

# Columbia Medicine

Columbia University College of Physicians & Surgeons

SPRING/SUMMER  
2017



**1767 – 2017**

**WE DON'T JUST PRACTICE MEDICINE.  
WE CHANGE IT.**

## Dear Readers,

Dean Lee Goldman has graciously allowed me to fill in for him for this issue that is dedicated, in large part, to the medical school's 250th anniversary. I have been affiliated with P&S for more than 60 years (I arrived on campus in 1954 as a first-year medical student and, except for military service, have remained a faculty member and alumnus since), so longevity itself may make me a part of the history of this school. I owe some of my affinity for this school's history to my late colleague and friend Don Tapley, who was dean from 1973 to 1984. Though not a P&S graduate, Don had respect for the historical eminence of P&S and its traditions. As a member of the 250th anniversary steering committee, I have tried to put my historical interests and knowledge to good use.



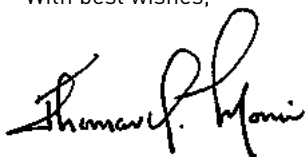
As you read the historically themed feature articles in this issue and offer feedback about your memories of P&S, consider the singular accomplishments of our

alumni and faculty. They fill nearly every decade since the school opened in 1767 and granted the first MD degree in the Colonies three years later. The 2017 wall calendar produced and distributed with our Fall/Winter 2016 issue showed us how difficult it is to narrow down worthy P&S achievements and individuals.

Unfortunately, we have few records from much of the 19th century; fortunately, many of the greatest accomplishments in modern medicine attributed to Columbia happened in the 20th century, resulting in Nobel Prizes to 21 P&S faculty members, former faculty members, and alumni, including Dickinson Richards'23, André Cournand, Baruch Blumberg'51, Harold Varmus'66, E. Donnall Thomas, Eric Kandel, Richard Axel, and Robert Lefkowitz'66. These accomplishments lend credibility to our anniversary theme, "We don't just practice medicine. We change it." The 21st century is off to a good start through the remarkable leadership of Lee Goldman, who worked closely with department chairs and faculty to identify the sacrifices and contributions needed to make the past 11 years successful.

Some of what we cannot fit into this issue will appear in the Fall/Winter 2017 issue. If that is not enough to satisfy your history appetite, the anniversary website at [ps.columbia.edu/250](http://ps.columbia.edu/250) has historical information that augments what we have room to publish on these pages.

With best wishes,



**Thomas Q. Morris'58**

Alumni Professor Emeritus of Clinical Medicine  
Chairman, *Columbia Medicine* Editorial Board

# Columbia **Medicine**

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## **P&S History: Lee Goldman, Dean No. 23**

The P&S pillars of excellence—research, education, clinical care, and community service—have been strengthened and polished during the past 11 years through collaborations among leadership, faculty, staff, students, and hospital partners. The blueprint for excellence drawn during the past decade provides a plan for continued success.

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Faculty and alumni who have died



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## **P&S History: The Quiz Edition**

The 250 years since Columbia's medical school opened have yielded Pulitzer Prize winners, Nobel laureates, medical pioneers depicted on postage stamps, Olympians, NIH leaders, and many others who have left their mark on medical history. How well do you know P&S history?



### Remembering the 'Hood

I hope “the neighborhood” (“Pre-Orientation Program Welcomes Students to the Neighborhood,” P&S News, Fall/Winter 2016 issue) includes going north, to include Fort Washington, Fort Tryon and Fort George, all important in the Revolutionary War. Fort Tryon Park also contains the Cloisters, a branch of the Metropolitan Museum of

Art, which has wonderful medieval art, including the famous Unicorn Tapestries, and Gregorian chants on Sunday afternoons.

Charles Brill'61  
Philadelphia

### Faculty Mentors

I still look occasionally at the Spring/Summer 2016 issue of *Columbia Medicine*. Items in that issue of great interest to me were the sketches of important women of my time at P&S in 1938-42 (“Women—Long Denied a Role at P&S—Helped Shape Medicine in the 20th Century”). The most immediate connection was to Abbie Ingalls, an outstanding member of our class who charmed us all. My remembrance of her ability and personality was one of the reasons I urged my daughter to select Bryn Mawr College.

I had some memorable instruction in pathology from Virginia Kneeland Frantz and put a patient to sleep under the personal guidance of Dr. Apgar. As I shortly thereafter came into pediatrics, I felt the importance of Hattie Alexander's contributions to infectious disease and Dorothy Andersen's to cystic fibrosis.

There are other important and instructive articles in that issue but these that hit me personally stand out.

Paul R. Lurie'42  
New Paltz, N.Y.

I write in fond memory of Robert Loeb, a name known to fame at P&S. A number of reminiscences in the past seemed chary of his praise. I found Dr. Loeb to have been one of the two great teachers in my life, as a student, faculty member, and practitioner. Others have noted that he did not tolerate unpreparedness or unprofessionalism (or even its semblance) in his students or associates. Why should he? Would this kind of “tolerance” of incompetence have helped us, him, or a patient?

What I personally remember best was his ability to convert the problem of an ordinary patient suffering an ordinary disease into the world's most fascinating set of cardiovascular and renal interactions. Others have pointed out Dr. Loeb's often frustrated attempts to include students in the discussion (not banter) of his rounds. In retrospect I'm confident he was attempting (often vainly) to light up some intellectual curiosity in us. More than once I remember him (referring to our attempt at reasonable therapy that did not “work”) asking, “Funny thing! Eh, Lindberg, funny thing?” What he meant was, how imperfect is our understanding of our craft, and (I thought) how much we needed a few experiments. More than once he would enter so fully into his dialectic that he would smile straight at us and commit that sin he never pardoned in others: He would rest his foot on the patient's bed rail. If it is true he was looking for intellectual curiosity in us med students—even house staff—no wonder he might occasionally lose his temper.

Dr. Loeb ended his practice (under retirement rules one can lament) more or less on the cusp of very great changes in medicine. For example, recall his insistence on a rigorous defense of each new lab test ordered: What will you do if it's high? What if low? etc. This scholarly reasoning was (in retrospect) out of tune with the coming of multichannel electrolyte machines, very multichannel autoanalyzers, multiphasic screening, and now genomewide analyses. But his thinking was exactly in line with modern computer-assisted medical decision making.

Of course, Dr. Loeb could be personally kind too. He once took the trouble to discuss with my wife if I should seek an internship on his service. Many a time I have thought about the fun this might have been.

Don Lindberg'58  
Director Emeritus, National Library of Medicine

### P&S History: Fraternities

I am trying to get information about a fraternity that existed at Columbia College of Physicians and Surgeons in the early 20th century. A fraternity pin that I believe comes from the college consists of two triangles, one imposed on the other. On the front of one appear a skull and crossbones and the Greek word *O iatros*, which means *the physician*. On the other triangle appears the Greek letters Chi Zeta Chi, although the order could be different—e.g., Chi Chi Zeta, etc.

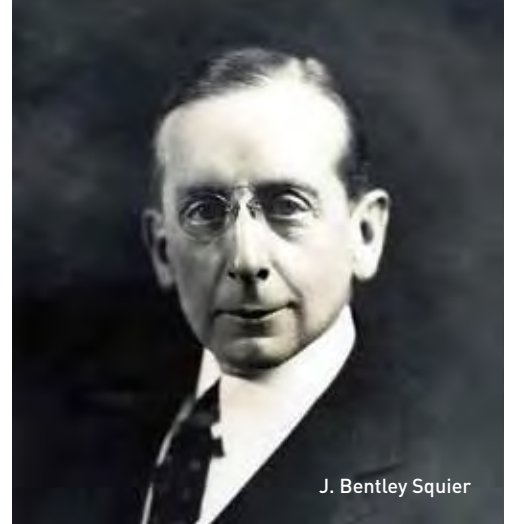
My father, Thomas E. Quigley, graduated from P&S in 1918. I have this pin, together with another one consisting simply of a skull superimposed, not on crossbones but on crossed keys, looking vaguely like the papal crossed keys of Peter. Any information about either would be most gratefully received. A specific question: Did P&S have its own Greek fraternities at that time?

