his undergraduate, graduate and medical degrees at Chapel Hill, recalls his medical school interview with Dr. Christopher C. Fordham III. Fordham, then head of the admissions committee, later medical school dean and University chancellor, asked White, a senior English major with a bent for mathe-

matics, the classic question: "Why do you want to be a doctor?" White's answer was as straight as the lines of the plaid shirts he so often wears: "I want to do research."

Elbows resting on the arm of the chair, fingers working a quarter-sized wad of paper between his hands like a miniature basketball, White recalls that most aspiring physicians at the time were science majors, their hearts and heads set on clinical careers. His liberal arts background and interest in research may have piqued the interviewer's interest. Fordham, he says with a quiet laugh, may have thought to himself, "I'd like to admit this guy to medical school and just see what happens to him."

It was a wise decision.

Today, nearly 30 years later, White is a highly regarded researcher on platelets, the blood cells vital to clotting, and has played a major role in testing safer and more effective products to treat hemophilia, a rare, genetic bleeding disorder.

His achievements have not gone unnoticed. In 1986 he was inducted into the American Society of Clinical Investigators, a select group of the nation's physician-researchers. In 1991, the National Institutes of Health awarded him and a team of UNC scientists a $4.8 million grant to examine how proteins on the platelet surface bind platelets to each other and to tissues in the blood vessel wall. Since 1988 he has been associate director of the Center for Thrombosis and Hemostasis, which serves as the focal point for blood clotting and bleeding research at the medical school.

In addition to his research, he maintains a regular schedule of seeing patients, both as an attending hematologist at UNC Hospitals, and at the weekly clinic of the medical school's Comprehensive Hemophilia Diagnostic and Treatment Center. White has directed the center — the second largest treatment site of its kind in the country — since 1992.

The combination of research and patient care works well, he says. Patient care gives him new insights into his research and vice versa. That research remains his first love, however, is clear.

"I hope the patients I see and take care of feel that I have a commitment to them because I do. If I didn't have the research, I'd be happy. But I am much happier with it."

That he is a respected doctor *and* researcher is no small feat, according to Harold R. Roberts, MD, Kenan professor and director of the thrombosis and hemostasis center.

"I think he is one of the few in this day," Roberts says, "who can mix good clinical medicine with modern biological and biochemical techniques to apply to a research program."

He says White's maturity and innate stability make him a good leader.

The ability to lead may be in his blood.

His father, Finley T. White (UNC '26), was a Harvard Business School graduate, founder and president of the Durham-based Whitehall Furniture Co., among several business ventures, and president of the N.C. Arts Society when the plan for a new state art museum was proposed. His grandfather was a civil engineer whose firm, Gilbert C. White Co., built over 150 city water supply systems in the South, including Durham's Lake Michie. His great-grandfather, Col. James William White, commanded the Confederates at Camp Lee in Richmond, Va., during the Civil War.

It's an impressive lineage for someone who seems more blue jeans than blue blood.

Judy White, a clinical assistant professor in the medical school's division of physical therapy, says her husband is a down-to-earth person. She jokes that he owns two ties and says that of the gifts she has given him over the years, a leaf grinder is

White Wins Hemophilia Award

Gilbert C. White II, MD, has received the 1996 Dr. Murray Thelin Award from the National Hemophilia Foundation.

The award is given annually to a scientist who has made a major contribution to research on hemophilia, a genetic bleeding disorder that affects approximately 20,000 Americans.

NHF President Raymond W. Stanhope presented the award to White on October 19 during the group's 48th annual meeting in San Diego. Stanhope read a citation citing White's efforts "to provide the best and most modern treatment" for the disorder. "He has participated in the development of a number of new treatment methods for persons with hemophilia and, most recently, he participated in the initial development of recombinant factor IX concentrates," the citation noted.

White, professor of medicine and pharmacology, is director of the UNC Comprehensive Hemophilia Diagnostic and Treatment Center, which provides care for close to 600 people who have hemophilia, von Willebrand disease and other bleeding disorders. Center patients have participated in clinical trials of synthetic blood clotting concentrates used to treat hemophilia, which are made in the laboratory using recombinant DNA technology.

The award is given in memory of Dr. Murray Thelin, a biochemist affected by hemophilia who helped develop the method for making the first blood clotting concentrates from human plasma in the 1960s.

White is the third UNC researcher to win the award. It was awarded to Kenneth M. Brinkhous in 1972 and to Robert H. Wagner in 1969, both are professors emeritus of pathology and laboratory medicine at UNC.

probably the one he likes best.

She says White, who enjoys working in their yard and roots his own azaleas, has been known to stop the car on outings with their children to pick up someone else's rakings for his hobby. "We'll be all dressed up to go somewhere and then, the next thing we know, we'll have bags of leaves in our laps."

When you meet White you might think he's spent some time on the basketball court. He's tall enough to play any position, except maybe center, and often cradles folders of clinic and lab notes on one hip as if they're a ball and he's taking time out from a game.

He plays a couple of times a week when he can and has season tickets to UNC basketball. It's a pastime he's enjoyed since high school, when he played for the Choate School in Connecticut.

Home in Durham after the school year ended, he worked summers in his father's factory and in construction. But it was a summer job at Duke University — which included a memorable mishap — that set him on the course to his future career.

While working in the lab of Dr. Donald Hackell, who studied diabetes in Egyptian sand rats, White was in charge of the rats' care when disaster struck.

"When he was out of town," White recalls, "all the rats died.

"It was a disaster for his research program. I don't think that he thought I did anything, and in retrospect I don't think I did, but I was sure there when it happened." White shakes his head in amused disbelief at the memory.

A virus was the likely culprit and Hackell invited White back the next summer to work with a new colony. Working with Hackell, and later with Duke surgeons Blaine Nashold and Delford Stickle, solidified White's research interests. As he was about to enter his senior year in college, he decided to follow the paths of such physician-researchers and apply to med school.

This presented a hurdle for an English major who had taken mostly math electives. But, by spending most afternoons in labs, he got the necessary science requirements in just under the wire.

He first began research on platelets under the tutelage of Kenneth M. Brinkhous, MD, alumni distinguished professor emeritus of pathology and laboratory medicine. During a hiatus from medical school White studied the plasma proteins involved in platelet adhesion during coagulation in Brinkhous's lab and completed a master's degree in pathology. After finishing med school and an internship and residency at Georgetown University he returned to Chapel Hill as a postdoctoral fellow. His initial research with former UNC physicians Roger Lundblad and Henry Kingdon explored activation of factor IX, a coagulation protein that is defective or missing in some hemophilia patients. Later work with Lundblad on platelets' interaction with thrombin, a coagulation enzyme, brought him back to platelet research.

According to Brinkhous, White was the first student at the University to use a computer — at that time a mainframe — to do the word processing for his thesis. White, he says, was an inquisitive, motivated and hardworking student. "He was apt and his subsequent career has certainly borne that out."

Judy White recalls that her husband was often so absorbed in work early in his career that she had to call him to remind him it was time to come home. Even today you can find a sticky note label on a clock on his office wall with the humorous reminder: "5 p.m. — your adoring staff leaves."

Focus is the hallmark of White's approach to research and patient care.

"If someone makes an important [research] observation that is about ten degrees off from where I am," he says, "I don't try to move over to look at that. I tend to keep going, trying to answer the question that we set out to answer to begin with."

Dr. Stephan Moll, a former UNC coagulation fellow, says White brings a quiet concentration to his work with patients. His compassion comes through, Moll says, in his willingness and ability to listen. "He just steps back and lets the patient say things and he listens. The patient and his or her concerns are in the foreground."

White's office, adjacent to his lab on the ninth floor of the Faculty Laboratory Office Building, is a pleasant clutter of things professional and personal: a scientific diagram on a chalkboard, photos of his wife and children, a drawing of a platelet taped to a file drawer, a plant cutting taking root in a beaker.

There is a watercolor on the wall that his father painted for him while undergoing chemotherapy for cancer before his death in 1985. It is done in muted browns and blacks and is of a ship, sail raised, plying calm waters.

His father painted a companion piece of the same ship swept up in a roily sea and gave it to his physician, the late Dr. John Parker, as a token of his appreciation. Parker was one of White's teachers and, along with Roberts, strongly influenced his decision to become a hematologist.

"When my father presented the painting to Parker he said, in jest, 'John, every time I see you and you give me that chemotherapy, that is the way my stomach feels,' " White recalls.

"And he gave that to me [the watercolor of the ship on the calm sea] and he said 'Every time you come in, you sort of calm things down for me and make me feel better.' "

His father is still with him in the paintings and in the memories of the fishing and yard work he did with him, things that White now enjoys doing with his own children. He occasionally sees pieces of furniture made in his father's factory around campus. He says he can easily spot the ones he helped to make as a kid growing up in Durham. "I can tell that I made it," he jokes, "because some of it is not put together right."

Esse quam videri: To be, rather than to seem. The words of Cicero, found on the state of North Carolina's seal, find their personification in White's "blue jeans" approach to work and life.

"He does what he does and he gets things done," says Judy White. "He doesn't clang a lot of cymbals."

Thomas H. Fischer, PhD, research assistant professor of medicine and one of White's longtime research collaborators, tells about the time a group in the lab stuffed White's office from floor to ceiling with wadded-up newspaper. White, he says, laughed as hard as the group did when he opened his door and paper cascaded down around him.

"You wouldn't do that," says Fischer, "to just anybody." □

UNC Surgeons Perform State's First Live-Donor Liver Transplant

by Catherine Clabby

For the first time in North Carolina, surgeons at UNC-Chapel Hill removed a piece of a living person's liver and successfully transplanted it into a baby.

Doctors hope to repeat the procedure to spare families the burden of traveling out of state for the treatment. They also want to make use of an alternative source of organs, because too few are donated to meet the demand.

"This really is expanding the pool," said Jeffrey Fair, MD, surgical director of abdominal transplants at UNC Hospitals. Fair conducted the transplant with a team of surgeons October 23.

Usually doctors take organs from people who are brain-dead, after family members agree to donate them. But this time, Fair's team took a portion of a young mother's liver and transplanted it into her 11-month-old daughter.

Livers are the only human organs that can regenerate themselves. In months, the mother's liver will grow back to its previous size, doctors say. If there are no serious complications, the baby girl's new liver will grow as she does.

There are several advantages to this approach, doctors said. The live-donor liver pieces are often in better condition than those obtained from dying donors. And because they don't have to be shipped great distances, they are likely to be in even better condition.

The surgery can also be scheduled in advance, instead of the very short notice that's typical when waiting for a donated liver. That means children get transplants before they are critically ill, increasing the chances of success.

And it's cheaper. Obtaining a liver from a donor in the same hospital rather than shipping it in trims about 10 percent off the usual pediatric liver transplant fees. Those fees often reach about $150,000, said Robert Brown, MD, medical director of the liver transplant program.

Then there are added savings from shorter hospital stays.

"It's hard to know the exact savings," Brown said. "The potential could be enormous."

The procedure cannot be duplicated in adults, Fair said, because surgeons would have to take too large a piece of the donor's liver, putting the donor at risk.

In the local case, the baby who received a piece of her mother's liver was born without ducts to carry waste from her liver into her intestines. The waste, or bile, was destroying her liver.

The family asked that they not be identified publicly. Doctors would only disclose that they are from Charlotte and the mother is young, close to 20.

Currently about 5 percent of children waiting for a liver transplant die on the waiting list at Chapel Hill, but doctors fear that number could climb if demand for transplants increases, as they expect it will. So far the UNC-CH team has performed 28 liver transplants in children.

The first liver transplant from a living donor in the United States took place in 1989. To date only six other medical centers have offered the operation, including hospitals in Maryland, New York, Chicago, Nebraska and California.

Cathy Seith/Durham Herald-Sun

Jeffrey Fair, MD, assistant professor of surgery (left), and Robert Brown, MD, assistant professor of medicine, spoke about the state's first live-donor liver transplant at a press conference Oct. 25.

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Creating Tradition: The White Coat Ceremony

by Susan Vassar King

It was an unseasonably warm afternoon for late October in Chapel Hill, and the seats in Hill Hall auditorium filled quickly. An air of anticipation grew as the string quartet finished the last of its prelude pieces.

Precisely at 1:30 p.m., the processional began, and Cheryl F. McCartney, MD, associate dean for student affairs, substituting for Dean Stuart Bondurant, led the deans and department chairs down the center aisle and onto the stage. They were followed by the faculty tutors of the Medical Practice and the Community course and, finally, by the guests of honor — the first-year medical students at the UNC School of Medicine.

In her opening remarks, McCartney welcomed the students' families and friends and noted that this class — the Class of 2000 — was creating a new medical school tradition at Carolina by being the first to take part in the White Coat Ceremony.

Originated at Columbia University's College of Physicians and Surgeons in 1993, White Coat ceremonies are becoming popular in medical schools across the country. This year, nearly 40 percent of U.S. medical schools held such a ceremony, which is designed to foster the ideals of humanistic, compassionate patient care, ethical conduct, and personal responsibility in the learning of medicine.

Following McCartney's welcome, Elizabeth Mann, MD, associate dean for admissions, introduced the inspirational speaker for the historic occasion, Mary Susan Fulghum, MD '71, and past president of the Medical Alumni Association. An obstetrician-gynecologist who practices in Raleigh, Fulghum delivered a stirring tribute to the practice of medicine, to the commitment and dedication of its practitioners, and to the important role physicians play in society.

Although she drew laughs from the students — who had only been in medical school 10 weeks — when she said "These will be the happiest years of your life," it was obvious that she really meant it. In an interview for the *Medical Alumni Bulletin* more than three years ago, Fulghum spoke of the Class of 1971. "We had a wonderful class, very closely knit with 75 students, five of them women. Those were the happiest years of my life. We worked hard and played hard," she said.

Fulghum's enthusiasm for the practice of medicine and for the educational experiences offered by the School of Medicine was stirring and sincere.

"The inspirational speech helped many of us realize that medical school should not only be a time to learn the basic sciences, but also a time to explore the true reasons that we chose to go to medical school," said participant Barnaby Dedmond of Ellenboro, NC.

At the conclusion of Fulghum's address, faculty members from the Medical Practice

The Oath

I acknowledge and accept the privileges and responsibilities given to me today as a physican in training and dedicate myself to provide care to those in need.

I will approach all aspects of my education with honesty and integrity, embracing opportunities to learn from patients, teachers and colleagues. The diversity of their experiences, cultures and beliefs will enrich my education and my ability to care for patients. When I feel unprepared for new responsibilities, I will acknowledge my limitations and seek guidance.

I will respect the humanity, rights and decisions of all patients and will attend to them with compassion and without bias. I will maintain patient confidentiality and be tactful in my words and actions. I will not forget that there is an art to medicine as well as a science and that warmth, sympathy and understanding are integral to patient care.

I recognize the privileges afforded me as a physican in training and promise not to abuse them. I will strive to earn the trust my patients place in me and the respect that society places upon my profession. As a student, I will seek to acquire the knowledge and skills needed for individual patient care, the capacity to prevent illness and to understand the ways that I can contribute to the standard of health in my community.

As I accept these new responsibilities, I will not forget the importance of my own health and well-being. I will continue to value my relations with those who have supported me in the past and those who will share in my future.

Knowing my own limitations and those of medicine, I commit myself to a lifelong journey of learning how to prevent and cure, to relieve and to comfort with humility and compassion.

Members of the medical school's Class of 2000 enjoy the applause of family, friends and faculty after being "cloaked" with white coats by first-year tutors at a ceremony on Oct. 26. Carolina's first White Coat Ceremony was held in conjunction with Family Day, before a standing-room-only crowd.

and the Community course formed a line in front of the podium, and the stage was set for the ceremony's climax.

Carrying their brand new white coats over their arms, the students took the stage in groups of ten as the tutor for their MPAC group read their names. Each handed his or her coat to a waiting MPAC faculty member. When the last student in each group reached the stage, the tutors simultaneously "cloaked" the students with their white coats; this was followed by smiles and applause all around. As they filed off the stage, the students were presented by Senior Associate Dean William D. Mattern with a copy of the book, "On Doctoring," edited by Richard Reynolds, MD, and John Stone, MD, and donated by the Robert Wood Johnson Foundation.

The ceremony concluded with the students reciting an oath dedicating themselves to the responsibilities of a physician in training (see sidebar).

Although some students mentioned that having the ceremony earlier in the year would perhaps be more meaningful to them, there was a general consensus that parents enjoyed it the most.

"My mother raved about how wonderful it was to have such a ceremony that recognized the commitment and devotion to a life of healing that her son had chosen. All my family really enjoyed the ceremony," said Dedmond. "If not just for the students, the White Coat Ceremony should be held every year as a tribute and reward to the parents whose love and assistance made it possible to reach the point in life where we are today."

Research Briefs

Alcohol Dependency

Two Carolina researchers have found a substance that may help prevent alcohol dependency.

Leslie Morrow, PhD, and Leslie Devaud, PhD, scientists at the Skipper Bowles Center for Alcohol Studies, have identified a neurosteroid — a chemical signal affecting nerves — that relieves withdrawal symptoms in alcohol-dependent rats.

The neurosteroid allopregnanolone has a calming effect in normal rats, but Devaud, a research assistant professor in the Department of Psychiatry, found that alcohol-dependent rats respond to much lower doses.

"This increased sensitivity suggests that the neurosteroid might be an effective treatment for alcohol withdrawal — even better than ones we have now," says Morrow, an associate professor of psychiatry.

One problem with the current medications is that patients become tolerant to the treatment as they become tolerant to alcohol. Because allopregnanolone has the opposite effect — rats become more sensitive to it as they become tolerant to alcohol — it is potentially a safer and more effective treatment.

In fact, Morrow thinks the neurosteroid may play a protective role. The levels of allopregnanolone are higher in women than in men, while the rate of alcoholism is lower in women. In addition, women's levels of the neurosteroid, and their drinking habits, fluctuate during the menstrual cycle.

If continued research confirms these ideas, Devaud and Morrow may have uncovered the brain's intrinsic defense against alcohol dependence: the changes created by alcohol consumption make the brain more receptive to a chemical signal that reduces the motivation to drink.

Cancer Treatment

A naturally occurring mechanism that allows tumors to protect themselves against radiation treatment and chemotherapy has been discovered by scientists at the School of Medicine. The researchers also have figured out how to turn that mechanism off.

If their discovery works as well in patients as it has on a variety of cultured human cancer cells, it could improve cancer treatment and boost survival significantly, the scientists say.

A report on the findings appears in the Nov. 1 issue of the journal *Science*. Authors are Cun-Yu Wang, a graduate student in genetics and molecular biology, Dr. Marty W. Mayo, post-doctoral fellow, and Dr. Albert S. Baldwin Jr., associate professor of biology, all at the Lineberger Comprehensive Cancer Center.

"We are very excited about this work, and our clinical people here are excited too," Baldwin said. "We are optimistic that it will improve cancer therapy, and it offers real hope for stubborn tumors like lung cancer."

Depending on the success of animal studies now under way, preliminary human trials could start within a year, he said.

Preterm Labor

Preterm birth remains the top cause of illness and death among newborn babies, but despite new drugs, aggressive surveillance and other prevention efforts, the premature delivery rate has not declined in the United States since the 1950s.

Physicians at the School of Medicine say that situation should change for the better soon because they can now identify patients at risk for preterm delivery. The medical school was among 10 North American centers that evaluated a promising new screening procedure known as fetal fibronectin testing, and UNC Hospitals began offering the test for women statewide in early November.

The test, which initially will be analyzed in North Carolina only in a new Chapel Hill laboratory, received U.S. Food and Drug Administration approval in 1995.

"The causes of preterm labor are unknown, nor do we know how to diagnose it, nor do we know how to treat it," said Robert Cefalo, MD, professor of obstetrics and gynecology and chief of maternal and fetal medicine. "Use of fetal fibronectin will give us a light at the end of a winding tunnel."

To perform the test, lab technicians analyze cervico-vaginal secretions for fibronectin, a glue-like molecule normally found in high concentrations between the placenta and the uterus lining during pregnancy. But if the placenta begins to separate from the uterine wall, the molecule leaks into a woman's cervix and vagina and can be an indicator of imminent labor.

"Prior to this test, we had a very difficult time determining which women would have preterm delivery because everything was based solely on the clinician's judgment," said John Thorp, MD, associate professor of obstetrics and gynecology.

UNC-CH's maternal and fetal medicine division, in the department of obstetrics and gynecology, will serve as the statewide clinical consultant.

"A clinician in Boone, for example, will collect a specimen and send it by courier to UNC," Thorp said. "The lab here will do the test, and we'll help that clinician figure out what to do based on the results."

Fetal fibronectin testing is 10 times more accurate that clinical judgment alone in predicting preterm delivery risk. Women who test negative will benefit most from the test.

"We'll be able to leave them alone — quit taking them out of work, testing them for all sorts of things, putting them on bed rest, restricting their sexual activity and so on," Thorp said.

The test allows doctors to focus treatment only on the high-risk group — those who test positive. When the molecule is present, the risk of preterm delivery is one in five compared with one in 100 for negative results.

"That's a remarkable difference," Thorp said.

"If fetal fibronectin testing proves to be a test that will profile the high-risk patient for preterm labor, then we will be able to offer interventions that are safe for both the mother and the fetus," added Cefalo.

Cell Survival

After suffering severe trauma in a car accident — or a fall from a horse such as actor Christopher Reeve experienced — cells in the brain and spinal cord can stop functioning properly and can die as a result. Now, a researcher at the School of Medicine has identified three genes involved in cell survival and regrowth after injury.

"We've found that the initial cellular machinery is geared up for regrowth but something happens to prevent it," said Grant Robinson, PhD, research assistant professor of physiology. "And I'm asking, 'what makes the cell kill itself or what kills it off?' We're looking at the molecular players at the gene level."

Brain and spinal cord cells use nerve fibers, called axons, to communicate with each other. Damage to these axons, due to severe trauma, activates some genes and inactivates others.

In Robinson's laboratory, damaged cells can be tricked, through a process called peripheral nerve grafting, into regrowing their axons. By comparing gene activation and inactivation in normal, injured and in those brain cells tricked into regrowing, Robinson established the three genes' involvement.

"Once we know which genes are turned off and which are turned on after injury, we have a better chance of developing a therapeutic approach to save these cells from dying," said Robinson. "I'm cataloging which genes are involved and which genes are not."

So far, the scientist has studied 20 genes and found three that are involved in death and regrowth processes. Those genes, members of the bZip family, are called c-jun, fra-2, and atf-2. Many other members of the bZip family have been identified, but not yet studied.

Once a gene is shown to be a player in the process, another lab or a pharmaceutical company then can proceed to the next step — designing drugs or molecules that will help the cells survive.

The UNC-CH work represents the first advances at the genetic level toward identifying targets for treatment, Robinson said. But he cautioned that cures are still a long way off.

"The more gene players and potential intervention sites we identify, the better our chances become for getting therapeutic interventions underway," he said. "This is just the beginning."

A report on the findings appeared in the scientific journal *Molecular Brain Research* in September.

Dwarfism

Children with a rare form of dwarfism may benefit significantly from a growth-promoting protein that scientists at the School of Medicine helped develop.

Insulin-like growth factor (IGF-1) doubled the growth rate of children with growth hormone insensitivity syndrome in a year, researchers discovered. The disorder, which occurs in only 200 to 300 children around the world, markedly delays youngsters' physical development.

"This is one of the first studies that describes the long-term effects of the protein IGF-1 on growth in humans," said Louis Underwood, MD, professor and chief of pediatric endocrinology. "It will help determine if IGF-1 is useful for treating growth hormone insensitivity syndrome and other conditions, including diabetes.

"The protein also could help diabetics because it lowers blood sugar like insulin does," Underwood said. "Since the protein builds up tissue and muscle and helps people to retain nitrogen, it might also be used to rebuild a patient's body following chronic illness."

Study results appear in the September issue of *The Journal of Clinical Endocrinology and Metabolism.*

In the study, eight children ages two to 11 were treated with IGF-1 for two years and one child for three years.

"The results need to be documented over a longer time, and patients need to be monitored for side effects," Underwood said.

IGF-1 may not produce proportional, balanced growth of all tissues, the study showed. Patients had rapid spleen growth the first year and increased lymphoid tissue development in their nose and pharynx.

"There was acceleration of renal growth in rats," Underwood said. "Further studies of patients receiving prolonged treatment should resolve whether organ growth in children represents merely catch-up or is a sign of inappropriate overgrowth."

During treatment, bone density increased in each patient, the study found.

"More research is needed to find out whether IGF-1 has a long-term benefit on accumulation of bone mineral," Underwood said. "We would also like to pursue using the protein for treating diabetes."

Animal Labs Undergo Metamorphosis

By Tinker Ready

Deep in a basement laboratory, the veterinarian and two technicians are trying to calm a cringing ginger-colored cat. The UNC researchers are using the cat for a hemophilia study, but it's not another experiment the cat objects to.

The animal just doesn't want its teeth cleaned.

The session in feline dental care signals a major shift in how universities treat lab animals. The tiny cages of the past have been replaced by clean, spacious pens equipped with swings and toys. Scientists draw data from computer models instead of painful experiments on animals. When they can't, the researchers use ample doses of anesthesia.

And, while animal abuse is not unheard of, it is harder to find. That's because 10 years ago, clandestine photos of tortured monkeys and howling lab dogs could embarrass a researcher. Today, they can result in fines or the loss of precious research dollars.

When questions came up earlier this year about animal care at Duke University and at the University of North Carolina at Chapel Hill, both schools responded. In May, UNC organized a series of animal-care training sessions after a U.S. Department of Agriculture inspector said the university was violating federal law by not documenting lab staff qualifications.

Last month, the USDA, which monitors animal care, fined Duke $2,200 for failing to protect three rare lemurs that froze to death at its Primate Center during a January cold snap. Next winter, all 400 lemurs will be housed in heated cages.

Shortcomings in animal care are hard to hide these days, said Dr. Thomas Hamm, director of Laboratory Animal Resources at N.C. State University.

"It's quite remarkable how much it is monitored," he said. "I spend a large proportion of my time going around with inspectors answering their questions."

When Dr. Christian Newcomer, director of lab animal medicine at UNC, started his career in the early 1980s, only 200 veterinarians in the nation specialized in lab animals. Today, he heads a team of 60 veterinarians and technicians who tend to UNC's 29,000 lab animals. The animals outnumber UNC's student population. The number of lab vets has increased threefold, and

Jim Bounds/News & Observer

Christian Newcomer, VMD, director of the Division of Laboratory Animal Medicine, examines a pig in a holding pen.

all Triangle research universities now employ them.

"There really has been a change in the mindset," Newcomer said. "You don't do good science if you don't have healthy animals. You just don't get good results."

In 1985, Congress passed an amendment to the Animal Welfare Act that set strict guidelines for the care of lab animals. Under the law, each university must set up a committee to review all animal experiments. Researchers must make sure studies "avoid or minimize discomfort, pain and distress." Finally, when animals are "sacrificed" at the end of an experiment — as they often are — it must be done painlessly.

The rules also call for "appropriate" living conditions that contribute to animal "health and comfort." So, a group of spotless pink pigs in UNC's basement lab may be suffering heart disease for a study, but their handlers still worry about the pigs' cloven feet. Wire pens can cause foot sores in heavy animals, so the pigs now tread on smoother webbed latex floors.

Down the hall, the latest innovation in rodent housing brings a constant flow of clean air into steel cages about twice the height of a shoe box — a tall rack of 130 sterile steel cages costs $16,000.

The many empty cages and pens in the building speak to the changes as well. The new law was designed to discourage the unnecessary use of lab animals, and a 1994 Tufts University study indicates that the law may have helped. Since 1968, the number of animals used in research nationwide has fallen more than 50 percent, the study found.

Some tests for chemical or metabolic reactions can now be done in a test tube or on a computer, instead of in an animal.

Despite reductions, American scientists use 17 million to 22 million animals a year in research, including 15 million rats and mice, 60,000 primates, 180,000 dogs and 50,000 cats, according to the congressional Office of Technology Assessment.

Animal activists take credit for the improved treatment of lab animals, but Newcomer thinks scientists took the initiative on their own.

Still, researchers live in fear of the radical animal rights movement. While humane society activists want better conditions, the animal rights movement wants to eliminate animal research altogether. In some cases, it's lobbied for changes; in others, members have destroyed research records and released lab animals. As a result, all the lab animal facilities in the Triangle are locked and most bar cameras.

Local animal activists tend toward protests at rodeos, circuses and fur industry events. Lab animals have not been high on their agenda, not for lack of interest but for lack of resources, said Detrich von Haugwitz, a member of the North Carolina Network for Animals.

He disagrees that animal welfare laws have led to improvements for lab animals. The universities may provide better housing, but the USDA can do little to stop experiments inside the lab that von Haugwitz considers cruel.

"At Duke and UNC and State, they are very intent on following the Animal Welfare Act rules," he said. "I think they do, for what we may think of those rules."

David Kelley sees it differently. For 14 years, he's been the USDA's North Carolina animal welfare inspector. He's responsible for about 30 hospitals, universities and private companies in the Triangle.

"If they do biomedical research, we inspect them," he said. "Most of the research facilities have done a pretty good job around here."

And conditions keep improving. Back when Kelley started, most dogs were kept in cages. Now they are kept in runs so they can exercise and play with each other. When the federal government first required that researchers address the "psychological enrichment" of primates, techs would put a television in front of their cages, he said. Now they get swings, pet mates, games and toys.

Cost concerns also are driving improvements. Many scientists now use pricey mice bred with genetic traits that trigger cystic fibrosis, obesity and other conditions. And many North Carolina researchers now buy their dogs from breeders instead of getting them free at the pound. So even researchers who care little for animal welfare now have a financial incentive to keep animals healthy.

Some of the mice that NCSU zoologist John Vandenbergh uses cost up to $50, so he wants to make sure that he takes good care of them. Until recently, that was a challenge in his damp greenhouse lab. But next month, his mice will move to NCSU's brand new $4.8 million animal resource center.

Vandenbergh should know. He sat on the national committee that drew up a recent revision of the major reference book on lab animal care.

"Grant agencies and private companies are going to be under more and more pressure to make sure animal research is done under standardized and approved conditions," he said. "It's legislative pressure — it's pressure from activists and it's pressure from the scientific community itself."

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News Briefs

Community Physicians Visit UNC

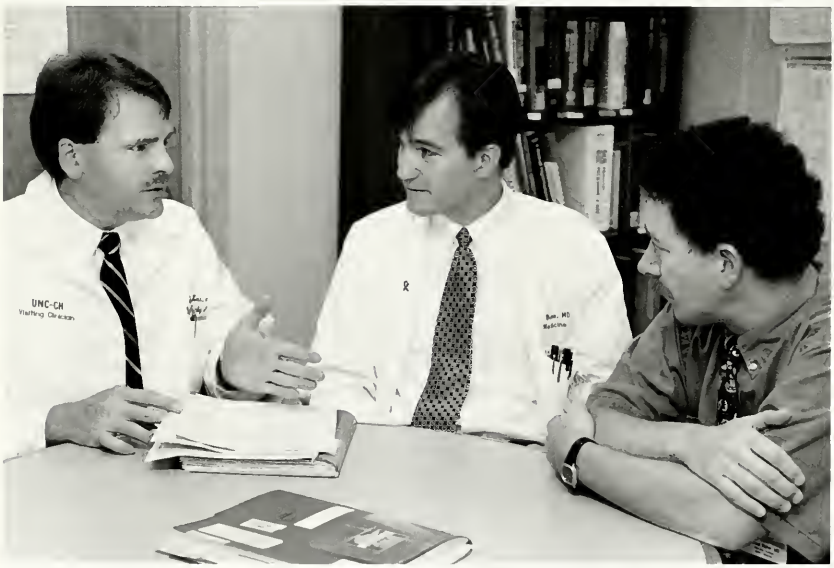
This year 16 doctors from communities around North Carolina will visit the UNC medical center as part of the prestigious UNC Visiting Clinician Program. While here, they will learn new skills in the clinical setting of their choice, as well as share their experience and knowledge with UNC-CH medical students and residents.

The program, modeled after a similar one at West Virginia University, is designed to build stronger relationships between UNC and community-based, generalist physicians. "We hope these colleagues from across North Carolina will find their time here valuable," said Bill Mattern, MD, associate dean of academic affairs, professor of medicine, and early proponent of UNC's program. "To ensure that, we work with each physician to determine his or her learning objectives and then tailor each visit accordingly."

"These clinicians also bring invaluable insights from their own practices that will enhance the education of our medical students," added Peter Curtis, MBBS, director of the Visiting Clinician Program and professor of family medicine. Physicians participating in the program visit UNC five times during an academic year.

The first Visiting Clinician was Terry Hess, MD, a family practitioner from Lewisville. During his visit, which took place Oct. 29, he spent a half day teaching UNC residents and a half day learning about the latest care for high-risk pregnancies.

The program is funded by the UNC Health Plan, AHEC, and the Office of Educational Development.



Terry Hess, MD, of Lewisville (left), was the first community physician to visit the medical center under the auspices of the new Visiting Clinician Program. He spent part of his day with family medicine resident Matthew Buss, MD (center), and preceptor Michael Fisher, MD, MPH, clinical assistant professor of family medicine.

School of Medicine Looks at Ethics and Managed Care

More than 80 UNC physicians, alumni, and retired faculty gathered in Chapel Hill Oct. 11 to discuss ethical issues in managed care. Held in conjunction with Fall Medical Alumni Weekend, the day-long symposium included morning presentations by two medical ethicists, a panel discussion by several area physicians, and afternoon breakout sessions.