Tom Quigley  
Via email

### Editor's Note

Archives & Special Collections has no records of fraternities, other than the Alpha Omega Alpha honor society, that existed before 1924. Any reader having information to share with Mr. Quigley may send it to [columbiamedicine@columbia.edu](mailto:columbiamedicine@columbia.edu).

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## 100 Years of Columbia Urology

**U**rology at P&S started in 1917 when J. Bentley Squier, an 1894 graduate of P&S, founded a clinic with the support of his many generous patients throughout the world. When Columbia-Presbyterian Medical Center opened in 1928, the Squier Urological Clinic had its own operating and cystoscopy rooms, pathology and X-ray departments, and library. He also established a 30-bed pediatric urology service in the medical center's new Babies Hospital. The clinic became a formal department, with Dr. Squier as chair, in 1935.

A century after its founding, P&S urology is ranked as a leading urology program and one of the top recipients of NIH funding. Urology faculty were the first to characterize bladder carcinoma in situ (localized), treated differently from other such cancers; describe renal tubercu-

losis, a form of advanced kidney infection; and outline and use the now ubiquitous prostate-specific antigen (PSA) density test.

### Other highlights:

- George F. Cahill, who became chair in 1939 after the sudden death of Dr. Squier, specialized in adrenal surgery and early investigations into the care of patients with pheochromocytoma, a nonmalignant tumor of the adrenal glands. Under Dr. Cahill's direction, a cancer research service began at the Francis Delafield Hospital, leading to innovative basic and translational cancer research. Dr. Cahill also reported that human chorionic gonadotropic hormones cure cryptorchidism, the absence of one or both testes from the scrotum, the most common birth defect of the male genitals.

- Meyer Melicow formed the Squier Urological Pathology Section and published extensively, earning him the moniker "Father of Uro-pathology."

- John Lattimer'38, who became chair in 1955, expanded pediatric urology and developed innovative treatments for prostate cancer, combining different surgeries to prolong life. He conducted research and innovative treatment of genitourinary tuberculosis.

- Carl A. Olsson, who became chair in 1980, was respected for his work in urinary diversion surgery and reconstructive urology. Under his leadership, the department's molecular biology research program flourished and garnered national recognition for fundamental work in castration-resistant prostate cancer under Ralph Buttyan. Innovative techniques introduced during Dr. Olsson's tenure include prostate cryosurgery, robotic and laparoscopic surgery for prostate cancer, continent urinary diversion for bladder cancer, and nephron sparing surgery for kidney cancer. Landmark studies in serum biomarkers for prostate and kidney cancers also occurred during Dr. Olsson's tenure.

- Mitchell Benson'77 succeeded Dr. Olsson as chair in 2006. He is credited with describing the concept of PSA density in the diagnosis and monitoring of prostate cancer. Dr. Benson expanded a basic science research division within the department and consolidated all urologic research laboratories into the new cancer center facility. The department opened its first satellite division of urology, in Miami, Fla., which has five full-time faculty and its own residency training program.

- The department's current chair, since 2014, is James McKiernan'93. He leads a team of researchers investigating the clinical outcomes of patients with kidney, prostate, and bladder cancer. Under his leadership, the department opened its first Westchester office.



John Lattimer, urology chair from 1955 to 1980, during grand rounds at Babies Hospital in 1964



AMELIA PANICO

## Residency Match 2017

**Family and friends** joined the P&S Class of 2017 in Bard Hall on March 17 for the annual distribution of residency match envelopes as medical school seniors across the country found out where they will train. According to the National Resident Matching Program, this year's match was the largest in Match history, with a record 35,969 U.S. and international medical school graduates vying for a record 31,757 positions.

The P&S Class of 2017, the largest class in P&S history, had 167 students participating in the match. Most of the graduates matched to residencies in cities on both coasts: Boston, New York, Philadelphia, San Francisco, and Los Angeles. More than one-third of P&S graduates will complete all or part of their training in New York City (39 percent will remain in New York state).

The most popular residencies: internal medicine (46 students), anesthesiology (12), psychiatry (12), pediatrics (11), obstetrics & gynecology (10), and radiology/diagnostic and interventional (10).



EVE VAGG



EVE VAGG

## Expanded Pipeline Program Emphasizes Intraprofessional Health Care

A pipeline program intended to increase the number of health care professionals from underrepresented groups will offer studies in all fields available at Columbia University Medical Center: medicine, dentistry, nursing, public health, occupational therapy, physical therapy, and nutrition.

Columbia is one of 13 institutions nationwide to participate in the expanded Summer Health Professions Education Program funded by the Robert Wood Johnson Foundation. Previously limited to medicine and dentistry, the free enrichment program allows first- and second-year college students to spend several weeks at the medical center. The program's new name reflects its broader focus on intraprofessional education and the belief that patients receive better care when providers work collaboratively and across specialties.

This is the first time all academic programs at CUMC will work together on a so-called pipeline program to encourage participants to consider careers in health care. "I think that was the strength of our application, that we have these seven programs on one campus," says Hilda Hutch-

erson, MD, senior associate dean of diversity and multicultural affairs at P&S and PI of the Columbia SHPEP site. (Co-PIs are Dennis Mitchell, DDS, vice provost for faculty diversity and inclusion at Columbia University and senior associate dean for diversity at the College of Dental Medicine, and Vivian Taylor, EdD, associate dean for diversity and cultural affairs at the School of Nursing). "You need to have a team, health professionals working together for efficiency and great medical care. We presented a proposal that showed how the programs would work together."

About 1,400 college students apply to Columbia's program every year, though only 80 spots are available. "Being at Columbia, one of the top medical centers in the country, and in New York City is a huge draw," Dr. Hutcherson says. "We're looking for students who need assistance, who need encouragement, who need the resources. I think the encouragement we provide is the most important thing we do, because often these students have never been told, 'Yes, you can do this! And this is the way you can do it.' Those are the students we're reaching for."

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## Learning How to Screen for Substance Abuse

A new program designed to teach students how to screen patients for substance use disorders has been implemented for P&S and dental students at Columbia. The program, funded by a grant from the Substance Abuse and Mental Health Services Administration, is integrated into the required curriculum over the course of all four years.

The program aims to teach a variety of approaches to screening and brief interventions that take a nonjudgmental approach to substance use by applying evidence-based methods that have been shown to reduce rates of heavy drinking, nicotine use, and drug use among patient populations.

Students who participate in the program are being introduced to SBIRT (Screening, Brief Intervention, and Referral to Treatment) and techniques for motivational interviewing. The program uses multiple teaching techniques, including lectures, videos, small-group discussions, role-playing, and screening of standardized patients to help students learn and practice SBIRT. Standardized patient encounters, modeled on a part of the board certification process for physicians, allow students to practice history taking and physical exam skills to prepare to see patients in clinical settings.

The Substance Abuse and Mental Health Services Administration has funded initiatives to introduce SBIRT training nationally, although mostly for residency programs up until the past year. Increasing awareness about the impact of excessive substance use on health care outcomes across the country has prompted the agency to expand the initiative by adapting the curriculum for medical students to introduce concepts earlier in the course of a doctor's training.