Keynote speaker Wendy Mariner, JD, MPH, a professor at Boston University Medical Center, discussed "The Many Faces of Managed Care." She began with an overview of health care's current state.

"Since the failure of health care reform, the idea of universal coverage has been abandoned," said Mariner. "We no longer have a two-tiered system, but a three-tiered one in which the wealthy can afford traditional fee-for-service care, the employed middle class get insurance through their employers, and the poor are not covered and are dependent on Medicaid and public hospitals.

"Managed care operates in the middle tier and is concerned primarily with cutting costs." She pointed out that this seems to pit business against medicine by placing the good of the patient in conflict with the good of other patients, the good of the [managed care] organization, and self-interest of the physician.

Mariner suggested that though business seems like "the bad guy," managed care needs both medical and business ethical standards. She noted that "business ethics say nothing about what kind of care people should get. They simply deal with how

to fairly distribute what is produced, in this case, medical care."

Mariner concluded with the idea that a new set of socially-accepted standards can and should be established for managed care, one that recognizes both medical responsibility and business function.

Gail Povar, MD, clinical professor of medicine and chair of the ethics committee at George Washington University, presented "Gatekeeping, Cost Consciousness, and the Physician-Patient Relationship." Povar, who currently practices medicine for GW's HMO, acknowledged how emotionally-laden managed care's "invasion" is for the medical community.

"When someone on the Southside can't get medical care, we get angry," she said. "But what we're looking at is fundamental injustice in our society. Our culture is individualistic and health care resources are limited."

Povar went on to discuss the increasingly unfamiliar ethical challenges faced by practicing physicians, both in terms of competing loyalties and conflicts of interest. "Under managed care, we have more than one claim on our loyalties," Povar said. "As gatekeepers of health care services, we have to balance our concern for the patient and commitment to providing care that is consistent with professional standards with consideration for cost.

"As human beings, we have to balance our self-interest with our oath of fidelity to our patients. We need to continue putting the patient's needs above our personal consideration."

Povar concluded by challenging the audience to be advocates for patients. "We, as physicians, control 80 percent of health care services," said Povar. "Help your patients negotiate the system. Ensure that they are treated as individuals and that they receive appropriate care for their particular needs."

The symposium was sponsored by the Association of Professional Women in Medicine, the Medical Alumni Association, the Department of Social Medicine, the Office of Continuing Medical Education, and the UNC-CH School of Medicine.

Frank C. Wilson, MD, Kenan professor of orthopaedics and former division chair, presented the annual Norma Berryhill Lectureship on October 29 in Gerrard Hall. His topic was "The Leaven of Letters." Wilson is pictured here with interim Dean Stuart Bondurant, MD (right), and Mrs. Berryhill, who contributed greatly to the development of the medical school during the deanship of her late husband, Dr. Reece Berryhill, from 1941 to 1964.

UNC Hosts "Day in Surgery" for Congressional Staffers

In 1990, the American College of Surgeons began sponsoring a "Day in Surgery" program at hospitals in the Washington, DC, metropolitan area. The purpose of the program was to allow congressional aides to spend a day with surgical residents to learn firsthand about surgical patient care, surgical training, the operating room environment, and the daily routines of surgeons in the hospital setting.

This year, the College expanded the program beyond the boundaries of the nation's capital by coordinating hospital visits with state chapters and teaching hospitals around the country. The North Carolina and Texas chapters were chosen as the first to host the "Day in Surgery" program.

Seven congressional aides traveled to Chapel Hill on August 20. These staffers research and advise their respective U.S. Representatives on health issues. Since they don't have medical backgrounds, the "Day in Surgery" program allows them to see firsthand how hospitals and medical schools really function; it dispels the "ER"-type myths promulgated by that popular television program.

The evening of their arrival, Andy Kiser, MD, chief surgical resident, gave the aides a tour of the emergency room, trauma bay and helicopter pad to give them a better understanding of the facilities and capabilities of a trauma center.

The next morning at 6 o'clock, the aides gathered at UNC Hospitals for patient rounds and a lengthy tour in the operating room, viewing various surgical procedures. In the afternoon, they attended a morbidity and mortality conference.

The event was hosted by George Sheldon, MD, Zack D. Owens professor and chair of surgery and fellow, American College of Surgeons.

Hershey to Chair Academic Health Centers Board

H. Garland Hershey Jr., vice provost for health affairs, recently was elected chair of the Board of Directors for the Association of Academic Health Centers.

Based in Washington, DC, the non-profit association represents more than 100 health complexes based at major universities in the United States and Canada.

The association seeks to influence public debate on significant health and science policy issues, to advance education for health professionals, to promote biomedical and health services research, and to enhance patient care. The group aims to improve public health through leadership and cooperative action.

Academic health centers consist of a medical school, at least one other health professions school or program, and one or more teaching hospitals. Such centers are the primary resource for education in the health professions, biomedical and health services research and many aspects of patient services.

A Carolina faculty member since 1971, Hershey serves as chief executive officer of UNC-CH's academic health center. He oversees five schools — dentistry, medicine, nursing, pharmacy and public health — as well as the Health Sciences Library and several research centers and institutes focusing on health services, population and other health concerns.

Hershey is a professor in the School of Dentistry's department of orthodontics, where he teaches graduate students and residents.

Succeeding Hershey next year as head of the association board will be chair-elect Dr. Louis W. Sullivan, president of the Morehouse School of Medicine and former secretary of the U.S. Department of Health and Human Services.

Beacon Program Offers Help for Domestic Violence Victims

On October 15, UNC physicians and nurses launched a consultation service for victims of domestic abuse in Orange and Chatham counties. Known as the Beacon Program, the service employs a nurse advocate who manages domestic violence cases, follows patients over time and refers them to specialized services based on their needs.

The Beacon Program differs from traditional domestic violence programs, such as shelters, in that it involves input from medical personnel and is flexible: the nurse advocate goes where the patient is, whether in a clinical setting or elsewhere.

Another component of the program is the training of medical students, residents and faculty on how to screen for and treat problems associated with abuse.

"We hope to create a foundation of skilled providers who can more fully address this problem," said Marion Danis, MD, associate professor of medicine and medical director for the program. "If they are sensitive to it, they may be able to screen during regular doctor visits — before it escalates to the point of requiring medical attention."

The Beacon Program will also hold monthly interdisciplinary conferences on domestic violence, enabling medical specialists to exchange information on how to treat abuse victims.

"Patients in abusive relationships often suffer all kinds of symptoms including abdominal pain, anxiety and depression," said Danis. "As a result, they see all different kinds of specialists. These conferences will bring all those specialists together."

The program is funded by UNC Hospitals and the Duke Endowment. It resulted from a UNC-CH Women's Health Task Force which observed a need in the community for this type of clinical service.

Model HIV Care Network to Assist Medicaid Patients in Eastern NC

Three of the state's academic medical centers are joining forces with local health and social services providers in rural eastern North Carolina in a novel program designed to streamline care for HIV-infected Medicaid patients.

The model community-based rural program, among the first of its kind in the nation, will coordinate the work of health care professionals and government agencies to ensure that patients receive optimal medical care and timely access to services. The program is funded by a five-year, $2 million grant from the Health Resources and Services Administration, part of the U.S. Department of Health and Human Services, and also will be funded, in part, by payments from North Carolina Medicaid.

The project will link the three major medical centers serving patients in eastern North Carolina — UNC, Duke and East Carolina University — with the AIDS Care Branch of North Carolina, local social services and medical caregivers.

The goal is to provide one umbrella organization that will follow all Medicaid-eligible, HIV-infected adult patients to make sure their needs are met. The researchers will spend a year implementing the program and will begin enrolling about 600 current Medicaid patients next fall. Eventually, the researchers expect to enroll about 1,500 people in 53 eastern North Carolina counties.

Zollicoffer Lecture Slated

The 16th annual Zollicoffer Lecture will be delivered by Eddie L. Hoover, MD, professor and chair of surgery, SUNY-Buffalo, on January 24 at 4 p.m. in the fourth floor clinic auditorium. Dr. Hoover received his undergraduate degree from UNC in 1965, and his MD from Duke.

The Zollicoffer lecture was established in 1981 by members of the UNC-CH Chapter of the Student National Medical Association. It is named in honor of Dr. Lawrence Zollicoffer (1930-1976), the fourth black graduate of the UNC-CH School of Medicine. Zollicoffer was one of the founders of the Garwyn Medical Center in Baltimore. He also was recognized widely as a civil and human rights activist.

The lecture honors the memory of Zollicoffer, commemorates more than 30 years of minority presence in the UNC-CH School of Medicine, enhances awareness of minority issues withing the medical school, and exposes the student body to dynamic minority role models in the field of medicine.

Faculty Notes

Shannon Kenney, MD, associate professor of medicine, has received one of four Philip and Ruth Hettleman Prizes for Artistic and Scholarly Achievement by Young Faculty.

Kenney

Kenney, who has been on the UNC faculty since 1987, is known worldwide in the Epstein-Barr virus community as a leader in the field of regulation of viral gene expression. An infectious virus, Epstein-Barr causes mononucleosis in normal, healthy people, Kenney said. However, when the virus infects someone with a deficient immune system, such as an AIDS patient, it can cause lymphoma, a debilitating malignant cancer.

Regulating gene expression controls whether the virus is active or latent, which can determine if cells infected by the virus will start developing cancer. Kenney's work resulted in the discovery of a protein that helps control how the virus acts in the cells. Her findings have prompted additional research about Epstein-Barr virus.

Kenney is a member of the American Society of Clinical Investigation and has received the Jefferson Pilot Award and a National Institutes of Health Career Development Award. Besides several research grants from the National Institutes of Health, Kenney's clinical work includes the care of AIDS patients.

Sheldon

George F. Sheldon, MD, Zack D. Owens professor and chair of surgery, was recently elected to membership in the Institute of Medicine of the National Academy of Sciences.

New members are elected by current active members from among candidates chosen for their major contributions to health and medicine or to related fields such as social and behavioral sciences, law, administration and economics. The Institute's charter requires that at least one-fourth of the members be drawn from other than the health professions.

Election to the Institute is both an honor and obligation to work on behalf of the organization, its governance and its studies. With their election, members make a commitment to devote a significant amount of volunteer time on committees engaged in a broad range of studies on health policy issues. Current IOM projects include studies on care at the end of life; on geriatrics, health and behavior; and on new vaccine development.

New Research

David A. Brenner, MD, Medicine — *Ferrochelatase mutations and phenotype*. Robert Wood Johnson Foundation.

Edward L. Chaney, PhD, and **Julian G. Rosenman, MD, PhD**, Radiation Oncology — *Fundamental approaches for portal image processing*. National Cancer Institute.

David R. Clemmons, MD, Medicine — *Control of IGF action in vessel wall by manipulation of IGFBP-4 proteolysis*. GD Searle & Company.

Edward J. Collins, PhD, Microbiology & Immunology — *Enhancing nature's drugs: producing and designing small, effective antimicrobial and wound repair peptides*. NC Biotechnology Center.

Stephen T. Crews, PhD, Biochemistry & Biophysics — *Control of motoneuron connectivity*. National Science Foundation.

Channing J. Der, PhD, Pharmacology — *Ras signal transduction and transformation*. National Cancer Institute.

Lee M. Graves, PhD, Pharmacology — *Growth factor-mediated signal transduction in smooth muscle cells, regulation by cAMP and calcium*. American Heart Association of NC.

T. Kendall Harden, PhD, Pharmacology — *Purification and posphorylation of a P2y-purinoceptor*. National Institute of General Medical Sciences.

Brian Herman, PhD, and **John Lemasters, MD, PhD**, Cell Biology & Anatomy — *Mechanisms of hypoxic/reperfusion injury in endothelial cells*. National Institute on Aging.

Kim L. Isaacs, MD, Medicine — *Double-blind, placebo-controlled trial of oral vs. topical metronidazole for the treatment of pouchitis*. Crohn's & Colitis Foundation of America.

Rudolph L. Juliano, PhD, Pharmacology — *Pharmacodynamics of anti-tumor oligodeoxynucleotides*. National Cancer Institute.

David G. Kaufman, MD, PhD, Pathology & Laboratory Medicine — *Role of connexons in human endometrial carcinogenesis*. National Cancer Institute.

Stanley M. Lemon, MD, Medicine — *Enhanced production of hepatitis A virus vaccine antigen in MRC-5 cells*. Smith Kline & French Corp.

John D. Mann, MD, Neurology — *Protocol 945-210: A placebo-controlled trial of gabapentin for treatment of painful diabetic neuropathy*. Warner Lambert Company.

Jolanta B. Pucilowska, MD, Physiology — *Growth factor/cytokine interactions in mesenchymal cells*. National Institute of Diabetes, Digestive & Kidney Diseases.

Aldo Rustioni, MD, Cell Biology & Anatomy — *The role of the arginine/nitric oxide system in thalamic sensory transmission*. Ophthalmology University of London.

Thomas Scott Stroup, MD, MPH, Psychiatry — *Investigation of treatment quality and life satisfaction of persons with severe mental illness residing in domiciliary care homes*. Foundation of Hope.

Roland M. Tisch, PhD, Microbiology & Immunology — *Characterization of GAD65-specific regulatory T-cells in the nonobese diabetic mouse*. Juvenile Diabetes Research Foundation.

Charles M. van der Horst, MD, Medicine — *A phase II/III study of the safety and efficacy of human anti-CMV monoclonal antibody (MSL 109)*. Johns Hopkins University.

Elizabeth M. Wilson, PhD, Pediatrics — *Mechanisms of action of environmental antiandrogens*. National Institute of Environmental Health Sciences.

Medical School Mourns Three Friends, Colleagues

John Howard Ferguson, former chair of physiology

Dr. John Howard Ferguson, age 94, died on September 16.

A long-time resident of Chapel Hill, Ferguson moved to Ocala, Fla., in 1994.

He was a professor emeritus of physiology at the School of Medicine; he came to Chapel Hill in 1943 as professor and chair of the Department of Physiology, a position he held until his retirement.

He received a Distinguished Service Award from the faculty and alumni of the UNC School of Medicine in March 1980,

Ferguson

and was widely recognized for his research in the fields of blood coagulation, thrombotic and hemorrhagic diseases and radiation sickness.

Ferguson was born in Edinburgh, Scotland, and moved with his family at an early age to Capetown, South Africa. He earned a BA degree and was awarded an Honorary Doctor of Science degree by the University of Capetown. He earned a second BA and an MA at Oxford University, where he was a Rhodes Scholar, and his MD (cum laude) at Harvard University.

Following faculty appointments at the University of Capetown, Harvard University, Yale University, and the universities of Alabama and Michigan, Ferguson came to UNC.

At the time of his death he was completing editing of his book, "Cape of Storms," recollections of his life in South Africa.

Ferguson traveled extensively, was an avid fisherman, and his interest in nature led him during his retirement to collecting seashells. His collection was widely displayed and is now on permanent exhibit at Eckerd College, St. Petersburg, Fla.

Ferguson is survived by his six children, Joyce Descloux of Randolph, NJ, Phyllis Marchese of Jacksonville, Fla., Margaret Johnson of Charlotte, NC, Helen Vassar of Ocala, Fla., Dr. John C. Ferguson of St. Petersburg, Fla., and Colin C. Ferguson of San Francisco; also by 13 grandchildren and 8 great-grandchildren.

John A. Payne, AHEC deputy director

John A. Payne, deputy director for program administration of the N.C. Area Health Education Centers (AHEC) Program, died Oct. 24 at home after a brief illness. He was 55.

"There is no way to put into words how much John Payne will be missed by the AHEC Program and those of us who have had the privilege to work with him," said Dr. Tom Bacon, director of the N.C. AHEC Program and associate dean at the UNC-CH School of Medicine. "He was a person of enormous integrity and always seemed to find ways to make our program work better for the people of North Carolina."

Payne was instrumental in establishing the AHEC Program and had served in various capacities since its inception. In 1978 he became deputy director for program administration, and from November 1994 to June 1996 he served as interim director, following the death of his long-time colleague, Dr. Eugene S. Mayer.

Payne

"In many ways, John Payne made the North Carolina AHEC Program happen," said Dr. Stuart Bondurant, interim dean of the UNC-CH School of Medicine. "His open and direct manner inspired trust in all who knew him, his respect and understanding for others let him design solid programs, and his great administrative ability brought many of the programs of the N.C. AHEC into being."

James Bernstein, director of the North Carolina Office of Rural Health, said "John Payne was what everyone would want in a friend and colleague. His sense of fairness, his dedication to the goal of better health care for all North Carolinians, and his wonderful sense of humor explain why so many people across the state admired him."

Bernstein added, "Health care today is delivered by a team. John Payne made the AHEC team work."

Among his many contributions to the AHEC Program and its statewide mission of education and training, Payne will be remembered for his leadership in the areas of rural primary care training, preceptor support, library and information services, and off-campus degree programs. He was instrumental in the establishment of the AHEC Offices of Regional Primary Care Education and new programs for health careers and minority workforce development.

"John Payne's leadership of our AHEC Program brought health care to underserved citizens across North Carolina," said Dr. H. Garland Hershey, UNC-CH vice provost for health affairs. "He was one of the unsung heroes of North Carolina's campaign to improve the quality of health care for our state."

Payne joined the UNC-CH School of Medicine's Division of Education and Research in Community Medical Care in 1968. Through the division, Payne was instrumental in establishing affiliations with community hospitals for teaching medical students and conducting other educational programs, which served as the precursor to the AHEC Program.

Payne grew up in Sunbury in Gates County, where his father was a general practitioner. He earned two bachelor's degrees and a master's degree in public health from UNC-CH and completed an internship at Guy's Hospital in London, England.

Payne is survived by his wife, Sandra Strong Payne, and daughter, Melissa S. Payne, both of Chapel Hill; a son, John A. Payne, of St. Louis, Mo.; a sister, Martha P. Johnson, brother-in-law, Michael D. Johnson, niece, Josie Johnson, and nephew, Andrew Johnson, all of Elizabeth City, N.C.

Memorial contributions may be made to Triangle Hospice, 1804 Martin Luther King Jr. Parkway, Durham, NC, 27707, or to The Medical Foundation of North Carolina, Inc./Eugene S. Mayer Fellowship Fund, 880 Airport Road, Chapel Hill, NC, 27514.

Isaac Montrose Taylor, former medical school dean

Dr. Isaac Montrose Taylor, who served as dean of the School of Medicine and was the father of nationally known singers James, Livingston and Kate Taylor, has died. He was 75.

Taylor

Taylor, a Morganton native, died after suffering a stroke and cardiac arrest at Massachusetts General Hospital in Boston, where he began his medical career as chief resident 45 years earlier.

Taylor graduated Phi Beta Kappa from UNC-Chapel Hill in 1942 and cum laude from Harvard University Medical School in 1945.

He was invited by Dr. Reece Berryhill, then medical dean, to return to Chapel Hill in 1952 as one of the first members of the department of medicine at the medical school, which was being expanded into a four-year institution.

"I certainly agreed that North Carolina needed its own medical school because a state school's first priority is the needs of the people of the state," Taylor said in May. "The first priorities of private medical schools are whatever their trustees deem them to be, and that is not necessarily state residents' health."

Taylor succeeded Berryhill as dean in 1964.

During his tenure, medical student enrollment jumped, the number of faculty increased by more than 100, and funding for research more than doubled. The state's Area Health Education Centers program, a national model for extending health education and training to all corners of the state, grew out of the regional medical program he started.

"One of Dad's greatest talents was working successfully with legislators in Raleigh to build the school of medicine in Chapel Hill," said his son Hugh of Martha's Vineyard, Mass.

Taylor resigned as dean in 1976, saying he was exhausted.

"Dean Taylor made many enduring contributions to our school, and he and his contemporaries established much of the base on which our current teaching, research and service programs rest," interim dean Stuart Bondurant said. "He was a remarkable man, a great human being and a selfless public servant."

A building at the medical school in October 1989 was renamed Isaac M. Taylor Hall in his honor.

Taylor is survived by his sons, James, Livingston and Hugh, and his daughter, Kate, from his first marriage; and sons, Preston and Theo, and daughter, Julia, from his second marriage. He also is survived by seven grandchildren and two great-grandchildren.

Memorial contributions may be made to the Taylor Tuition Fund, 115 Orchard Ave., Weston, Mass. 02193, for the education of Taylor's three minor children.

Development Notes

Parker Professorship Nears Goal

Friends, faculty, colleagues and former students have made gifts to establish the Parker Distinguished Professorship in Medicine at the UNC-CH School of Medicine. The goal is to establish an endowment of $1 million to provide support to a member of the faculty in the Department of Medicine. This individual will be selected on the basis of the special research, teaching and patient care skills exhibited by the late John C. Parker, MD, former Kenan professor in the Division of Hematology. Parker died in November 1993.

More than $950,000 has been pledged to this endowment to date. If you would like to participate, please send your contribution or pledge to The Medical Foundation of North Carolina, Inc., 880 Airport Road, Chapel Hill, NC 27514. If you have questions about the fund, please call 919-966-1201.

Radiologic Science Endowment Established

An endowment in memory of Phyllis Ann Canup Pepper, one of the first radiology technologists certified by UNC, has been established by her husband, Francis D. Pepper Jr. of Winston-Salem.

The Phyllis Ann Canup Pepper Radiologic Science Memorial Fund will be used to provide scholarships for undergraduates in the School of Medicine studying radiologic science and to support teaching conducted by the division of radiologic science, part of the department of medical allied health professions.

Phyllis Pepper, who died in February after a brief illness, was a native of Kannapolis. She completed the radiology technology program at UNC in 1955, and continued as a technologist in N.C. Memorial Hospital's radiology department until 1962, eventually rising to the post of chief technologist.

Her husband is a 1956 graduate of the School of Medicine.

A professorship honoring Colin G. Thomas Jr., MD, Byah Thomason Doxey-Sanford Doxey distinguished professor and former chair of the Department of Surgery, was recently established by Elizabeth City surgeon Samuel G. "Bo" Jenkins Jr., MD '55. At a reception in June, pediatric surgeon Don K. Nakayama was named the Colin G. Thomas Jr. distinguished professor of surgery. Jenkins (center) is pictured at the reception with Thomas (left) and Nakayama.

Pathology Department Receives Gift

The heirs of Fred C. and Lelia D. Owen have made a gift of more than $513,000 to establish an endowment fund for the medical school's Department of Pathology and Laboratory Medicine.

Income paid out of the fund shall be used to support work of the Francis Owen Blood Research Laboratory or to fund research on the pathology of blood through support of a professorship in pathology, one or more fellowships in pathology, or in other ways to promote research in the pathology of blood as determined by the professors in the department.

Report to Donors

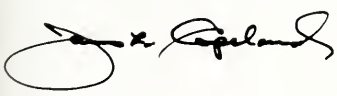
During the fiscal year which ended June 30, 1996, the UNC School of Medicine received more gifts from alumni than ever before. These gifts to the Loyalty Fund totaled more than $535,000 and represented gifts from 35 percent of all living School of Medicine graduates.

The following honor roll of donors lists the names of all those who contributed during the past fiscal year. Those who contributed at the Associate's level of $1,000 or more are listed in bold typeface.

Alumni support is important not only for the dollars invested in students, faculty and programs, but also important as a statement to others who are considering contributions to the School of Medicine. It is helpful for us to show the strong involvement and participation of former students who have benefited from a medical education and who know the School of Medicine as "insiders." This level of support sets a sound example for the giving of others.

We are grateful for your gifts. We are also appreciative of the scholarships that were funded, the teaching professorship which is being endowed, support for the Health Sciences Library, encouragement to student organizations and activities, as well as the communications and recognition programs which your gifts have made possible.

We are proud of the alumni support received for all purposes here at the School of Medicine. To each individual named in the following list we send our thanks. If you overlooked a contribution this year, please send your 1996-97 Loyalty Fund gift today (gift envelope enclosed). Your financial support is an important element in the sustained excellence of medical education at UNC.



James L. Copeland
President
The Medical Foundation of
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Honor Roll of Donors

$1,000 - $9,999 donors are printed in bold.
$10,000 or more are printed in bold italics.

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Percent donors: 100%
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Percent donors: 100%
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Number in class: 2
Percent donors: 50%
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Percent donors: 50%
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Percent donors: 48%
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A. Donald Wolff, MD, Clemmons, NC

CLASS OF 1955
Number in class: 52
Percent donors: 56%
Julian S. Albergotti, Jr., MD, Charlotte, NC
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E. Ted Chandler, MD, Thomasville, NC
Walter E. Deyton, MD, Danville, VA
Griggs C. Dickson, MD, Charlotte, NC
Presley Z. Dunn, Jr., MD, Greensboro, NC
Charles F. Eddinger, MD, Spencer, NC
John W. Foust, MD, Charlotte, NC
J. Eugene Glenn, MD, Jacksonville, FL
Ira D. Godwin, MD, Fairfax, VA
James W. Hayes, III, MD, Burlington, NC
William D. Huffines, MD, Chapel Hill, NC
Samuel G. Jenkins, Jr., MD, Elizabeth City, NC
Robert C. Jordan, Jr., MD, Sanford, NC
Samuel B. Joyner, MD, Greensboro, NC
William L. London, IV, MD, Durham, NC
Lloyd C. McCaskill, MD, Maxton, NC
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G. Irvin Richardson, MD, Reidsville, NC
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Oliver F. Roddey, Jr., MD, Charlotte, NC
Palmer F. Shelburne, MD, Greensboro, NC
Henry L. Stephenson, Jr., MD, Washington, NC
Robert L. Summerlin, Jr., MD, Dublin, NC
G. Reginald Tucker, Jr., MD, Emerald Isle, NC
William J. Waddell, MD, Prospect, KY
W. Wallace White, MD, Cincinnati, OH

CLASS OF 1956
Number in class: 53
Percent donors: 68%
G. Jackson Ashley, MD, Sparta, NC
John R. Baggett, III, MD, New Bern, NC
Juris Bergmanis, MD, Honolulu, HI
Richard A. Boyd, MD, Statesville, NC
Lee A. Clark, Jr., MD, Wilson, NC
John W. Deyton, Jr., MD, Jacksonville, NC
Stacy A. Duncan, Jr., MD, Dunn, NC
Margareta J. Duncan, MD, Dunn, NC
William E. Easterling, Jr., MD, Chapel Hill, NC
John T. Evans, MD, Chattanooga, TN
Charles W. Fowler, III, MD, Orlando, FL
Alexander F. Goley, MD, Burlington, NC
Francis W. Green, MD, Albemarle, NC
John L. Hazlehurst, III, MD, Asheville, NC
Dean C. Jones, MD, Jefferson, NC
H. Neill Lee, Jr., MD, Lumberton, NC
Otis M. Lowry, MD, Spring Hope, NC
Marvin M. McCall, III, MD, Monroe, NC
Malcolm McLean, MD, Charlotte, NC
William W. McLendon, MD, Chapel Hill, NC
J. Doyle Medders, MD, Louisburg, NC
Robert L. Murray, MD, Roanoke, VA
John W. Ormand, Jr., MD, Wilmington, NC
Clifton G. Payne, MD, Reidsville, NC
Francis D. Pepper, Jr., MD, Winston-Salem, NC
Carey J. Perry, MD, Louisburg, NC
William R. Purcell, MD, Laurinburg, NC
James F. Richards, Jr., MD, Orlando, FL
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Dewey H. Yarley, MD, Durham, NC

CLASS OF 1957
Number in class: 49
Percent donors: 45%
H. John Bradley, Jr., MD, Greensboro, NC
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William P. Cornell, MD, Phoenix, AZ
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E. Lindsay Fearrington, MD, Greenville, NC
S. Thomas Gupton, Jr., MD, Raleigh, NC
J. Grayson Hall, MD, Dobson, NC
Lois T. Harris, MD, Chapel Hill, NC
Bennett A. Hayes, Jr., MD, Fayetteville, NC
Jack B. Hobson, MD, Charlotte, NC
J. Paul Hurst, Jr., MD, Rydal, PA
Richard V. Liles, Jr., MD, Albemarle, NC
Harvey A. Page, MD, Pikeville, KY
Raeford T. Pugh, MD, Washington, NC

Orthopaedics professor H. Robert Brashear Jr. (left) visits with members of the Class of '59 — D. Whitaker Davis and his wife Lucy, and Julian Selig (right).

Nathaniel L. Sparrow, MD, Raleigh, NC
James H. M. Thorp, MD, Rocky Mount, NC
Gerald M. Wagger, MD, Palo Alto, CA
Earl P. Welch, Jr., MD, Winston-Salem, NC
Benson R. Wilcox, MD, Chapel Hill, NC
David A. Williams, MD, Laurinburg, NC

CLASS OF 1958
Number in class: 49
Percent donors: 39%
James T. Alley, MD, Macon, GA
Clarence A. Bailey, Jr., MD, Durham, NC
D. Carl Biggers, MD, Asheville, NC
John I. Brooks, Jr., MD, Tarboro, NC
Maurice L. Canaday, MD, Lincolnton, NC
M. Paul Capp, MD, Tucson, AZ
Andrew J. Courts, MD, Greensboro, NC
David B. Crosland, MD, Concord, NC
James R. Edwards, MD, Raleigh, NC
Nancy P. Fawcett, MD, West Hollywood, FL
Thomas M. Haizlip, MD, Raleigh, NC
John S. Howie, MD, Raleigh, NC
Dan E. Johnson, MD, Concord, NC
John A. McGee, Jr., MD, Charlotte, NC
Luther S. Nelson, MD, Amarillo, TX
T. Lane Ormand, MD, Monroe, NC
Dewey H. Pate, MD, Raleigh, NC
J. Richard Patterson, MD, Danville, VA
B. Everett Thompson, Jr., MD, Cary, NC

CLASS OF 1959
Number in class: 51
Percent donors: 41%
Doris B. Braxton, MD, Burlington, NC
Robert C. Brown, MD, Chapel Hill, NC
D. Whitaker Davis, MD, Wadesboro, NC
A. Eugene Douglas, Jr., MD, Lumberton, NC
Otis N. Fisher, Jr., MD, Greensboro, NC
Joel S. Goodwin, MD, Salisbury, NC
Robert L. Green, Sr., MD, Winston-Salem, NC
Glenn E. Hair, MD, Fayetteville, NC
O. James Hart, Jr., MD, Mocksville, NC
F. Smith Johnston, Jr., MD, Raleigh, NC
Morris A. Jones, Jr., MD, Durham, NC
David L. Kelly, Jr., MD, Winston-Salem, NC
Wilfred D. Little, Jr., MD, Spokane, WA
Edward L. Mitchell, MD, Prospect, KY
Julian W. Selig, Jr., MD, Elizabeth City, NC
Martha K. Sharpless, MD, Greensboro, NC
Shahane R. Taylor, Jr., MD, Greensboro, NC
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Bennie B. Ward, MD, Shallotte, NC
C. Carl Warren, Jr., MD, Charlotte, NC
R. Lee West, MD, Greenville, NC

CLASS OF 1960
Number in class: 62
Percent donors: 31%
Sellers L. Crisp, MD, Greenville, NC
Charles P. Eldridge, Jr., MD, Houston, TX
Gerald W. Fernald, MD, Chapel Hill, NC
J. Thomas Fox, Jr., MD, Charlotte, NC
Robert H. Hackler, III, MD, Richmond, VA
James R. Harper, MD, Durham, NC
Falls L. Harris, MD, Greenville, SC
G. Wyckliffe Hoffler, MD, Titusville, FL
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James M. Marlowe, MD, High Point, NC
J. Gray McAllister, III, MD, Chapel Hill, NC
K. Franklin McCain, MD, Winston-Salem, NC
Cecil H. Neville, Jr., MD, Pinehurst, NC
Duncan S. Owen, Jr., MD, Richmond, VA
Robert B. Payne, MD, Mooresville, NC
Jerry M. Petty, MD, Charlotte, NC
Elizabeth V. Raft, MD, Durham, NC
G. Thomas Strickland, Jr., MD, Baltimore, MD
John A. Young, II, MD, Charlotte, NC

CLASS OF 1961
Number in class: 53
Percent donors: 72%
E. Stanley Avery, Jr., MD, Norfolk, VA
Robert M. Boerner, MD, Asheville, NC
Charles O. Boyette, Sr., MD, Belhaven, NC
R. Carl Britt, MD, Chapel Hill, NC
William L. Brown, MD, Roanoke Rapids, NC
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Franklin D. Clontz, MD, Longwood, FL
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Cosmo A. DiFazio, MD, PhD, Charlottesville, VA
Ellison F. Edwards, MD, Charlotte, NC
F. Michael Fennegan, MD, Harlingen, TX
John W. Garden, MD, Lexington, KY
William S. Gibson, Jr., MD, Riverside, PA
John C. Graham, Jr., MD, Elizabeth City, NC
Claud M. Grigg, MD, Charlotte, NC
Donald P. Harris, MD, Greensboro, NC
Richard W. Hudson, MD, Bayboro, NC
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Dale R. Lackey, MD, Charleston, SC
Lloyd D. Lohr, MD, Lexington, NC
W. Stacy Miller, MD, Raleigh, NC
A. Ray Newsome, MD, Winston-Salem, NC
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William L. Owens, MD, Clinton, NC
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Donn A. Wells, MD, Fort Lauderdale, FL
William H. White, Jr., MD, Sanford, NC