"Doctors have a lot more impact than they think they have in changing a patient's behavior," says Frances R. Levin, MD, the Kennedy-Leavy Professor of Psychiatry in the Division of Substance Use Disorders and the PI for the training program at Columbia. "We try to get the students comfortable with simply asking patients the questions."

Dr. Levin hopes to expand the program next year to residents and ultimately offer the course to students at other CUMC schools.

## Co-Ed Medical Education

This year marks the 100-year anniversary of the admission of women to P&S. In 1917, a Barnard College senior, Gulli Lindh, started a campaign to gain admission to P&S. After several meetings with the P&S dean and receipt of an anonymous gift to pay for physical plant changes to accommodate women, Ms. Lindh joined 10 other women who began medical school in the fall.

Dr. Gulli Lindh Muller (she married in her junior year) graduated first in her class in 1921. After training at Presbyterian Hospital she joined the P&S faculty, later resigning to move to Massachusetts for her husband's new job.

In the years from 1921 to 1941, 175 women graduated from P&S, a third of them graduating with honors (compared with only 13 percent of the men). As of the late 1950s, 85 percent of them were still practicing medicine. Application rates were low, however. On average, 50 women applied each year compared with about 1,000 men. The school limited women to 10 percent of the class. Today, application and enrollment numbers of women at P&S are approximately equal to the numbers of men, and the number of women has often surpassed the number of men enrolled.

*Read more about P&S history at [ps.columbia.edu/250](https://ps.columbia.edu/250).*

## Class of 2019 Starts Major Clinical Year

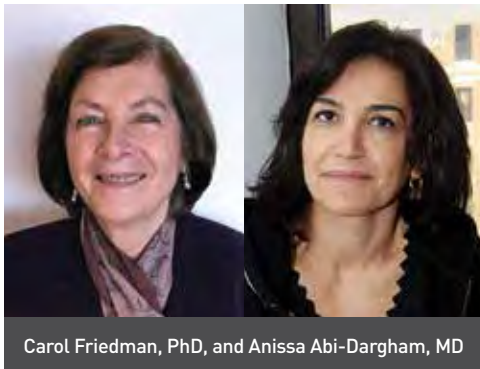
Members of the Class of 2019 started their major clinical year with the Jan. 6 Steven Z. Miller Student Clinician's Ceremony, which marks the transition of second-year students from the classroom to patient-centered training in hospital and ambulatory settings. The class gathered for a group photo in the Vagelos Education Center. The ceremony is named for the late Steven Z. Miller '84, who created the first transition ceremony at P&S in 1998.



AMELIA PANICO

## News in Brief

Two P&S faculty members were elected last fall to the National Academy of Medicine, formerly the Institute of Medicine: **Carol Friedman, PhD**, professor of biomedical informatics, and **Anissa Abi-Dargham, MD**, professor emeritus of psychiatry. Dr. Friedman is an expert in natural language processing for biomedical applications.



Carol Friedman, PhD, and Anissa Abi-Dargham, MD

Dr. Abi-Dargham, who is now professor of psychiatry at Stony Brook University, uses imaging studies to uncover the pathophysiology of schizophrenia, schizophrenia-related disorders, and addiction to reveal chemical changes that occur that may potentially serve as risk markers for the disease and improve interventions.

The American Association for the Advancement of Science named three P&S faculty members as 2016 AAAS Fellows: **Max E. Gottesman, MD, PhD**, the Charles H. Revson Professor of Biochemistry & Molecular Biophysics and of Microbiology & Immunology, who was selected for his fundamental insights leading to the understanding of transcription termination

in *E. coli* and how termination affects other cellular processes; **Wei Gu, PhD**, the Abraham and Mildred Goldstein Professor of Pathology & Cell Biology (in the Institute for Cancer Genetics) for his contributions to the field of protein modifications in modulating stress responses, particularly for acetylation/deacetylation and ubiquitination/deubiquitination in p53-mediated tumor suppression; and **Paul Sajda, PhD**, professor of biomedical engineering and of radiology, for contributions to the understanding of neural correlates of vision, human perceptual decision-making, and cortically coupled computer vision.

Two P&S faculty members will lead a new community wellness center located in the Jerome L. Greene Science Center on Columbia's new Manhattanville campus. Neurologist **Olajide Williams, MD**, and psychiatrist **Sidney Hankerson, MD**, are known for their pioneering approaches to improving public health in Harlem and Washington Heights. The center will operate with support from Columbia's Mortimer B. Zuckerman Mind Brain Behavior Institute.

The center will house the Community Health Worker Stroke Prevention program, designed to raise awareness about one of the leading causes of death and disability in the United States. The free program includes six-week training sessions held throughout the year that will give local residents the tools they need to become community health workers. Volunteers will learn about cardiovascular health issues, with a special emphasis on stroke and related risk factors. The program, modeled on the Centers for Disease Control and

Prevention's training curriculum for community health workers, is led by Dr. Williams, associate professor of neurology, chief of staff of neurology, founder of Hip Hop Public Health, and co-director of the Center for Stroke Disparities Solutions in New York. The center also will be a home base for Mental Health First Aid, a program dedicated to improving access to quality mental health services in Upper Manhattan. The program, founded by Dr. Hankerson, assistant professor of clinical psychiatry, works with local faith communities to train leaders to identify and respond to signs of depression and other mental illnesses, as well as substance use disorders like alcoholism and drug addiction. In addition to stroke and mental health awareness programs, the center will provide free blood pressure readings and cholesterol tests on weekdays and select weekends to all who walk in.

Three P&S faculty members received grants last fall through Columbia's faculty diversity initiative, the Provost's Grants Program for Junior Faculty Who Contribute to the Diversity Goals of the University: **Richard Francis, MD, PhD**, assistant professor of pathology & cell biology, for "Localization of Stored Platelets to Sites of Active Bleeding Following Transfusion"; **Monica Goldklang, MD**, assistant professor of medicine (in anesthesiology), for "In Vivo Imaging of Lung Apoptosis in Alpha-1 Antitrypsin Deficiency"; and **Esi Lamoussé-Smith, MD, PhD**, assistant professor of pediatrics, for "Infant Gastrointestinal Tract Microbiome Dysbiosis and its Impact on CD8+T Cell Gene Transcription Regulation."



## Bridging Gaps in Residency Readiness

All medical school graduates should be ready to conduct routine clinical activities when they begin residencies, but gaps exist that reveal disparities between what residency program directors expect interns to do and what the interns feel ready to do.

In response, the Association of American Medical Colleges developed a list of 13 core “entrustable professional activities”—EPAs—that new physicians should be able to perform without supervision on their first day of residency. P&S is one of 10 U.S. medical schools chosen for a pilot program to integrate EPAs into their curricula.

EPAs range from relatively simple things—taking a medical history, performing a physical exam, doing common procedures, writing notes, and making oral presentations—to more sophisticated activities, such as getting involved in quality improvement projects or handing off cases to other members of the care team, says Jonathan Amiel, MD, associate professor of psychiatry and associate dean for curricular affairs at P&S. “All of these are clearly important in terms of taking care of patients.”

Results of an AAMC poll of program directors and graduating students showed agreement in confidence on certain EPAs—getting a history, taking a physical, and making presentations—but significant gaps in other areas. “For instance, the program directors had significantly less confidence in students’ ability to do handoffs than the students had. Program directors had more confidence in students’ abilities to do common procedures than the students did,” says Dr. Amiel. “What happens when there’s this kind of gap is that when interns are just starting their graduate medical education, they may be cautious in communicating what they’re not confident in because they want to make a good impression on their supervisors, and if they’re assigned to something that they don’t feel qualified or confident to do, they may try to do it anyway without asking for enough training or supervision, and that could result in pretty significant lapses in patient safety.”