CLASS OF 1962
Number in class: 53
Percent donors: 43%
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Oscar H. Bolch, Jr., MD, San Diego, CA
Joseph H. Callicott, Jr., MD, Lynchburg, VA
Lawrence M. Cutchin, MD, Tarboro, NC
Jerry J. Eller, MD, Livingston, AL
A. Ray Evans, MD, Greenville, NC
Marion W. Griffin, MD, Asheboro, NC
Frederick D. Hamrick, III, MD, Lynchburg, VA
H. Gerard Hartzog, III, MD, Raleigh, NC
Ray M. Hayworth, MD, Knoxville, TN
Charles M. Hicks, MD, Wilmington, NC
Arthur S. Lynn, Jr., MD, Granite Falls, NC
J. Newton MacCormack, MD, Raleigh, NC
John L. Monroe, MD, Pinehurst, NC
Kenny J. Morris, MD, Wilmington, NC
William J. Murray, MD, Durham, NC
Carl S. Phipps, MD, Winston-Salem, NC
J. Flint Rhodes, MD, Raleigh, NC
Lambros C. Rigas, MD, Rome, GA
D. Emerson Scarborough, Jr., MD, Raleigh, NC
Fuller A. Shuford, MD, Asheville, NC
Henry C. Turner, MD, Winston-Salem, NC
Roy V. Varner, MD, Houston, TX

CLASS OF 1963
Number in class: 53
Percent donors: 43%
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Karl F. Bitter, MD, Asheville, NC
Donald L. Copeland, MD, Huntersville, NC
Robert J. Cowan, MD, Winston-Salem, NC
John W. Dalton, Jr., MD, Santa Monica, CA
William B. Deal, MD, Mountain Brooke, AL
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Tom S. Rand, MD, Wilson, NC
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CLASS OF 1964
Number in class: 55
Percent donors: 38%
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Peter C. LaRowe, MD, Spokane, WA
Jefferys A. Macfie, Jr., MD, Greenville, SC
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Russell C. Taylor, MD, Boone, NC
Wayne B. Venters, MD, Hampstead, NC
James L. Williams, MD, Spokane, WA

CLASS OF 1965
Number in class: 55
Percent donors: 33%
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Peter A. Modrow, MD, Raleigh, NC
Thomas L. Presson, MD, Greensboro, NC
William F. Sayers, MD, Winston-Salem, NC
Evin H. Sides, III, MD, Raleigh, NC
Williamson B. Strum, MD, La Jolla, CA

CLASS OF 1966
Number in class: 63
Percent donors: 65%
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Robert P. Barringer, MD, Gastonia, NC
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James A. Yount, MD, Charlotte, NC

CLASS OF 1967
Number in class: 66
Percent donors: 53%
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M. Dennis Wachs, MD, Bedford, NH
Barry M. Welborne, MD, Charlotte, NC

CLASS OF 1968
Number in class: 59
Percent donors: 36%
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Roberta G. Williams, MD, Chapel Hill, NC
Jerry C. Woodard, MD, Wilson, NC

CLASS OF 1969
Number in class: 64
Percent donors: 44%
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James W. Snyder, MD, Wilmington, NC
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James G. Wallace, MD, Greenville, SC
Nelson B. Watts, MD, Atlanta, GA

CLASS OF 1970
Number in class: 70
Percent donors: 53%
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James P. Browder, III, MD, Durham, NC
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James J. Jenkins, MD, Saint Louis, MO
William R. Jordan, MD, Fayetteville, NC
C. Bryan Koon, Jr., MD, Durham, NC
Frederick G. Kroncke, Jr., MD, Rocky Mount, NC
Thomas W. Nicholson, MD, Washington, NC

Joe Russell, MD '69 (left), talks with Endowment Fund grant recipient David R. Jones, a thoracic surgery fellow, and Bill Easterling, MD '56, associate dean for CME and Alumni Affairs. Russell is ending his five-year term as chair of the Endowment Fund Board; he will be succeeded by Noel McDevitt, MD '64.

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Ross L. Vaughan, MD, Raleigh, NC
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William J. Weatherly, MD, Greensboro, NC
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James E. Winslow, Jr., MD, Hurdle Mills, NC
John W. Zirkle, MD, Jefferson City, TN

CLASS OF 1971
Number in class: 71
Percent donors: 56%
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Dwight W. Wait, III, MD, Charlotte, NC
William W. Webb, Jr., MD, Salisbury, NC
Blane W. Yelton, Jr., MD, Thomasville, NC

CLASS OF 1972
Number in class: 68
Percent donors: 46%
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Peter G. Chikes, MD, Concord, NC
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William E. Long, MD, Newton, NC
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Ronald A. Moore, MD, New Bern, NC
Scott Y. Pharr, III, MD, Williamsburg, VA
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G. Dean Wilson, Jr., MD, Johnson City, TN

CLASS OF 1973
Number in class: 80
Percent donors: 28%
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Thomas B. Cannon, MD, Winston-Salem, NC
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J. Robert Forstner, MD, Southport, NC
E. Ruffin Franklin, Jr., MD, Raleigh, NC
Terry L. Fry, MD, Georgetown, SC
Donald B. Goodman, Jr., MD, Charlotte, NC
J. Blake Goslen, III, MD, Charlotte, NC
J. Michael Harper, MD, Charlotte, NC
E. Earl Jenkins, Jr., MD, Rock Hill, SC
Elisabeth A. Keller, MD, Brookline, MA
James N. Martin, Jr., MD, Ridgeland, MS
James L. Maynard, MD, Rock Hill, SC
Dale A. Newton, MD, Greenville, NC
David R. Patterson, MD, Greensboro, NC
W. McLean Reavis, Jr., MD, Lakeland, FL
S. Wayne Smith, MD, Raleigh, NC
Robert R. Walther, MD, New York, NY

CLASS OF 1974
Number in class: 95
Percent donors: 36%
Robert M. Alsup, MD, Winston-Salem, NC
Charles B. Beasley, MD, Kinston, NC
W. Griffith Bowen, MD, St. Louis, MO
William E. Bowman, Jr., MD, Greensboro, NC
Donald C. Brown, MD, Cary, NC
Paul S. Camnitz, MD, Greenville, NC
David R. Clemmons, MD, Chapel Hill, NC
Thomas H. Dukes, III, MD, Charleston, SC
Martha F. Goetsch, MD, Portland, OR
Stephen S. Hawkins, MD, Hixson, TN
L. Hueston Hobbs, Jr., MD, Harwood, MD
C. Norman Hurwitz, MD, Hamilton, OH
Joseph M. Jenkins, MD, Fayetteville, NC
William H. Katz, MD, Auburn, ME
Kenneth R. Kulp, MD, Raleigh, NC
John A. Lang, III, MD, Raleigh, NC
William D. Lee, Jr., MD, Raleigh, NC
Clarence E. Lloyd, Jr., MD, Greensboro, NC
Joseph Majstoravich, Jr., MD, Morehead City, NC
William H. Moretz, Jr., MD, Augusta, GA
W. Alton Murphy, MD, Raleigh, NC
Clyde Nolan, Jr., MD, Greensboro, NC
H. Clifton Patterson, III, MD, Raleigh, NC
Jan H. Pustma, Jr., MD, Spartanburg, SC
Thomas W. Powell, MD, Concord, NC
C. Fredric Reid, MD, Winston-Salem, NC
Charles W. Smith, Jr., MD, Little Rock, AR
Roger L. Snow, MD, Boston, MA
David E. Tart, MD, Hickory, NC
David T. Tayloe, Jr., MD, Goldsboro, NC
John W. Thornton, III, MD, North Augusta, SC
Larry E. Warren, MD, Raleigh, NC
Charles H. Weiss, MD, Newton, MA
William G. Wilson, MD, Charlottesville, VA

CLASS OF 1975
Number in class: 102
Percent donors: 42%
E. Jackson Allison, Jr., MD, Greenville, NC
Bruce A. Berlow, MD, Santa Barbara, CA
Sherif B. Botros, MD, Wilmington, NC
Julian C. Brantley, III, MD, Rocky Mount, NC
Julian T. Brantley, Jr., MD, Vienna, VA
Patrick G. Bray, MD, Cleveland, OH
Samuel L. Bridgers, II, MD, Woodbridge, CT
E. Drew Bridges, MD, Wake Forest, NC
Benjamin Douglas, MD, Webster, NC
William H. Edwards, MD, Norwich, VT
Clarence E. Fogleman III, MD, Colorado Springs, CO
Frank B. Fondren, III, MD, Mobile, AL
Richard F. Fox, MD, Greensboro, NC
Donald G. Gregg, MD, Greenville, SC
Eric H. Helsabeck, MD, Asheboro, NC
Ernest F. Krug, III, MD, Rochester, MI
David S. Lennon, MD, Charlotte, NC
Howard A. McMahan, MD, Marietta, GA
Michael W. Meriwether, MD, Sarasota, FL
Frank J. Miller, MD, Chattanooga, TN
Stephen M. Miller, MD, Greensboro, NC
Frank H. Moretz, MD, Asheville, NC
Wade H. Moser, Jr., MD, Raleigh, NC
Dan A. Myers, MD, Kinston, NC
W. Ronald Neal, MD, Greensboro, NC
Henry N. Nelson, III, MD, Indialantic, FL
Lanning R. Newell, MD, Raleigh, NC
M. Harrell Odom, MD, Boone, NC
Charles J. Parker, MD, Salt Lake City, UT
James E. Peacock, Jr., MD, Winston-Salem, NC
Joseph B. Philips, III, MD, Birmingham, AL
Hoke D. Pollock, MD, Wilmington, NC
Joseph R. Pringle, Jr., MD, Burlington, NC
Wanda L. Radford, MD, Raleigh, NC
David M. Reid, MD, Raleigh, NC
W. Paul Sawyer, MD, Tallahassee, FL
Van J. Stitt, Jr., MD, Hope Mills, NC
Carol R. Teutsch, MD, Atlanta, GA
Hendricks H. Whitman, III, MD, New Vernon, NJ
E. Brooks Wilkins, MD, Raleigh, NC
Kenneth H. Winter, MD, Greensboro, NC
Lawrence I. Young, MD, Hixson, TN
Michael H. Young, MD, Asheville, NC

CLASS OF 1976
Number in class: 125
Percent donors: 53%
Kirkwood F. Adams, Jr., MD, Chapel Hill, NC
Brenda L. Adams-Hudson, MD, Moore, SC
Warwick Aiken, III, MD, Gastonia, NC
Janet C. Aiken, MD, Gastonia, NC
Paul D. Barry, MD, Greensboro, NC
W. Bryson Bateman, Jr., MD, Goldsboro, NC
Martin F. Beals, Jr., MD, Bluefield, WV
Robert G. Berger, MD, Chapel Hill, NC
Jean C. Bolan, MD, Washington, DC
Alexis C. Bouteneff, MD, Litchfield, CT
Richard A. Bowerman, MD, Ann Arbor, MI
Jack P. Byrd, MD, Cleveland, TN
E. Christian Cameron, MD, Atlanta, GA
Barbara J. Campbell, MD, Somerset, PA
Marjorie B. Carr, MD, Raleigh, NC
Cornelius F. Cathcart, MD, Henderson, NC
Edward L. Cattau, Jr., MD, Germantown, TN
Susan T. Edwards, MD, Norwich, VT
William H. Gamble, MD, Greensboro, NC
Rita L. Gunter, MD, Fayetteville, NC
Charles H. Hicks, MD, Wrightsville Beach, NC
J. Lee Hoffer, MD, Temple, TX
Robert H. Hutchins, MD, Wilmington, NC
Walker A. Long, MD, Chapel Hill, NC
Ross D. Lynch, MD, Columbia, SC
R. Franklin Maness, MD, Goldsboro, NC
McKay McKinnon, MD, Kenilworth, IL
John H. McMurray, MD, Charlotte, NC
B. Douglas Morton, III, MD, Macon, GA
Robert S. Moskalik, MD, Coldwater, MI
E. Paul Nance, Jr., MD, Nashville, TN
L. Andrew Nassef, Jr., MD, Danville, PA
David B. Needand, MD, Montgomery, AL
Harold A. Nichols, MD, Greensboro, NC
Kathleen Gallagher Oxner, MD, Greenville, SC
James S. Parsons, MD, Raleigh, NC
V. Edgar Paul, MD, Greensboro, NC
Charles V. Pope, MD, Apex, NC
Douglas C. Privette, MD, Greenville, NC
Sheldon M. Retchin, MD, Midlothian, VA
William A. Richey, MD, New Bern, NC
Jimmy L. Rodden, MD, Waynesville, NC
William D. Routh, MD, Winston-Salem, NC
Paul J. Saenger, MD, Asheville, NC
Robert S. Shapiro, MD, Athens, GA
David F. Silver, MD, Charlottesville, VA
Linnea W. Smith, MD, Chapel Hill, NC
Robert J. Tallaksen, MD, Morgantown, WV
R. Henry Temple, MD, Wilmington, NC
F. Ray Thigpen, MD, Whiteville, NC
John W. Uribe, MD, Miami, FL
George Waterhouse, MD, Jackson, WY
Mark E. Williams, MD, Chapel Hill, NC
Moses E. Wilson, Jr., MD, Rocky Mount, NC
Richard L. Wing, MD, Charlotte, NC
Solomon G. Zerden, MD, Savannah, GA

CLASS OF 1977
Number in class: 116
Percent donors: 26%
Michael L. Barringer, MD, Shelby, NC
Jeffrey G. Brantley, MD, Durham, NC
Francis S. Collins, MD, Rockville, MD
Joseph E. Craft, MD, Guilford, CT
William B. Harden, MD, Bluefield, WV
G. William Henry, MD, Chapel Hill, NC
Marianna M. Henry, MD, Chapel Hill, NC
William L. Isley, MD, Overland Park, KS
George M. Johnson, MD, Charleston, SC
L. Lyndon Key, Jr., MD, Charleston, SC
Michael E. King, MD, Winston-Salem, NC
Judith M. Kramer, MD, Chapel Hill, NC
Frederick H. Mabry, MD, Laurinburg, NC
S. Ray Mitchell, MD, Alexandria, VA
Warren H. Moore, MD, Sugar Land, TX
H. Grady Morgan, Jr., MD, Wilmington, NC
Robert L. Munt, Jr., MD, Raleigh, NC
Pamela A. Nelson, MD, Raleigh, NC
Melinda C. Paul, MD, Greensboro, NC
Louis M. Perlmutt, MD, Chapel Hill, NC
Michael L. Pool, MD, Knoxville, TN
Duncan S. Postma, MD, Tallahassee, FL
Catherine M. Radovich, MD, Gallup, NM
Samuel T. Selden, MD, Chesapeake, VA
John B. Smith, Jr., MD, Clinton, NC
J. Herbert Stanley, Jr., MD, Wilmington, NC
Alan D. Stiles, MD, Chapel Hill, NC
Gregory Strayhorn, MD, PhD, Chapel Hill, NC
Michael S. Wheeler, MD, Rutherfordton, NC
Wayne G. Woods, MD, Greensboro, NC

CLASS OF 1978
Number in class: 124
Percent donors: 27%
Michael C. Alston, MD, Murfreesboro, NC
Thomas R. Andrus, Jr., MD, Raleigh, NC
James J. Bedrick, MD, Charlotte, NC
John D. Benson, MD, Cary, NC
Jane C. Burns, MD, La Jolla, CA
Jean W. Carter, MD, Raleigh, NC
William G. Clark, MD, Charlotte, NC
Brian J. Cohen, MD, Cambridge, MA
Cynthia D. Conrad, MD, PhD, Branford, CT
Paul W. F. Coughlin, MD, High Point, NC
Betty H. Crosby, MD, Charlotte, NC
John D. Davis, Jr., MD, Blowing Rock, NC
Martha L. Elks, MD, Lubbock, TX
Elizabeth R. Gamble, MD, Greenville, NC
John B. Gordon, III, MD, La Jolla, CA
Katherine A. High, MD, Merion Station, PA
Michael D. Holland, MD, Rocky Mount, NC
Cynthia R. Howard, MD, Baltimore, MD
Allison D. Malter, MD, Charlotte, NC
Jeffrey A. Margolis, MD, Tappahannock, VA
John T. McElveen, Jr., MD, Durham, NC
W. Ronald Moffitt, MD, Hendersonville, NC
Mark D. Monson, MD, Spartanburg, SC
Peter J. Morris, MD, Fuquay Varina, NC
Michael Y. Parker, MD, Raleigh, NC
H. Craig Price, MD, Raleigh, NC
Peter A. Schlesinger, MD, Roseville, MN
Stuart C. Segerman, MD, Atlanta, GA
Thomas C. Shea, MD, Chapel Hill, NC
Susan T. Snider, MD, Spruce Pine, NC
William A. Walker, MD, Charlotte, NC
Ralph L. Wall, Jr., MD, Winston-Salem, NC
J. Byron Walthall, Jr., MD, Charlotte, NC
Jesse G. Yarborough, Jr., MD, Belmont, NC

CLASS OF 1979
Number in class: 120
Percent donors: 28%
Andrew H. Balder, MD, Longmeadow, MA
Thomas A. Barringer, III, MD, Charlotte, NC
W. Hugh Craft, Jr., MD, Roanoke, VA
Walter E. Daniel, Jr., MD, Raleigh, NC
F. Andrew Dorr, MD, Solana Beach, CA
Elizabeth A. Eagle, MD, Greensboro, NC
Allen R. Edwards, MD, Statesville, NC
Robert E. Finch, Jr., MD, Asheville, NC
Sharon M. Foster, MD, Raleigh, NC
Patricia K. Hill, MD, Statesville, NC
Anne T. Keifer, MD, Hershey, PA
John C. Keifer, MD, Hershey, PA
David W. Kohl, MD, St. Petersburg, FL
Charles E. Lownes, MD, Greensboro, NC

Students who received scholarships and merit awards from the Medical Alumni Loyalty Fund were special guests at the fall banquet. From left, Peggy Byun, MS2; Kimberly Woodruff, Speech-Language Pathology; Kristin Chamberlin, Occupational Therapy; Karen Grogg, MS3; Caroline Hoke, MS1; Nicole D'Andrea, MS4; Jason Merker, MS1; Laura Brown, MS4; Chad Gunnlaugsson, MS3; Noah Hoffman, MS1; Melanie Paul, MS4; Dan Briggs, MS3; Steve Dunleavy, MS2; Ellen Flanagan, MS2; Jeff Ralph, MS2; Latonya Brown, MS2; Mike Armstrong, MS3; Shannon Sawin, MS1; Mark Wood, MS2; Carrie Dow-Smith, MS4; Tres Pittman, MS4; Shaida Ryan, MS2; Anne Waters, MS4; Michael Gill, MS4; Jennifer Klenzak, MS3; Mike Batten, MS4; Anne Hillman, MS4.

Darlyne Menscer, MD, Charlotte, NC
James G. Peden, Jr., MD, Greenville, NC
Thomas B. Prebble, MD, Marshfield, WI
Veronica J. F. Ray, MD, Durham, NC
Charles N. Reed, MD, Hickory, NC
J. Mark Rowles, MD, Atlanta, GA
James L. Sanderford, Jr., MD, Winston-Salem, NC
David M. Siegel, MD, Rochester, NY
William L. Stewart, MD, Southern Pines, NC
R. Mark Stiegel, MD, Charlotte, NC
Margery S. Sved, MD, Raleigh, NC
Frances R. Thomas, MD, Chicago, IL
Douglas B. Thomson, MD, Bowling Green, KY
Paul A. Vadnais, MD, Charlotte, NC
Mack W. White, III, MD, Charlotte, NC
C. Phillip Whitworth, MD, Forest City, NC
Leonard S. Wojnowich, MD, Savannah, GA
Norman F. Woodlief, MD, Cedar Falls, IA
O. Barry Wynn, MD, Charlotte, NC

CLASS OF 1980
Number in class: 156
Percent donors: 27%
Edward H. Bertram, III, MD, Charlottesville, VA
Roger D. Billica, MD, Houston, TX
Wilbur B. Carter, Jr., MD, Chapel Hill, NC
Neale A. Cogswell, MD, Windermere, FL
David M. Eason, MD, Corvallis, OR
Ernest B. Eason, MD, Burlington, NC
Patricia T. Edkins, MD, Chapel Hill, NC
W. L. Wells Edmundson, MD, Raleigh, NC
Walter E. Egerton, III, MD, Newburgh, NY
C. O'Neil Ellis, MD, Charlotte, NC
Barry J. Freeman, MD, Pacific Palisades, CA
Sandra K. Haigler, MD, Lexington, KY
Carl L. Haynes, Jr., MD, Kinston, NC
Mark A. Helvie, MD, Ann Arbor, MI
J. Patrick Holland, MD, Winston-Salem, NC
Kenneth E. Hollingsworth, MD, Bethesda, MD
Douglas K. Holmes, MD, Raleigh, NC
R. Bruce Jackson, II, MD, Boone, NC
Janice D. Key, MD, Charleston, SC
Christopher M. Lakin, MD, Charlotte, NC
Daniel M. Lewis, MD, Charlotte, NC
Christine C. Mahvi, MD, Middleton, WI
E. John Markushewski, Jr., MD, Decatur, AL
Steven K. McCombs, MD, Chapel Hill, NC
J. Eugene McMurry, Jr., MD, Wilmington, NC
T. Michael D. O'Shea, Jr., MD, Winston-Salem, NC
Dwight D. Perry, MD, Durham, NC
Bayard L. Powell, MD, Winston-Salem, NC
Petrie M. Rainey, MD, Cheshire, CT
Judith L. Rissman, MD, Lexington, MA
Suzanne Rogacz, MD, Potomac, MD
Lyle S. Saltzman, MD, Melbourne, FL
Mark A. Shapiro, MD, Santa Monicnes, NY
Paul C. Sorum, MD, Schenectady, NY
James P. Srebro, MD, Napa, CA
James V. Taylor, III, MD, Wilson, NC
Ben D. Thomas, Jr., MD, Atlanta, GA
Donna W. Tilson, MD, Louisville, KY
Enrique J. Tomeu, MD, Virginia Beach, VA
Kenneth W. Wilkins, Jr., MD, New Bern, NC
Susan J. Williams, MD, Winston-Salem, NC
Jerry W. Withrow, MD, Charlotte, NC

CLASS OF 1981
Number in class: 156
Percent donors: 40%
G. Williams Adams, MD, Severna Park, MD
Martha F. Anderson, MD, Mount Pleasant, SC
Rebecca I. Ayres, MD, Roswell, GA
Elizabeth S. Babcox, MD, Shaker Heights, OH
David S. Barnes, MD, Shaker Heights, OH
Alix Lovitz Baxter, MD, Gainesville, FL
Phillip M. Bridgman, MD, Hannawa Falls, NY
Stephen E. Buie, MD, Asheville, NC
Graham W. Bullard, MD, Huntersville, NC
Lena W. Butterworth, MD, Charlotte, NC
David M. Cowherd, MD, Pinehurst, NC
David A. Crews, MD, Greensboro, NC
Susan L. Crittenden, MD, Cary, NC
Deborah H. Davis, MD, Auburn, WA
David M. Deitz, MD, Olympia, WA
Steven H. Dennis, MD, Raleigh, NC
Amelia F. Drake, MD, Chapel Hill, NC
Kathryn T. George, MD, Towson, MD
Terry R. Gordon, MD, Detriot, MI
David K. Harper, MD, Concord, NC
William M. Herndon, Jr., MD, Charlotte, NC
M. Bradford Huggins, MD, Conover, NC
Edward K. Isbey, III, MD, Asheville, NC
Jane Lysko Isbey, MD, Asheville, NC
G. Wallace Kernodle, Jr., MD, Burlington, NC
Douglas P. Kiel, MD, Medfield, MA
Garland C. King, MD, Franklin, NC
Leigh S. Lehan, MD, Raleigh, NC
Robert E. Littleton, MD, Raleigh, NC
Nanetta B. Lowe-Roache, MD, Winston-Salem, NC
John R. Mangum, MD, Sanford, NC
Thomas H. McCoy, MD, Charlotte, NC
William H. Merwin, Jr., MD, Knoxville, TN

Stephen I. Moore, III, MD, Raleigh, NC
Charles B. Nemeroff, MD, PhD, Atlanta, GA
J. Thomas Newton, MD, Clinton, NC
Larry C. Nickens, MD, Goldsboro, NC
William B. Olds, MD, Roxboro, NC
Paul M. Parker, MD, Atlanta, GA
Ruth M. Parker, MD, Atlanta, GA
Herbert O. Phillips, IV, MD, Sylva, NC
Peter L. Pleasants, MD, Providence, RI
Larry B. Poe, MD, Binghamton, NY
Scott L. Ramey, MD, Panama City, FL
Carol R. Reid, MD, Wilkesboro, NC
Nancy Reierson, MD, Miami, FL
Timothy G. Saunders, MD, Charlotte, NC
George H. Steele, Jr., MD, Merion Station, PA
Elwood E. Stone, Jr., MD, Cedar Rapids, IA
William W. Stuck, MD, Columbia, SC
James D. Whinna, MD, Monroe, NC
Warden L. Woodard, III, MD, Charlotte, NC
Michelle H. Wynn, MD, Charlotte, NC

CLASS OF 1982
Number in class: 149
Percent donors: 26%
Jimmie W. Adcock, MD, Charlotte, NC
Joseph L. Albright, Jr., MD, Charlotte, NC
Robert Arasi, MD, Alpharetta, GA
Mary John Baxley, MD, Greensboro, NC
Karen P. Beckerman, MD, San Francisco, CA
Lawrence N. Bennett, MD, Moravian Falls, NC
Barbara L. Bethea, MD, Dunn, NC
J. Lawrence Brady, Jr., MD, Charlotte, NC
Dennis N. Casey, MD, Kinston, NC
Nancy C. Chescheir, MD, Chapel Hill, NC
Rick J. Cornella, MD, Myrtle Beach, SC
Patsy F. Daniels, MD, Raleigh, NC
Christie C. DaVanzo, MD, Newport Beach, CA
Robert J. DaVanzo, MD, Newport Beach, CA
Robert C. Dellinger, Jr., MD, Thomasville, NC
Cindy S. Dieringer, MD, Camden, SC
Steven A. Dingeldein, MD, Burlington, NC
H. Alexander Easley, III, MD, Greenville, NC
Mary H. Foster, MD, Gulph Mills, PA
John S. Gaul, III, MD, Charlotte, NC
Sarah W. Hudson, MD, Elizabeth City, NC
Stephen M. Hux, MD, Winston-Salem, NC
Timothy O. Jenkins, MD, Concord, NC
Beverly N. Jones, III, MD, Winston-Salem, NC
J. Stephen Jones, MD, Ocean Springs, MS
Vincent J. Kopp, MD, Chapel Hill, NC
David W. Lee, MD, Tarboro, NC
J. Terrill Massagee, MD, Greensboro, NC
Howard D. McClamrock, MD, Baltimore, MD
Linville M. Meadows, MD, Sanford, NC
Horace W. Miller, IV, MD, Fayetteville, NC
James H. Peace, Jr., MD, Los Angeles, CA
Rildia J. Pritchett, MD, Cary, NC
John H. Rennick, Jr., MD, Charlotte, NC
Anne G. Tyson, MD, Lakeland, FL
Eric D. Van Tassel, MD, Asheville, NC
Kathryn L. Weise, MD, Charlottesville, VA
Stanley A. Wilkins, Jr., MD, Raleigh, NC

CLASS OF 1983
Number in class: 148
Percent donors: 27%
David J. Ballard, MD, PhD, Atlanta, GA
Mary G. Bartels, MD, Mercer Island, WA
James A. Bryan, III, MD, Chapel Hill, NC
Sally L. Carpenter, MD, Smithfield, NC
Donald W. Carringer, MD, Robbinsville, NC
Vincent K. Cheek, MD, Greensboro, NC
Ralph S. Christy, Jr., MD, Concord, NC
Douglas W. Clark, MD, Chapel Hill, NC
Cristin Babcock Cullander, MD, Aloha, OR
Thomas C. Darrell, MD, Fuquay-Varina, NC
Mark H. Davis, MD, Crescent City, CA
Pamela S. Dockery-Howard, MD, Winston-Salem, NC
James L. Everette Jr., MD, Dover, DE
Gary L. Fink, MD, Faith, NC
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Kimberly S. Haltiwanger, MD, Setauket, NY
Robert N. Headley, Jr., MD, Lynchburg, VA
John M. Herion, MD, Wilmington, NC
David M. Herrington, MD, Winston-Salem, NC
Cecilia G. Hipp, MD, Charlotte, NC
Stephen W. Hipp, MD, Charlotte, NC
Rebecca F. Hopkins, MD, Anderson, SC
Thomas T. Hunter, MD, Jacksonville, NC
Mark W. Jacokes, MD, Nashville, TN
Randy O. Kritzer, MD, Greensboro, NC
James D. Ladd, MD, Asheville, NC
Paula F. Miller, MD, Chapel Hill, NC
Carlos J. Page, MD, Baltimore, MD
Catherine C. Parrish, MD, Baltimore, MD
Joan T. Perry, MD, Kinston, NC
Gary T. Podgorski, MD, Columbia, TN
Jackie N. Saleeby, MD, Raleigh, NC
Gail L. Shaw, MD, Odessa, FL
Hermon W. Smith, III, MD, West Friendship, MD
Paula Y. Smith, MD, Cary, NC
C. Stephen Stinson, MD, Winston-Salem, NC
Deborah L. Tussing, MD, Severna Park, MD
Gregory A. Underwood, MD, Charlotte, NC
Mary C. Wasko, MD, Pittsburgh, PA
Lawrence M. Wyner, MD, Charleston, WV

CLASS OF 1984
Number in class: 143
Percent donors: 29%
James P. Alexander, Jr., MD, Decatur, GA
Amelia F. Bell, MD, Winston-Salem, NC
D. Antonio Bell, MD, Winston-Salem, NC
Steven J. Citron, MD, Dunwoody, GA
Patricia F. Culhane, MD, Campbell, CA
W. Kent Davis, MD, Raleigh, NC
Charles L. Ewell, Jr., MD, Columbus, OH
Eli D. Finkelstein, MD, Edison, NJ
Ronald P. Hargrave, MD, Charleston, SC
J. Robinson Harper, Jr., MD, Wilmington, NC
J. Carver Hill, MD, Cary, NC
Linda E. Jaffe, MD, Wilton, CT
Susan J. Joyner, MD, Raleigh, NC
Elizabeth W. Koonce, MD, Charlotte, NC
Robert P. Lineberger, MD, Chapel Hill, NC
Brenda C. McClain, MD, Brentwood, TN
R. Glen Medders, MD, Raleigh, NC
Howard W. Newell, Jr., MD, Goldsboro, NC
R. Claiborne Noble, MD, Raleigh, NC
Gregory S. Pape, MD, Wilmington, NC
Douglas W. Peed, MD, Chapel Hill, NC
Mark E. Peele, MD, San Antonio, TX
Alfred L. Rhyne, III, MD, Charlotte, NC
Richard G. Saleeby, Jr., MD, Raleigh, NC
David L. Sappenfield, MD, Durham, NC
Paul W. Sasser, MD, Eden, NC
Mary A. Saunders, MD, Springfield, IL
John M. Schoffstall, MD, Glen Mills, PA
Jonathan L. Sheline, MD, Durham, NC
Thomas C. Spangler, MD, Winston-Salem, NC
Sharon R. Stephenson, MD, Cary, NC
Nathan R. Strahl, MD, Chapel Hill, NC
Richard C. Stuntz, Jr., MD, Charlotte, NC
Denny C. Tate, MD, Burlington, NC
Jean G. Taylor, MD, Greensboro, NC
Paul E. Viser, MD, Clinton, NC
Robert A. Wainer, MD, Greensboro, NC
Rolf B. Wallin, MD, Fayetteville, NC
Robert E. Wiggins, Jr., MD, Asheville, NC
Daniel W. Williams, III, MD, Winston-Salem, NC
Phyllis M. Woodring, MD, Gastonia, NC
Michael N. Zarzar, MD, Chapel Hill, NC

CLASS OF 1985
Number in class: 155
Percent donors: 25%
William H. Billica, MD, Glendale, AZ
Leslie A. Bunce, MD, Rochester, NY
Kathleen M. Clarke-Pearson, MD, Chapel Hill, NC
Jonathan S. Cohen, MD, Signal Mountain, TN
Elizabeth J. Engelhardt, MD, Gaithersburg, MD
Douglas S. Feltman, MD, Coral Gables, FL
Sheryl A. Gillikin, MD, Fayetteville, NC
John H. Gilmore, Jr., MD, Chapel Hill, NC
W. Scott Haddon, MD, Clarksdale, MS
Susan C. Hadler, MD, Chapel Hill, NC
James J. Hardy, MD, Charlotte, NC
Gary M. Horowitz, MD, Vacaville, CA
Susan D. Hunt, MD, Raleigh, NC
Bennie L. E. Jarvis, MD, Rocky Mount, NC
Margaret G. Johnson, MD, Chapel Hill, NC
Peter M. Jordan, MD, Greensboro, NC
Stuart H. Jordan, MD, Fayetteville, NC
Theodore C. Kerner, Jr., MD, Lewisville, NC
John A. Kirkland, Jr., MD, Charlotte, NC
Mark H. Knelson, MD, Durham, NC
Gwenn E. McLaughlin, MD, Coral Gables, FL
W. Davis Merritt, III, MD, Boise, ID
Nancy H. Miller, MD, Longmeadow, MA
Stephen B. Mitchell, MD, Dunn, NC
Albert R. Munn, III, MD, Raleigh, NC
Robert F. Murray, III, MD, Pleasant Ridge, MI
Albert J. Osbahr, III, MD, Waynesville, NC
Janice L. Rea, MD, Lawrenceville, GA
Eric S. Scharling, MD, Lewisville, NC
Barbara L. Sheline, MD, Durham, NC
Martin E. Sheline, MD, Atlanta, GA
H. Elizabeth Smith, MD, Roanoke, VA
S. Patrick Stuart, Jr., MD, Winston-Salem, NC
Carla A. Sueta, MD, Chapel Hill, NC
Claudia L. Thomas, MD, Sands Point, NY
Bradley K. Weisner, MD, Charlotte, NC
Patti B. Wheeler, MD, Highlands, NC
Randall W. Williams, MD, Raleigh, NC
Sherrie E. Zweig, MD, Chapel Hill, NC