Basic procedures cannot be learned overnight, says Dr. Amiel. “You have to learn the basic principles and then practice them over time with

some kind of supervision, some kind of assessment—and opportunities for remediation if you need them. The kind of curriculum that you have to develop is pretty significant.”

The 10 schools tapped for the five-year pilot program have worked together for the past few years to develop more consistent curricula, assessment methods, and an overall structure of coaching. “Coaching is meant to help students reflect on what kind of information they’re getting back about their own performance so that they can improve it over time and can request or seek out additional opportunities for enrichment. The hope is that by the end of medical school, every medical student will feel confident to perform the activities that we’re focusing on and be really strong when they start out their internships.”

Of the 13 EPAs, P&S has focused on four:

- taking a medical history and performing a physical exam
- documenting a clinical encounter in the patient record
- providing an oral presentation of a clinical encounter
- performing general procedures of a physician

Educational content addressing those EPAs was incorporated into the P&S curriculum beginning with the Class of 2019. “We’ve set up a longitudinal coaching program where each student has a coach that teaches in our Foundations of Clinical Medicine seminar course for first-year students but also stays with the student over the course of the four years,” says Dr. Amiel. “The students meet with the coaches once or twice a semester to go over how medical school is going, what kind of feedback they’re getting—both directly observed by the coach in the Foundations course and later on clinical services and in clinical skills assessments. Our aim is to establish a trusting relationship between the coach and the student so that students can come to coaches over the course of their medical school education with the feedback that they’ve gotten and try to interpret it so that they can create their own short-term and long-term learning plan.”

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## Having Our Cake and Eating It Too



A cake baked by a local bakery to commemorate the 250th anniversary of P&S was judged the overall winner of a January “Cake Off” held to celebrate several medical center anniversaries.

A panel of community judges viewed and tasted cakes made to represent P&S (250 years), the School of Nursing (125 years), the College of Dental Medicine (100 years), and the Mailman School of Public Health (95 years). The cakes were judged on taste, appearance, and how well each cake represented the mission of the school. The P&S cake, created by Make My Cake bakery, portrayed the new Vagelos Education Center. The cake also depicted books authored by Columbia faculty and alumni.

CUMC faculty and staff were invited to taste each school’s cake and vote on their favorite. The College of Dental Medicine cake, which depicted the dental school mobile van, received the most votes. The cake was baked by Bizcocho De Colores bakery.

# Clinical *advances*

## Management of Pulmonary Arterial Hypertension

**P**ulmonary arterial hypertension, considered a death sentence just a generation ago, is a rare but serious disease that occurs when the walls of the lung's arteries stiffen and narrow, raising blood pressure in these arteries. The lungs can be permanently damaged, and the heart must pump harder to push blood through the lung, leading to life-threatening heart failure in children and adults.

"Two decades ago, patients diagnosed were told they had one to two years to live," says Erika Berman Rosenzweig, MD, associate professor of pediatrics (in medicine) and medical director of the Pulmonary Hypertension Comprehensive Care Center at Columbia.

"Now, with new advances, we have patients who have been managed at the center for more than 20 years and going strong," Dr. Rosenzweig says. "This evolution has been amazing to be a part of and has enabled patients to live longer and stronger with pulmonary arterial hypertension."

The Pulmonary Hypertension Comprehensive Care Center at Columbia is one of the first—and among the largest—in the world established

to treat the disease. For the past 30 years, the center has been at the forefront of research, including major clinical trials, landmark genetic discoveries, and pioneering treatments such as mechanical support for patients who fail advanced medical therapy.

"We have led the way in both pediatric and adult pulmonary arterial hypertension management and research by offering the most advanced medical therapies, often through clinical trials," Dr. Rosenzweig says. "We have been involved in all of the pivotal drug trials that have led to FDA approval of the 14 medications available for the disease."

The center has become known for providing the most advanced medical care for the sickest patients. Surgeries that would not have been considered previously are now possible.

The center has pioneered the use of ECMO—an external machine that oxygenates blood—in pulmonary hypertension patients as a bridge to a lung transplant or to help patients recover from a life-threatening crisis.

"Previously these patients were not offered ECMO because it was thought they could not be weaned from the support or survive long enough on ECMO while waiting for an organ," says Matthew Bacchetta, MD, associate professor of surgery and the center's surgical director.

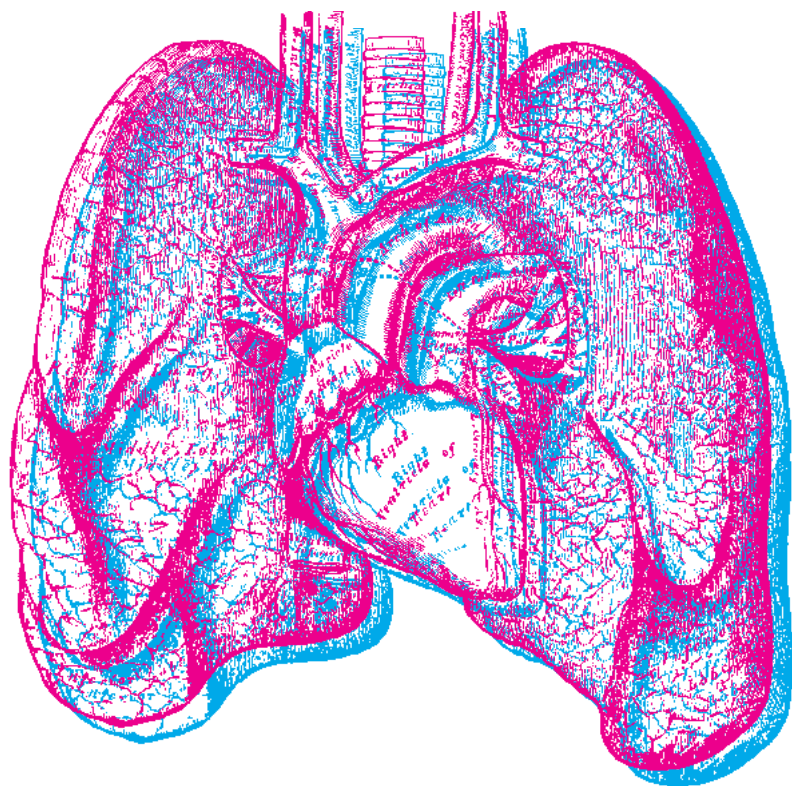
"At Columbia, ECMO is being successfully used and, in many cases, physical condition improves and patients become better candidates for a transplant."

Dr. Bacchetta is among only a few surgeons in the world who perform surgery for chronic thromboembolic pulmonary hypertension, which happens when thrombi build up in the pulmonary arteries. During the procedure, called pulmonary thromboendarterectomy, the blockages are surgically removed from the lungs. "It's an attractive alternative to lung transplantation and is associated with better long-term survival, although the procedure isn't well-known among most physicians," says Dr. Bacchetta.

"As the center sees patients surviving longer, we are now challenged with how to manage them through comorbid conditions," says Dr. Rosenzweig. "We are proud that our team can literally change lives and improve outcomes on a daily basis for a disease that was recently considered universally fatal. To see patients get back out there and attend school, work, or travel and be an active member of their community gives us tremendous pride in the work we do."

—Jeff Ballinger

*The Pulmonary Hypertension Comprehensive Care Center treats all forms of pulmonary hypertension, including hypertension caused by other conditions. For more information, contact the center at 212-305-4436.*



## Keeping Children's Digestive Health on Track

Children with celiac and other gastrointestinal problems now have greater access to treatment with last year's opening of the Phyllis and Ivan Seidenberg Center for Children's Digestive Health. The center features a multidisciplinary team of specialists who care for children with both simple and complex illnesses.