CLASS OF 1986
Number in class: 145
Percent donors: 26%
Andrew S. Blum, MD, Elmhurst, IL
Richard E. Brownlee, Jr., MD, Gainesville, FL
Mark A. Callahan, MD, New York, NY
Mary Beth Carter, MD, Wilmington, NC
Michael D. Carter, MD, Wilmington, NC
Hersh Chopra, MD, Atlanta, GA
William M. Clark, Jr., MD, Oak Park, IL
Elizabeth T. Clark, MD, Oak Park, IL
Robert B. Conley, MD, Washington, DC
Lisa F. DeJarnette, MD, Raleigh, NC
Kenneth R. Ellington, MD, Asheville, NC
Herbert G. Garrison, III, MD, Greenville, NC
Lynne C. Garrison, MD, Greenville, NC
Janice M. Garvey, MD, San Francisco, CA
Kelvin C. Harris, MD, Gastonia, NC
Bruce E. Herman, MD, Salt Lake City, UT
William D. Hoover, Jr., MD, Concord, NC
Elizabeth C. Huber, MD, Richmond, VA
Paul E. Johnston, MD, Ogden, UT
Kim R. Jones, MD, Chapel Hill, NC
Walton K. Joyner, Jr., MD, Raleigh, NC
Rebecca S. Kennedy, MD, Graham, NC
Jonathan K. Levine, MD, Charlotte, NC
Sidney Mallenbaum, MD, Virginia Beach, VA
Al L. Melvin, MD, Memphis, TN
Michael E. Norins, MD, Greenshoro, NC
David C. Pearce, MD, Williamsburg, VA
Grayson K. Rodgers, MD, Birmingham, AL
Susan L. Sanderson, MD, Ogden, UT
Deborah A. Schwengel, MD, Baltimore, MD
Cathy Jo W. Swanson, MD, Roanoke, VA
L. Tyler Wadsworth, III, MD, Des Peres, MO
Deborah T. Wadsworth, MD, Des Peres, MO
Calvin G. Warren, Jr., MD, New Bern, NC
Johnathan D. Williams, MD, Gastonia, NC
Jack H. Wolf, MD, Chapel Hill, NC
James C. Womble, MD, Cary, NC

CLASS OF 1987
Number in class: 150
Percent donors: 23%
Linda R. Belhorn, MD, Missouri City, TX
Thomas H. Belhorn, MD, PhD, Missouri City, TX
David W. Boone, MD, Raleigh, NC
M. Lisa Abernethy Christman, MD, Raleigh, NC
Gregor G. Cleveland, MD, Florence, SC
James B. Collawn, MD, Raleigh, NC
James E. Crowe, Jr., MD, Brentwood, TN
Elizabeth H. Crowe, MD, Brentwood, TN
I. Gordon Early, Jr., MD, Chapel Hill, NC
Lee A. Furlong, MD, Portland, OR
Jama B. Greene, MD, Rocky Mount, NC
James S. Hagood, MD, Birmingham, AL
W. Stuart Hartley, MD, Charlotte, NC
Dennis N. Jacokes, MD, Raleigh, NC
R. Lee Jobe, MD, Raleigh, NC
William W. King, MD, Wilmington, NC
Dennis D. Kokenes, MD, Charlotte, NC
Thomas E. Lawrence, MD, Greensboro, NC
Catherine K. Lineberger, MD, Chapel Hill, NC
James J. Lockwood, MD, Portsmouth, VA
Gustav C. Magrinat, MD, Greensboro, NC
Jayne P. Maynor, MD, Lumberton, NC
Cary C. McDonald, MD, Chapel Hill, NC
Peter R. Muller, MD, Charlotte, NC
John M. Petitto, MD, Newberry, FL
Virginia B. Petitto, MD, Newberry, FL
Mark K. Robbins, MD, Charlottesville, VA

Joseph E. Roberts, Jr., MD, Pembroke, NC
C. Alan Ross, MD, Summerfield, NC
Daniel M. Sappenfield, MD, Charlotte, NC
Robyn L. Stacy-Humphries, MD, Charlotte, NC
Brian S. Strauss, MD, High Point, NC
William R. Sutton, MD, Wilmington, NC
Jonathan J. Weiner, MD, Durham, NC
Paul A. Young, MD, San Antonio, TX

CLASS OF 1988
Number in class: 150
Percent donors: 19%
Elizabeth C. Adams, MD, Eden, NC
Amanda I. Adler, MD, Seattle, WA
Elizabeth I. Blair, MD, Raleigh, NC
Jon P. Brisley, MD, Roanoke, VA
Brenton T. Burkholder, MD, Atlanta, GA
J. Craig Charles, MD, Winston-Salem, NC
Peter G. Dalldorf, MD, Greensboro, NC
Keith A. Davis, MD, San Diego, CA
Margie B. Eason, MD, Martinsville, VA
Paul R. Eason, MD, Martinsville, VA
C. Gaelyn Garrett, MD, Nashville, TN
Kirsten M. Gross, MD, Charlotte, NC
James R. Hallman, MD, Chevy Chase, MD
Hunter A. Hoover, MD, Charlotte, NC
Allison L. Jacokes, MD, Raleigh, NC
Michael D. Johnson, MD, Goldsboro, NC
Asha R. Kallianpur, MD, Nashville, TN
Kathryn P. King, MD, Carrboro, NC
Hannah R. Krigman, MD, Chapel Hill, NC
Stuart J. Levin, MD, Raleigh, NC
Marsden H. McGuire, MD, Baltimore, MD
Catherine L. Munson, MD, Fort Mill, SC
Philip J. Nahser, Jr., MD, Greensboro, NC
Charles E. Parke, MD, Greenville, SC
Mahrad Paymani, MD, Pittsburgh, PA
Marjorie D. Paymani, MD, Pittsburgh, PA
Jacquelyn L. Redd, MD, Silver Spring, MD
Jeffrey E. Roller, MD, Morganton, NC
Mary F. Smith, MD, Chapel Hill, NC

CLASS OF 1989
Number in class: 139
Percent donors: 9%
Christopher Bullock, MD, Greenville, NC
Lisa K. Burke, MD, Marietta, GA
Margaret F. Campbell, MD, Greensboro, NC
Michael Gruenthal, MD, Louisville, KY
W. Randall Harris, IV, MD, Greensboro, NC
Robert S. Jablonover, MD, Owings Mills, MD
Daniel M. Kaplan, MD, Raleigh, NC
William H. Kelly, MD, Fayetteville, NC
Kenneth S. Maxwell, MD, Winston-Salem, NC
H. Merle Miller, MD, Boulder, CO
Mary C. Moody, MD, Raleigh, NC
Yolanda V. Scarlett, MD, Carrboro, NC
Arthur J. Shepard, III, MD, Albany, GA

CLASS OF 1990
Number in class: 149
Percent donors: 14%
L. Lorraine Basnight, MD, Greenville, NC
Anna P. Bettendorf, MD, Wilmington, NC
Marian I. Butterfield, MD, Durham, NC
Martyn J. Cavallo, MD, Nashville, TN
Edward M. Cox, Jr., MD, Binghamton, NY
Amy S. Ende, MD, Marion, NC
John W. C. Entwistle, III, MD, Richmond, VA
Robert M. Gay, Jr., MD, High Point, NC
Sonia V. George, MD, Atlanta, GA
Dominic A. Jaeger, MD, Burlington, VT
John H. Krege, MD, Carrboro, NC
Knut Kverneland, Jr., MD, Orlando, FL
Linda J. Matthews, MD, Huntersville, NC
Clifford V. Morris, MD, Richmond, VA
Nicolette B. Naso, MD, Mount Pleasant, SC
William B. Naso, MD, Mount Pleasant, SC
Babatunde A. Olatidoye, MD, Chapel Hill, NC
Philip W. Ponder, MD, Raleigh, NC
Pamela J. Reitnauer, MD, Chapel Hill, NC
Ami J. Shah, MD, Arlington, TX
Mark S. Vernon, MD, Mesa, AZ

CLASS OF 1991
Number in class: 144
Percent donors: 27%
Carrie D. Alspaugh, MD, Morrisville, NC
Fredrick J. Brody, MD, Washington, DC
Robert C. Brooks, MD, Pittsburgh, PA
N. Elaine Broskie, MD, Salem, OR
Linda H. Butler, MD, Raleigh, NC
S. Lynn Carter, MD, Chapel Hill, NC
Thomas R. Coleman, MD, Madison, NC
Robert L. Cook, MD, Pittsburgh, PA
William W. Crone, MD, Atlanta, GA
C. Neill Epperson, MD, Hamden, CT
Trella C. Fitz-Henley, MD, Ballwin, MO
Roy D. Flood, Jr., MD, Fairfax, VA
Catherine M. Gordon, MD, Boston, MA
Parlyn T. Hatch, MD, APO AP,
Robert S. Hatch, MD, Washington, DC
Leon W. Herndon, Jr., MD, Carrboro, NC
William B. Inabnet, III, MD, Evanston, IL
Ann R. Johnson, MD, Oak Ridge, TN
W. Evans Kemp, Jr., MD, Nashville, TN
W. Perry Killam, MD, Fort Defiance, AZ
Valerie J. King, MD, Pittsboro, NC
Michele C. Larson MD, Bryn Mawr, PA
Constantine G. Marousis, MD, Gainesville, FL
Thomas L. Mason, MD, Huntersville, NC
Todd D. McDiarmid, MD, Greensboro, NC
Scott R. McDuffie, MD, Sumter, SC
Julien L. Naylor, MD, Sitka, AK
Bryan R. Neuwirth, MD, Hickory, NC
Linda M. Nicholas, MD, Chapel Hill, NC
Jerry D. Nix, MD, Wilmington, NC
Gary J. Pace, MD, Pittsboro, NC
Brian E. Platz, MD, Los Angeles, CA
Danny Silver, MD, Van Buren, AR
Brian D. Smith, MD, Nashville, TN
C. Anthony Staley, MD, Inman, SC
Richard L. Toothman, MD, Carrollton, GA
Gilbert R. Upchurch, Jr., MD, Wellesley, MA
Robert C. Vogler, MD, St. Louis, MO
Andrew B. Wallach, MD, New York, NY

CLASS OF 1992
Number in class: 153
Percent donors: 27%
Richard A. Bennett, MD, Durham, NC
Lisa T. Benz, MD, Buffalo, NY
J. Wesley Boyd, MD, Northampton, MA
John C. Brockington, MD, Oak Ridge, TN
Kalpana V. Char, MD, Pittsburgh, PA
Nancy C. Clayton, MD, Denver, CO
Billie F. Cosgrove, MD, Gainesville, FL
Christopher C. Cosgrove, MD, Gainesville, FL
Carol L. Czop, MD, Winston-Salem, NC
Gregory R. Davis, MD, Virginia Beach, VA
John F. Ende, MD, Marion, NC
Margaret F. Farmer, MD, Durham, NC
Scott K. Garrison, MD, Atlanta, GA
Mark W. Jenison, MD, Chapel Hill, NC
Pamela C. Jenkins, MD, West Lebanon, NH
Ron L. Kaplan, MD, Chapel Hill, NC
Stephanie H. Kaplan, MD, Chapel Hill, NC
Michael W. Kendall, MD, Charlotte, NC
David A. Konanc, MD, Scottsdale, AZ
Robert W. Larkin, II, MD, Latrobe, PA
Robert E. Larson, MD, Bryn Mawr, PA
Thomas C. Logan, MD, Chapel Hill, NC
William E. Mangano, MD, Durham, NC
Susan R. Marcinkus, MD, Durham, NC
Marcella T. McCord, MD, Cary, NC
Thomas R. Moore, MD, Ooltewah, TN
Walter S. Morris, III, MD, Southern Pines, NC
Edward J. Primka, III, MD, Avon Lake, OH
Lynda R. Primka, MD, Avon Lake, OH
Robert B. Raybon, MD, Wendell, NC
Randolph P. Sellers, MD, Hendersonville, NC
Derek L. Stirewalt, MD, Seattle, WA
Stephen L. Tilley, MD, Chapel Hill, NC
Rita E. Treanor, MD, Oakwood, GA
Charles D. Wells, MD, Decatur, GA
John P. Williams, MD, Houston, TX
Kim C. Windley, MD, Battleboro, NC
Bradford T. Winslow, MD, Denver, CO
Lisa C. Winslow, MD, Denver, CO
Karen S. Wood, MD, Durham, NC
Tony M. Wright, MD, Memphis, TN
William V. Yount, MD, Chicago, IL

CLASS OF 1993
Number in class: 134
Percent donors: 34%
Susan M. Beck, MD, Fort Collins, CO
Stacy H. Bizzell, MD, Greenville, SC
Mark L. Boles, MD, Lexington, NC
David A. Browder, MD, Rocky Mount, NC
Lesley B. Browder, MD, Rocky Mount, NC
John S. Chase, MD, Iowa City, IA
John D. Corey, MD, Carrboro, NC
William L. Craig, III, MD, Chapel Hill, NC
Carolyn J. Dalldorf, MD, Charlottesville, VA
Karla L. DeBeck, MD, Chapel Hill, NC
Holly A. Dunn, MD, San Antonio, TX
Therese M. Durkin, MD, St. Paul, MN
Yvonne Y. Fenner, MD, Baltimore, MD
Vance G. Fowler, Jr., MD, Hillsborough, NC
Patrick L. Fry, MD, Irving, TX
Jennepher N. Hart, MD, West Trenton, NJ
Raymond C. Hausch, MD, Danville, PA
Lauren P. Johnson, MD, Portland, ME
C. Anthony Kim, MD, Decatur, GA
Laura S. Lenholt, MD, Pittsboro, NC
David S. Leslie, MD, Wellesley, MA
Lisa L. Lucas May, MD, Chapel Hill, NC
David T. May, MD, Chapel Hill, NC
Eugene H. Maynard, Jr., MD, Smithfield, NC
Richelle L. McDaniel, MD, Charlottesville, VA
Jennifer L. Miles, MD, Oakland, CA
Harold Moses, Jr., MD, Rochester, MN
Karl H. Olson, MD, Mountain Home, ID
John D. Phipps, MD, Charlottesville, VA
Edward M. Pickens, MD, Chapel Hill, NC
John B. Piecyk, MD, Durham, NC
Eileen M. Raynor, MD, Augusta, GA
Anthony D. Realini, MD, Durham, NC
Stephen E. Ross, MD, Denver, CO
Norman E. Sharpless, MD, Newton, MA
Virginia I. Simnad, MD, Salt Lake City, UT
Ellison L. Smith, Jr., MD, West Roxbury, MA
Tammy R. Spear, MD, Summerfield, NC
Eric S. Stem, MD, Altus, OK
Holly A. Stevens, MD, Gainesville, FL
Charles B. Teague, MD, Charlottesville, VA
Theodore T. Thompson, MD, Iowa City, IA
Paige C. Walend, MD, Phoeniz, AZ
Brian R. Webster, MD, Columbus, OH
David A. Wells, MD, Asheville, NC
Kirk L. Woosley, MD, Greenville, NC

CLASS OF 1994
Number in class: 150
Percent donors: 31%
Nazir A. Adam, MD, Greensboro, NC
Jonathan G. Austin, MD, Winston-Salem, NC
Grace T. Ayscue, MD, Durham, NC
Kurt C. Bachmann, MD, Birmingham, AL
Laura H. Bachmann, MD, Birmingham, AL
William L. Barrett, MD, Arlington, VA
Evan H. Black, MD, Chapel Hill, NC
Michael E. Brame, MD, Tampa, FL
Terrence D. Brayboy, MD, Morgantown, WV
Jane H. Brice, MD, Pittsburgh, PA
Erich G. Buehler, MD, Falls Church, VA
Wendi M. Carlton, MD, Bethesda, MD
Jennifer E. Charlton, MD, Chapel Hill, NC
Peter T. Chu, MD, Chapel Hill, NC
Karen M. Eller, MD, Chapel Hill, NC
Vivian G. Fischer, MD, St. Paul, MN
Amy B. Fowler, MD, Hillsborough, NC
Lisa A. Gillespie, MD, Decatur, GA
Natalie S. Gould, MD, Chapel Hill, NC
Wendy J. Grant, MD, Salt Lake City, UT
Laura K. Hardin, MD, Chapel Hill, NC
Vanessa M. Hash, MD, Columbia, SC
Robin P. B. Hicks, MD, Newton Highlands, MA
Kathleen G. Hill, MD, Baltimore, MD
Deborah C. Hsu, MD, Houston, TX
Tasha B. Jiles, MD, Memphis, TN
Jeffrey C. Johnson, MD, Chapel Hill, NC
Terry G. Kaplan, MD, Chapel Hill, NC
Kenneth C. Lennon, MD, Greenville, SC
John L. Matthews, MD, Durham, NC
Michael W. Meredith, MD, Cooperstown, NY
J. Whitman Mims, MD, Winston Salem, NC
Daniel H. Moore, Chapel Hill, NC
Julia E. Norem-Coker, MD, Fayetteville, NC
Susan M. Park, MD, Denver, CO
Carolyn P. Pearsall, MD, Farmington Hills, MI
Lisa A. Rietz, MD, Philadelphia, PA
John W. Rusher, MD, Raleigh, NC
H. Ian Savage, MD, Baltimore, MD
Nitin P. Shenoy, MD, Mountain View, CA

Chandra Y. Smith, MD, Pittsburgh, PA
Terry S. Strand, MD, Greensboro, NC
Mary J. Teague, MD, Charlottesville, VA
James A. Thompson, MD, Silver Spring, MD
Hilary H. Timmis, Jr., MD, Pittsburgh, PA
Bristol R. Winslow, MD, Carrboro, NC

CLASS OF 1995
Number in class: 159
Percent donors: 27%
Michael D. Applegate, MD, Winston-Salem, NC
Joshua E. Bernstein, MD, Boston, MA
Barbra P. Bluestone, MD, New York, NY
Paul H. Bowman, MD, Gainesville, FL
M. Kelley Bullard, MD, Carrboro, NC
W. Scott Burgin, MD, Rochester, NY
Michele R. Casey, MD, Winston-Salem, NC
David A. Chesnutt, MD, Chapel Hill, NC
W. Lloyd Clark, MD, Chapel Hill, NC
Marcus F. Cox, MD, Houston, TX
Dana L. Davis, MD, Upper Marlboro, MD
Elizabeth C. Deterding, MD, Summerfield, NC
Andrea B. Dickerson, MD, San Antonio, TX
David B. Dorofi, MD, Charlotte, NC
Dade D. Fletcher, MD, Rochester, MN
Marcus T. Higi, MD, St. Petersburg, FL
Charles L. Hulse, MD, Burlington, VT
Christopher D. Ingram, MD, Durham, NC
Richard H. Jones, MD, Charleston, SC
Elisabeth A. Kahl, MD, Boston, MA
Suzanne Lazorick, MD, Chapel Hill, NC
E. Carwile LeRoy, Jr., MD, Baltimore, MD
A. Joseph Lofton, MD, Winston-Salem, NC
Thomas L. O'Connell, Jr., MD, Cincinnati, OH
John W. Ogle, III, MD, Palo Alto, CA
Hiten K. Patel, MD, Charlotte, NC
Marilyn R. Pearson, MD, Charlotte, NC
Monica L. Piecyk, MD, Durham, NC
Mark D. Piehl, MD, Chapel Hill, NC
Laura M. Robert, MD, Oakton, VA
Wesley G. Schooler, MD, Durham, NC
David R. Shaffer, MD, St. Louis, MO
Amanda I. Slater, MD, Worcester, MA
R. Scott Spies, MD, Penfield, NY
Jawal Suleman, MD, Lindenwold, NJ
John W. Surles, MD, High Point, NC
Gregg M. Talente, MD, Lexington, KY
Suzy A. Thompson, MD, Silver Spring, MD
Ketan K. Trivedi, MD, Arlington, VA
Kelly M. Waicus, MD, Cincinnati, OH
Eileen M. Washburn, MD, San Francisco, CA
Deidra E. Woods, MD, Washington, DC
Douglas J. Wyland, MD, Durham, NC

CLASS OF 1996
Number in class: 138
Percent donors: 8%
David K. Becker, MD, Chapel Hill, NC
Michael J. Casey, MD, Winston-Salem, NC
Joan E. East, MD, Asheville, NC
Emma E. Fortney, MD, Boston, MA
Kimberly J. Hamilton, MD, Hanover, NH
Scott M. Klenzak, MD, Chapel Hill, NC
E. Allen Liles, Jr., MD, Durham, NC
John E. Milko, MD, Ormond, FL
Leslie A. Montana, MD, Chapel Hill, NC
Jeffry P. Simko, MD, PhD, San Francisco, CA
Carlos A. Vargas, MD, Lincolnton, NC

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Ray M. Adams, Jr., Charlotte, NC
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Catherine A. Barrett, Fayetteville, NC
Pamela M. Bimbo, Asheboro, NC
Aletta G. Briggs, Butner, NC
Janet B. Callahan, Chapel Hill, NC
Betty H. Calloway, Wilmington, NC
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Cathy C. Kim, Archdale, NC
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Lita Locklear, Red Springs, NC
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Janet T. Robbins, Lewisville, NC
Rachel J. Sanders, M.S., Juneau, AK
Victoria K. Stevens, Bowling Green, KY
Alicia B. Tyson, Waxhaw, NC
Elizabeth E. Via, Winston-Salem, NC
Tracey M. Wilde, Simpsonville, SC

BASIC SCIENCES

Kathy F. Baldwin, Kalamazoo, MI
Aziz A. Boxwala, Carrboro, NC
Victoria Z. Coward, Jacksonville, FL
Merle Moses Crawford, Hummelstown, PA
Catherine Earnhart Currin, Oxford, NC
Martha W. Easley, Gainesville, FL
Michelle Elisburg, Carrboro, NC
Angela Creasy Fernandez, High Point, NC
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Harriett L. Hargis, Durham, NC
Ann E. Harris, Fairfax, VA
Alfredo J. Julian, Decatur, GA
Billy M. Nichols, Cincinnati, OH
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Emily A. Rantzos, Asheville, NC
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Kurt W. Senfert, Charlotte, NC
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Anne Steward Solari, Florissant, MO
Suzanne Craven Tate-Henderson, Southport, NC
Marisa M. Tomasic, M.S., Pittsburgh, PA
Elizabeth Cheatham Wilkinson, Youngsville, NC
Rebecca R. York, Greensboro, NC

FACULTY

Arthur S. Aylsworth, MD, Chapel Hill, NC
A. Griswold Bevin, MD, Chapel Hill, NC
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Carl L. Bose, MD, Chapel Hill, NC
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Hartwig Bunzendahl, MD, Chapel Hill, NC
Michael Caplow, PhD, Chapel Hill, NC
Mauricio Castillo, MD, Chapel Hill, NC
Robert C. Cefalo, MD, Chapel Hill, NC
Harrie R. Chamberlin, MD, Chapel Hill, NC
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Richard L. Clark, MD, Chapel Hill, NC
William Lord Coleman, MD, Chapel Hill, NC
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Ernest Craige, MD, Chapel Hill, NC
Robert E. Cross, Durham, NC
Laurence E. Dahners, MD, Chapel Hill, NC
J. Charles Daw, PhD, Chapel Hill, NC
Floyd W. Denny, Jr., MD, Chapel Hill, NC
Georgette A. Dent, MD, Chapel Hill, NC
William Droegemueller, MD, Chapel Hill, NC
Rebecca Edmondson, PhD, Chapel Hill, NC
Newton D. Fischer, MD, Chapel Hill, NC
Elman G. Frantz, MD, Chapel Hill, NC
Jeffrey A. Frelinger, PhD, Chapel Hill, NC
Eric C. Frey, PhD, Durham, NC
Stanley C. Froehner, PhD, Chapel Hill, NC
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Peter H. Gilligan, PhD, Chapel Hill, NC
Robert N. Golden, MD, Chapel Hill, NC
Mark L. Graham, III, MD, Durham, NC
Ian S. Grimm, MD, Chapel Hill, NC
Joe W. Grisham, MD, Chapel Hill, NC
Joseph W. Hall, MD, Chapel Hill, NC
Robert A. Harrell, MD, Chapel Hill, NC
William D. Heizer, MD, Chapel Hill, NC
Carol C. Hogue, MD, Chapel Hill, NC
Walter Hollander, Jr., MD, Chapel Hill, NC
Jaroslav F. Hulka, MD, Chapel Hill, NC
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William K. Kaufmann, PhD, Durham, NC
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Ernest N. Kraybill, MD, Chapel Hill, NC
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Kenneth J. Levin, MD, Chapel Hill, NC
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Warner J. Lucas, MD, Chapel Hill, NC
Stanley R. Mandel, MD, Chapel Hill, NC
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S. J. Martinkosky, PhD, Chapel Hill, NC
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Eugene S. Mayer, MD, Chapel Hill, NC
Campbell W. McMillan, MD, Chapel Hill, NC
Gerhard W. Meissner, PhD, Chapel Hill, NC
David F. Merten, MD, Chapel Hill, NC
Michael R. Mill, MD, Chapel Hill, NC

This year's five-year Loyalty Fund group included, from left, Dick Liles, MD '57; Donn Wells, MD '61, Josh Taylor, MD '61; Carol Taylor; Dick Shermer, MD '63; Gordon LeGrand, MD '65; Judy LeGrand; Peggy Phipps; Jean Spangler; Carl Phipps, MD '62; and Ernie Spangler, MD, Housestaff '61. They are joined by first-year Associates Michael Carter, MD '86 and Mary Beth Carter, MD '86.

Melanie Mintzer, MD, Chapel Hill, NC
Edward J. O'Keefe, MD, Chapel Hill, NC
Anthony N. Passannante, MD, Chapel Hill, NC
Diana O. Perkins, MD, Durham, NC
Edward R. Perl, MD, Chapel Hill, NC
David R. Perry, Chapel Hill, NC
Harold C. Pillsbury, III., MD, Chapel Hill, NC
Arthur J. Prange, Jr., MD, Chapel Hill, NC
Kenneth G. Reeb, MD, Chapel Hill, NC
George Z. Retsch-Bogart, MD, Chapel Hill, NC
Jon Marc Rhoads, MD, Chapel Hill, NC
Robert S. Sandler, MD, Chapel Hill, NC
James H. Scatliff, MD, Chapel Hill, NC
George F. Sheldon, MD, Chapel Hill, NC
William W. Shockley, MD, Chapel Hill, NC
Michael A. Simmons, MD, Chapel Hill, NC
Judith D. Smith, Chapel Hill, NC
Sidney C. Smith, Jr., MD, Chapel Hill, NC
P. Frederick Sparling, MD, Moncure, NC
Brian Stabler, PhD, Chapel Hill, NC
Frank T. Stritter, PhD, Chapel Hill, NC
Colin G. Thomas, Jr., MD, Chapel Hill, NC
James D. Thullen, DO, Raleigh, NC
Judith E. Tintinalli, MD, Chapel Hill, NC
Svein U. Toverud, PhD, Chapel Hill, NC
Robert D. Valley, MD, Chapel Hill, NC
Charles M. Van Der Horst, MD, Chapel Hill, NC
Judson J. Van Wyk, MD, Chapel Hill, NC
Mahesh A. Varia, MD, Chapel Hill, NC
Kathleen A. Veness-Meehan, Chapel Hill, NC
Leslie A. Walton, MD, Durham, NC
Thomas James Wasileski, MD, Chapel Hill, NC
Mark C. Weissler, MD, Chapel Hill, NC
Clayton E. Wheeler, Jr., MD, Chapel Hill, NC
Clarence E. Whitefield, Chapel Hill, NC
Frank C. Wilson, MD, Chapel Hill, NC
John B. Winfield, MD, Chapel Hill, NC
Richard V. Wolfenden, PhD, Chapel Hill, NC

HOUSE STAFF

Jerome H. Abramson, MD, Chattanooga, TN
Henry Akinbi, MD, Cincinnati, OH
Richard C. Andringa, MD, Greensboro, NC
James W. Asaph, MD, Portland, OR
David E. Ballard, MD, Albuquerque, NM
A. John Bambara, MD, Bridgewater, NJ
Mary Quentin Barnes, MD, Olympia, WA
Thomas M. Bashore, MD, Durham, NC
Douglas F. Berry, MD, Bend, OR
Pouru P. Bhiwandi, MD, Raleigh, NC
Philip M. Blatt, MD, Wilmington, DE
Robert S. Boger, MD, Brookfield, CT
Jeffrey P. Bomze, MD, Haverford, PA
Thomas A. Brackbill, MD, Greensboro, NC
Marianne S. Breslin, MD, Chapel Hill, NC
Maria T. Britto, MD, Cincinnati, OH
Wallace D. Brown, MD, Raleigh, NC
George F. Brumback, MD, Greensboro, NC
Edwin L. Bryan, MD, Greensboro, NC
Robert V. Buccini, MD, Greensboro, NC
Steven Bujenovic, MD, Baton Rouge, LA
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W. Tom Callahan, MD, Gainesville, GA
Manuel O. Campano, MD, Greensboro, NC
Elizabeth E. Campbell, MD, Raleigh, NC
Edmund R. Campion, MD, Chapel Hill, NC
Robert L. Carithers, Jr., MD, Seattle, WA
Wayne Cascio, MD, Chapel Hill, NC
G. Rayburn Cheely, MD, Raleigh, NC
John Q. Cleveland, Jr., Miami, FL
Herbert A. Cooper, MD, Chapel Hill, NC
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President's Letter

We attended the Fall Alumni Weekend October 11 and 12 in Chapel Hill. I believe these programs continue to improve in numbers of involved alumni, significance of the awards and grants, and value of the CME program both in terms of number of attendees and quality of the program.

Friday, the CME presentation was a six-hour program on ethics and managed care. It was jointly sponsored by our Alumni Association, the Association of Professional Women in Medicine, the Department of Social Medicine, and the Office of CME and Alumni Affairs. There were about 100 attendees, who benefited from an outstanding guest faculty and very meaningful discussions on gatekeeping, cost consciousness and the doctor/patient relationship, patient advocacy, medical necessity and capitation dilemmas. One attendee told me he didn't think the topics were relevant since he had no managed care patients; most, however, identified with the issues as ones we are all beginning to face.

The Medical Alumni Endowment Board met and approved grants totaling $25,000 to students and faculty for research projects. The Endowment Fund was started 10 years ago with contributions from alumni and has grown to more than $1 million. Joe Russell has ended his five-year term as chair of the Endowment Board. Joe's hard work, with others, is responsible for the fund's success. Noel McDevitt was nominated to assume the chair. He has been closely associated with the fund since its inception, so its future is in good hands.

On Friday night the Fall Alumni Banquet was held in the Morehead Building and I thought it was very successful. There were more than 225 attendees. The new alumni Loyalty Fund associates and five-year associates who attended were recognized. Most of the 42 medical student scholarship recipients from the Loyalty Fund attended and were recognized. The growth of the Loyalty Fund was reported, as were plans for the coming year. These have been reported to you previously.

On Saturday, the Alumni Council met and was updated on these and other issues. Dean Bondurant introduced Dr. Tom Bacon, the new associate dean and AHEC director, and announced that Dr. Tom Sibert is the new co-director of the UNC Health Plan. The Health Plan is to provide a more coordinated network of physicians to work with the UNC Hospitals system.

Dr. Bondurant is serving as interim dean until the search committee selects the new dean. Dr. Darlyne Menscer, president-elect of our Alumni Association, sits on the 10-person selection committee.

Dr. Bondurant reported that searches are also underway for chairs for the departments of Orthopaedics, Biochemistry, Obstetrics and Gynecology, and Pathology and Laboratory Medicine.

Fifteen separate campaigns are being organized to obtain alumni participation support for the Loyalty Fund. These include the classes holding reunions in the Spring, as well as most of the large regional or county associations. We will be visiting with many of you at these meetings.

I hope you will begin making plans now to attend the Spring meeting as well as county meetings in areas in which they are held. I look forward to seeing you and again would welcome any suggestions you have on how we can improve the operation of the Medical Alumni Association.

Carl S. Phipps, MD '62

CME/Alumni Calendar

	Medical Alumni Activities	
January 9-10	Challenges in Geriatric Practice	Chapel Hill
January 18-21	4th Practical Neonatal Pharmacology Conference	Breckenridge, CO
February 12-14	TEACCH Winter Inservice Training	Chapel Hill
February 13	Guilford County Alumni Reception	Greensboro
February 25	Wake County Alumni Reception	Raleigh
February 27	Forsyth County Alumni Reception	Winston-Salem
February 28	Issues in Pediatric Urology	Chapel Hill
March 5	Mecklenburg County Alumni Reception	Charlotte
March 12-15	21st Annual Internal Medicine Conference	Chapel Hill
April 18-19	Spring Medical Alumni Weekend	Chapel Hill
May 2	May Day Trauma Conference	Chapel Hill
May 22-23	18th Annual TEACCH Conference	Chapel Hill

For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call 1-800-862-6264.

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