The center, located in the Morgan Stanley Children's Hospital, was made possible by a \$15 million donation from Phyllis and Ivan Seidenberg.

The new center has led to dramatic improvements for patients and physicians, says the team's leader, Joel Lavine, MD, PhD, professor and vice chair of pediatrics. "Prior to this center's opening, the Division of Gastroenterology, Hepatology, and Nutrition did not have its own outpatient space to see patients, and our ability to recruit physicians to expand capacity was limited. We now have 15 expansive exam rooms; nurse practitioners and dietitians are easily accessible to patients; and we are capable of accommodating more than 25,000 patient visits per year."

The center has recruited more specialists to provide multidisciplinary approaches in treating complex digestive problems. Recent recruits include Jennifer Woo Baidal, MD, assistant professor of pediatrics, who specializes in childhood obesity; Julie Khlevner, MD, assistant professor of pediatrics at

CUMC and director of the Pediatric Gastrointestinal Motility Center; Sivan Kinberg, MD, assistant professor of pediatrics (in biomedical informatics) at CUMC, who directs the Pediatric Intestinal Rehabilitation Center; Ali Mencin, MD, assistant professor of pediatrics at CUMC, who directs the Pediatric Fatty Liver Clinic; and Joseph Picoraro, MD, assistant professor of pediatrics at CUMC, who coordinates care for inflammatory bowel disease.

Dr. Picoraro is developing precision medicine projects to investigate the genetic causes of gastrointestinal disorders. Meenakshi Rao, MD, PhD, assistant professor of pediatrics, investigates the development of the neuro-enteric system and consequences related to motility. Arun Singh, MD, a postdoctoral clinical fellow, studies the role of epigenetics in the expression of genes implicated in celiac disease.

"The expertise available in this center is unparalleled," Dr. Lavine says, "in terms of quality, access, and interdisciplinary care."

The Seidenberg gift also supports center research into eradicating celiac and other digestive diseases.

—Jeff Ballinger

*Appointments may be requested by calling 212-305-5903.*

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## Children Undergoing Heart Surgery at Columbia Have Lowest Mortality in New York State

Children who have heart surgery at New York-Presbyterian/Columbia have the lowest risk-adjusted mortality rate among all programs in New York state, according to a report published last fall describing pediatric congenital cardiac surgery in New York state from 2010 to 2013.

The report compiled data from patients under 18 years of age who had surgery to correct congenital heart defects. New York is the only state that collects and releases this information about pediatric cardiac surgery.

"We are very pleased, and the results are a testament to the quality of all the doctors and

nurses in the pediatric heart team," says Emile Bacha, MD, chief of cardiac, thoracic, and vascular surgery.

According to the report, CUMC performed the most pediatric heart surgeries in the state—1,558 over four years—and had the lowest risk-adjusted mortality rate of 2.26, a rate that was significantly lower statistically than the statewide rate.

A unique aspect of Columbia's pediatric heart team is the integration of neonatologists who specialize in heart disease. "I believe that these specialists have developed outstanding management skills of these babies that has helped us achieve superior results," says Dr. Bacha. He also credits Columbia's surgical and technical experience and multidisciplinary team approach.

"I advise parents that the experience of the team is the most important thing to ask about," he says. "You want a center that does hundreds of cardiac surgeries a year, literally several surgeries every day. It's also very important to seek care at a multidisciplinary unit if you're

pregnant and you know your child has a heart defect. Babies sometime get into trouble right after birth, and it's better to have all the necessary resources under one roof."

Columbia's pediatric heart surgeons also participate in the Society for Thoracic Surgery's Congenital Heart Surgery Database, which was created in 1989 to monitor patient care. In the past few years, surgical outcomes at Columbia have ranked among the best in North America.

Historically, Columbia surgeons have earned a position at the forefront of pediatric cardiac surgery through such achievements as the first successful pediatric heart transplant in 1984. Columbia is now one of a few centers in the United States to offer hybrid cardiac surgery—combining conventional surgical methods with catheter-based techniques—for infants and children.

—Susan Conova

*For an appointment or a second opinion consultation, call 212-305-2688.*

### Correction

The balance disorders center phone number published in the Fall/Winter 2016 issue was incorrect. The correct phone number is 212-305-0029. The center's website is [www.entcolumbia.org/our-services/balance-disorders](http://www.entcolumbia.org/our-services/balance-disorders).

# P&S HISTORY:

## **25** *Years* *of Medical Education, Research, and Care*

### *Lee Goldman, Dean No. 23: 11 Years of Leadership and Counting*

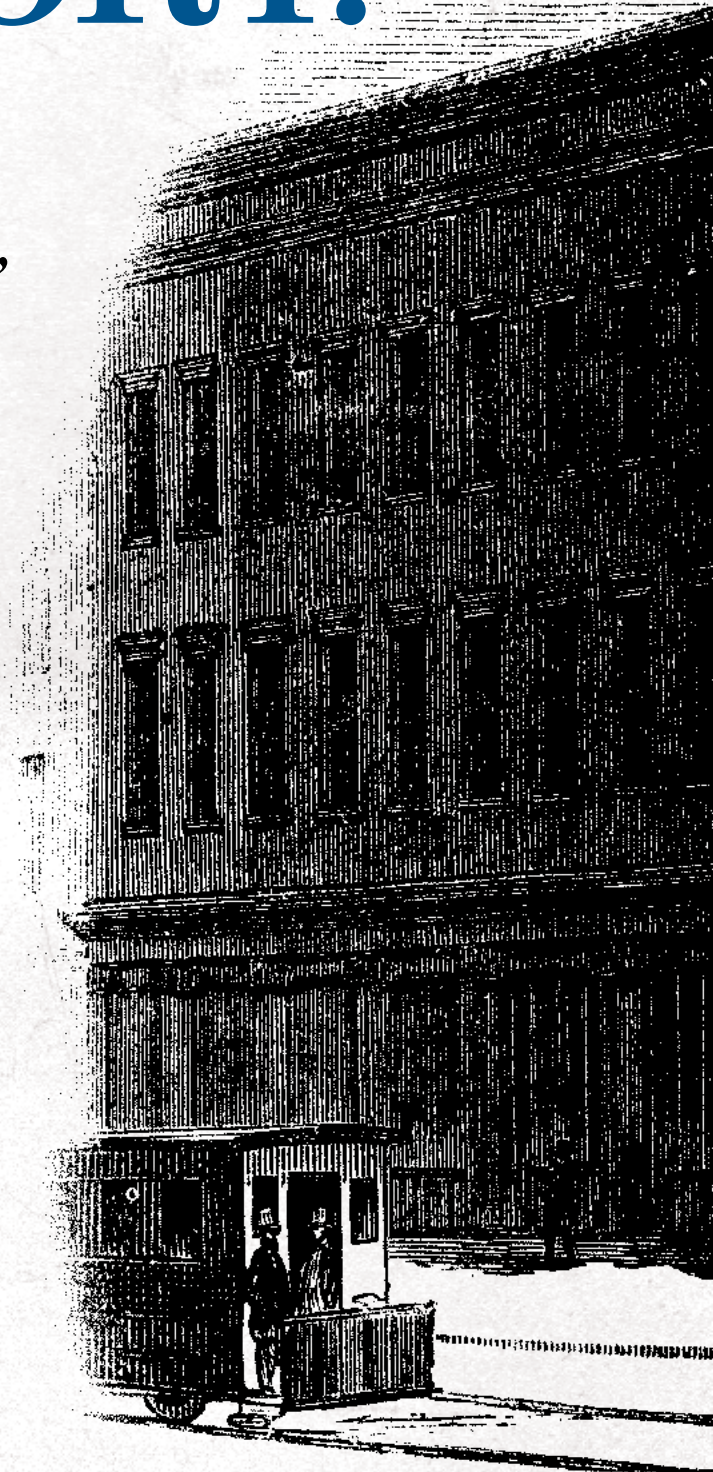
**T**he P&S that greeted Lee Goldman, MD, when he left a department chairmanship at the University of California San Francisco for the medical school dean's job at Columbia in 2006 had a far different look—literally and figuratively—than today's P&S. In the 11 years since Dr. Goldman became dean, he has joined with the school's faculty, alumni, donors, staff, students, and other partners to implement a new medical school curriculum, build the new Vagelos Education Center, increase research funding, grow the faculty practice, improve faculty and student diversity, attract historic levels of philanthropy, and identify ways to enhance the on-campus experience for everyone who studies, works, or visits P&S.

The positive developments align with priorities outlined in the strategic plan for P&S, "2020 Vision," as pillars of excellence: clinical care, research, education, and campus and community

life. The ongoing success of that blueprint for excellence is echoed by faculty and institutional leaders who look back on the Goldman Years of P&S history and applaud the progress made toward the goals set during the strategic planning process.

Steady growth defines the past decade at P&S: increased NIH funding for research, greater recruitment of faculty at all levels, a more diverse and selective student body, improved clinical care with better patient access, and improvements to the campus that make the medical center a welcoming place for all. Although Dr. Goldman emphasizes that everyone shares the credit for success, individuals interviewed about the Goldman tenure cite his single most important early achievement as the one that has enabled the others: stabilization of the financial situation of the entire medical center (of which he serves as executive vice president and chief executive). Senior faculty and department chairs credit

*By Elizabeth Chute*





The College of Physicians & Surgeons on 23rd Street, circa 1856

Dr. Goldman with innovative leadership that resulted in a fiscal transformation that, in turn, created greater investment and growth in all areas.

One of the key challenges Dr. Goldman faced upon arriving was how to make finances more transparent—recognizing the true costs of doing business and how to obtain the funds to pay them, says Donald Landry, MD, PhD, chair of the Department of Medicine. The dean correctly read the origins of the problems, primarily the lack of incentives for controlling costs and inadequate incentives for raising funds for research with adequate indirect cost coverage. He also placed more responsibility on departments and individual investigators to account for space they occupied, which

led to a freeing up of space that could be used to recruit new faculty and generate new research funding.

The transformation was remarkable. “Suddenly an institution that did not have a new research building on the drawing board could now generate over 100 thousand square feet of space and that space could be filled,” Dr. Landry says. It placed an added premium on NIH-funded space, which brought in adequate funding and, importantly, provided a strong metric for success.

After achieving financial stability, P&S was able to maintain a margin for growth and investment. “All of this is designed to increase the NIH funding of the institution, which is important for our mission—national leadership for research and innovation—but also it’s part and parcel of our financial stability upon which all of our scientific progress is based,” says Dr. Landry. As Dr. Goldman often says, “The goal is to be indisputably in the top five and arguably the best at everything an academic medical center should do.” A healthy financial situation is a means to that goal, not the goal itself.

*A clear sign of growth is in the research portfolio: NIH grants to P&S have increased 44 percent in the past seven years, during a time in which the NIH budget increased only 5.8 percent.*



Lee Goldman, MD

JÖRG MEYER

Getting the institution on better financial footing was done objectively and without favoritism, says Eric Kandel, MD, University Professor and director of the Kavli Institute for Brain Science. “Dr. Goldman has been very successful. This is a very diversified environment, and he’s restructured it establishing trusting relationships with the various senior faculty.”

Mary D’Alton, MD, chair of the Department of Obstetrics & Gynecology, credits Dr. Goldman with steering a positive course for the medical school with his early reforms and exercising a singular focus on excellence that has a trickle-down effect to the rest of the medical school. “This focus and commitment to excellence over a 10-year period has achieved significant results, and you can see a compounding effect of his many decisions on the overall state of the medical center,” she says.

### Increasing the Research Profile

A clear sign of growth for P&S is its NIH research profile, with NIH grants to P&S increasing 44 percent in the past seven years, a time in which the NIH budget has increased only 5.8 percent. “It is a clear indication that the research enterprise is moving and it is moving across a wide range of departments,” says Dr. Goldman. “The faculty have performed very admirably and it is very rewarding to me—and I think to all of Columbia University—to see this vibrancy in the research mission.”

The research growth is led by awards and gifts for precision medicine, a focus of the research vision for P&S and a priority adopted by Columbia University President Lee Bollinger as a multicampus collaboration, led by Tom Maniatis, PhD, chair of the Department of Biochemistry & Molecular Biophysics.

In partnership with NewYork-Presbyterian Hospital, P&S recruited David Goldstein, PhD, to head the new Institute for Genomic Medicine, further investing in and advancing the research vision of precision medicine. Led by Dr. Goldstein, the Institute received one of the first NIH grants to participate in a new national precision medicine program. “We’ve already made great strides in precision medicine to make it a full university priority with great support from NewYork-Presbyterian and the NIH,” says Dr. Goldman.

Research at all levels is critical to improvements in clinical care and patient outcomes. A recent example in obstetrics would be research conducted here that shows promise to reduce neonatal respiratory problems, says Dr. D’Alton. “Dean Goldman is a champion of our research initiatives,” she says, “and while, of course, we incorporate research from other academic medical centers, it is incredibly rewarding when it is developed internally and often has a more immediate impact on our clinical care.”

Recruitment is also key, and faculty chairs credit Dr. Goldman with supporting their goals of attracting the right people to reach strategic goals. Says Craig Smith, MD, chair

## P&S Leaders\* since 1767

Samuel Bard, 1767-1776, 1791-1804, 1811-1821  
Nicholas Romayne, 1807-1811  
Wright Post, 1822-1826  
John Watts, 1826-1831  
John Augustine Smith, 1831-1843  
Alexander Stevens, 1843-1855  
Thomas Cock, 1855-1858  
Edward Delafield, 1858-1875  
Alonzo Clark, 1875-1884  
John Dalton, 1884-1889  
James McLane, 1889-1903  
Samuel Lambert, 1904-1919  
William Darrach, 1919-1930  
Willard Rappleye, 1930-1958  
H. Houston Merritt, 1958-1970  
Paul Marks, 1970-1973  
Donald Tapley, 1973-1984  
Henrik H. Bendixen, 1984-1989  
Herbert Pardes, 1989-1999  
David Hirsh, interim dean for research, 2000-2001  
Thomas Q. Morris, interim dean for clinical and educational affairs, 2000-2001  
Gerald D. Fischbach, 2001-2006  
Lee Goldman, 2006-

\* some leaders were deans; others were presidents, particularly of P&S before it merged with Columbia’s medical school

of the Department of Surgery: “When I’ve told him, ‘This is a person we must have to reach this goal,’ he could easily have said, ‘You’ve already overspent the check.’ Instead, he’s been more than willing to step up and go somewhat beyond that to hire the right people.”

In the past five to seven years, P&S has recruited at all levels—from junior and senior faculty to department chairs—at a rate of 9.5 percent per year. An annual departure rate of 3 percent to 4 percent results in a net increase of 5 percent to 6 percent a year. “That growth has really helped fuel the success of our missions,” says Dr. Goldman, adding that it sends an important message internally and outside the institution that outstanding clinicians, researchers, and educators are joining the faculty.

P. Roy Vagelos, MD, chair of the CUMC Board of Advisors, describes the effect of recruiting outstanding faculty and its impact on attracting other faculty and students. “Faculty continue to grow in numbers and the quality is superb. Good recruits lead to good recruits, on both the basic research and clinical side,” he says.

Student applications have continued to rise over the past decade: now approximately 8,000 annual applicants with an acceptance rate of 4 percent. “The quality of the students is superb,” says Dr. Vagelos, a 1954 gradu-

ate of P&S. “We compete with very few schools for the level of students we’re bringing in. We select students who are capable of being the best of the physicians who will practice medicine and the best of physicians who will do research.”

Along with the growing number of applicants and increased selectivity, the student body has become more diverse in the past decade, outperforming peer institutions. Between 20 percent and 25 percent of the student body is consistently made up of underrepresented minorities, with half men and half women—critical to serving a community and patient population that is increasingly diverse. “We serve a diverse population, and I think it is imperative that our faculty, staff, and students similarly reflect the diversity of that patient population,” says Dr. D’Alton. “I think it’s something we always need to work on and be mindful of.”

### Expanding Clinical Care

A second key priority for P&S under Dr. Goldman’s leadership is clinical care, with improved patient care and better access for patients. The effort goes to the heart of the institution’s mission: “Clinical care is the reason academic medical centers exist in the first place. I think what’s really been striking here is the way we’ve been able to grow,” says Dr. Goldman.

The flourishing FPO, or faculty practice organization, known as ColumbiaDoctors, has grown substantially during the past decade. A stronger FPO not only has a ben-

eficial effect on patient care and access, but it also aids physicians, offering the protection of a larger organization and help with operational issues, such as joint contracting with third-party payers, negotiating better rates from insurers, and bringing down malpractice costs.

“Today it is hard for any doctor, especially an individual doctor in private practice, to keep his or her head above water, especially in the broader primary care specialties,” says Dr. Smith. The FPO has been important for maintaining the financial viability of all practices and for improving patient access. “This can’t be done by a smaller group or practice.”

Expansion also has brought Columbia doctors closer to more patients. New practices in the northern suburbs and development of midtown and other new facilities in New York City have contributed to overall growth on the clinical side that has averaged close to 10 percent for the past several years.

Progress in clinical care has developed naturally through a strong and collegial working relationship with New York-Presbyterian. “The foundation for our progress in clinical care has been our close working relationship with the hospital,” says Dr. Landry. “The investment from the hospital in extraordinary physicians with exceptional capabilities, leaders in clinical innovation, often clinical investigators, has caused startling changes everywhere we look throughout the medical center.” He notes, as examples from within Medicine, interventional cardiology, the comprehensive array of organ transplantation services, the many domains of medical oncology, interventional GI endoscopy, and ICUs. “Our growth exemplifies the vision of the dean and the NYP CEO—that we must provide care at a minimum level of excellence across everything we do, with a significant number of areas where we are extraordinary. And that is actually about where we are today.”

Patients, doctors, and the community all benefit. Working with the hospital, P&S has further strengthened “already great” programs in organ transplantation, pediatric neonatal and intensive care, cardiology, cardiac surgery, and spine surgery, “just to name a few that attract people from all over the country, all over the world,” says Dr. Goldman. The “Best Hospitals” ranking of New York-Presbyterian as No. 1 in New York City and No. 6 among American hospitals is a source of shared pride, and the six specialties in which the hospital ranks in the top five—cardiology/heart surgery, diabetes/endocrinology, nephrology, neurology/neurosurgery, psychiatry, and rheumatology—are all areas in which Columbia doctors are among the tops in their fields.

### Education: On the Leading Edge

Efforts to achieve a third strategic goal for P&S—strengthen the curriculum for medical students—have drawn positive reviews from throughout the medical school community. The goal was to have educational

One of several new facilities built during the Goldman years is ColumbiaDoctors Midtown, which opened in January 2013 on West 51st Street. Physicians, nurse practitioners, and dentists see patients in a three-story space that includes 125 exam rooms, 30-plus procedure rooms, and other facilities that cover 125,000 square feet. The location offers lab services, an imaging suite, and physical, occupational, and sports therapy facilities. The midtown facility is part of a substantial expansion of the faculty practice organization over the past decade.







A focus of the P&S research vision is precision medicine, a priority adopted by Columbia University President Lee Bollinger as a multicampus collaboration. The Columbia Precision Medicine Initiative utilizes the intellectual resources of Columbia faculty in medicine, science, and technology to leverage this revolution in health care. With support from Columbia and NewYork-Presbyterian Hospital, P&S has invested in the Institute for Genomic Medicine, which has received one of the first NIH grants to participate in a new national precision medicine program.

programs define what every medical student should know, then give each student the flexibility to pursue specific areas of interest. The practical implementation of that resulted in shortening the preclinical curriculum to 16 months from two years and requiring a scholarly project—all with the aim of focusing the medical students on inquiry in a more substantive way.

The school reduced sharply the number of lectures and put students together in small groups so they could work together to solve problems. It also made a large commitment to simulation to help students improve physician-patient encounters and learn skills needed in the ICU, operating rooms, and other venues.

An advantage of the education reforms undertaken by P&S is that students are allowed time for scholarly projects that are broadly conceived, allowing them to pursue individual interests at a rigorous level. Curriculum reform is not unique to P&S, as other medical schools have followed Columbia's lead to shorten the preclinical portion of the curriculum to expand opportunities for clinical electives and scholarly inquiry. P&S needed to undertake the reforms, says Dr. Landry: "If we sat back and didn't make education a priority we might have risked tarnishing a jewel of the institution."

The new Roy and Diana Vagelos Education Center at P&S, which opened in August, encourages the kind of learning reflected in the curricular reforms, providing spaces for simulation, open lounges for study, and state-of-the-art anatomy classrooms. The building has earned multiple awards for its design. The New York Times named the building to its list of "The Best Architecture of New York in 2016," saying: "It's what medical schools generally aren't: playful, welcoming, warm.

And when the sun sets, the center becomes a beacon in the neighborhood." The building is not only an architectural masterpiece, says Dr. Goldman, but, from a practical perspective, is also "a great place to study, to learn, to relax. We've seen every nook and cranny of the building used the way the architect designed it. That's been very rewarding. The building would not have been possible without the generosity and vision of Roy and Diana Vagelos. We remain very grateful to the many donors, including the Cheryl and Philip Milstein Family, the Helen and Clyde Wu'56 Family, and the Mary

*Many of the medical center buildings are almost 100 years old, so upgrading the physical plant has included new buildings, renovation of hundreds of thousands of square feet of space, and improvements in elevators, stairwells, bathrooms, and corridors.*

and Michael Jaharis Family, who were instrumental in bringing the building to fruition for the benefit of future generations of students at P&S."

Education at P&S continues to evolve in other ways as well. New departments—the Department of Neuroscience, the Department of Systems Biology, and the newest, the Department of Emergency Medicine—have been approved. A commitment has been made to propose another new department—likely to be called Medical Humanities and Bioethics—that will complement existing efforts across the university.



The Roy and Diana Vagelos Education Center, which opened in 2016, was constructed entirely through private donations, symbolizing the school's philanthropy successes of recent years.

### Enhancing the Campus and Community

P&S also has made significant progress toward creating more of a campus environment for students and the surrounding neighborhood, despite the dense urban setting of the medical center. For many longtime residents and faculty members, the changes are nothing short of dramatic.

New plantings on Haven Avenue, the addition of a Barnes & Noble store and café, open spaces for congregating, and renovation of the two lower levels of Hammer into a Teaching and Learning Center have given students a sense of a more traditional campus, says Dr. Kandel. The dean's idea of a campus was visionary in a way that was different from those who preceded him. "There are people who were here for a long time, very good deans, but they didn't think in these terms at all," he says. "Dr. Goldman had the idea of a campus as a place where you could sit down and have a cup of coffee, some place where there wouldn't be cars. He's slowly but surely working it out. It's very pleasant to have a campus here." Plans for closing Haven Avenue to traffic to provide a pedestrian plaza with tables and chairs are moving through government approvals, but the medical center's one-day closings of the avenue for special events during the past few years have given the medical center community and the neighborhood a glimpse of a new kind of campus.

With many of the medical center's buildings dating to the 1920s, the physical plant has needed updating, one of Dr. Goldman's major goals. He is proud of putting in place plans that have renovated hundreds of thousands of square feet of space, along with fixing elevators, stairwells, bathrooms, and corridors, making things look better even in buildings nearing the age of 100.

Dr. Goldman's aggressive program to replace, augment, and improve the facilities, says Dr. Vagelos, included adding the latest technology for teaching and identifying multiple spaces for group instruction. Another new initiative will be to "blow out" the fortress-like exterior wall of the Alumni Auditorium to create additional areas for students to socialize, connect their computers, or work in small groups.

### Future Priorities—and a Bold Goal

No discussion of the past—even of the past decade, just a mere 4 percent of the medical school's 250-year history—is complete without looking toward the future. While innovations in clinical care, research, and education and investment in the campus and neighborhood are sure to continue, P&S, together with a committee planning the 250th anniversary, has identified as its top goal something that will truly set P&S apart from its peers: eliminating medical student debt.

The cost of medical education has an effect on choices medical students make when they consider their careers, says Dr. Vagelos, who chairs the anniversary steering com-

## Gift Launches Campaign to Make P&S Debt-Free for Students

The 250th anniversary steering committee identified a fund-raising goal for this anniversary year: raising enough money to make P&S debt-free for students with financial need. The chair of the committee, P. Roy Vagelos '54, and his wife, Diana, have made a \$25 million gift to launch the scholarship campaign, the P&S 250th Anniversary Scholarship Challenge for Endowed Financial Aid. Their gift will be used to match contributions for endowed scholarships starting at \$50,000 to incentivize alumni and other friends of P&S to join this effort.

This is the first phase in the school's effort to raise \$150 million to \$200 million in endowed scholarship support. Achieving this goal will enable P&S students who need financial aid to receive scholarships instead of loans or scholarships augmented by loans. Reducing debt will allow graduates to consider career options in fields such as primary care, research, and community service.

More information about the campaign is available on the anniversary website, [ps.columbia.edu/250](http://ps.columbia.edu/250).

mittee. Endowment funds should ease those decisions. "That's a dream of many of the faculty and alumni."

Plans also call for continuing to build stronger relationships with the local community. One idea on the table is an office of service learning that would help faculty and students formalize work with the community. Dr. Goldman also intends to enhance existing programs, including

*P&S and the 250th anniversary planning committee have set as a top fund-raising goal something that will truly set P&S apart from its peers: eliminating medical student debt.*

those that encourage high school students to pursue science careers and underrepresented minority college students to consider careers in health care fields, including research.

The progress made in the past decade has given P&S a clear sense of optimism about the future and the likelihood of continuing to connect strategies with goals. Noting that many at P&S could go elsewhere to teach, study, and work if they wished, Dr. Goldman emphasizes that one of his key roles is to offer opportunities that help people to thrive. "I believe the role of the dean is to create an environment that allows people to be successful. It's about how people who really do things at a world-class level every day want to be here, can thrive here, and can say this is the best place for them and their careers. We need to create, sustain, and enhance an environment that makes them not just want to be here, but also proud to be here." ♦

# P&S HISTORY:

## 25 Years Organizational Milestones



**1767**

King's College establishes the second medical school in the 13 Colonies

◀ Samuel Bard, the first dean

**1770:**

King's College awards first MD degree in the 13 Colonies (to Robert Tucker)

**1888**

P&S extends the course of study to three years (it was extended to four years in 1894)

**1891**

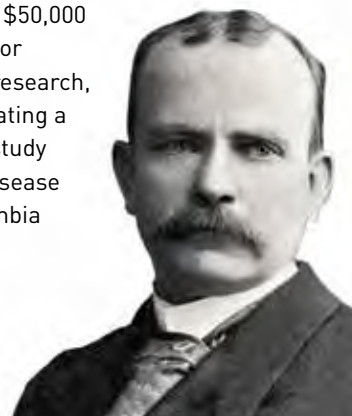
P&S and Columbia medical school fully merge

**1894**

Nobel Peace Laureate John R. Mott founds what would become the P&S Club, the most comprehensive student activities organization in American medical education

**1908**

George Crocker donates \$50,000 to P&S for cancer research, inaugurating a formal study of the disease at Columbia



**1917**

P&S admits its first women students, thanks to the efforts of Gulli Lindh Muller, a Barnard College graduate



**1967**

P&S celebrates its bicentennial with a three-day symposium on genetics and development with participants that included Nobelists Watson and Crick and other Nobel Prize winners



**1986**

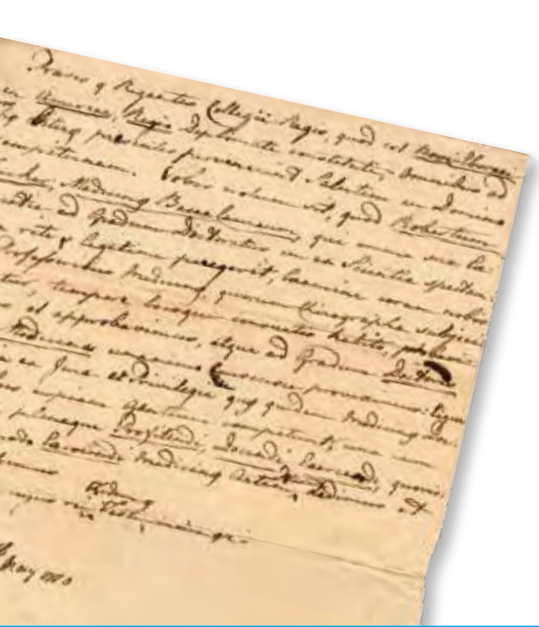
Lucille Shapiro, PhD, becomes the first woman to chair a P&S department. She was recruited from Albert Einstein College of Medicine, where she chaired molecular biology, to be chair of microbiology at P&S.



**1993**

The White Coat Ceremony, the first of its kind in the United States, welcomes incoming P&S students to the medical profession





### 1807

A rival medical school, the College of Physicians and Surgeons, is founded by a charter from the New York State Board of Regents

### 1814

After years of decline, Columbia's medical school faculty join the College of Physician and Surgeons on Barclay Street near City Hall

### 1884

William Henry Vanderbilt donates land on 59th Street, between Ninth and 10th avenues, and \$300,000 for a new P&S building, a record-setting gift to a medical school



### 1922

Edward S. Harkness and his mother, Mrs. Stephen Harkness, donate 22 acres in Washington Heights to Columbia and Presbyterian Hospital as a site for a new medical center



### 1928

The new \$25 million Medical Centre—the "largest and most modern in the world"—opens after an Oct. 12 dedication



### 1931

Bard Hall, the first P&S dormitory, opens



### 1947

Mary Imogene Bassett Hospital in Cooperstown, N.Y., becomes the first P&S teaching affiliate outside New York City

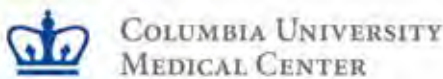


### 2000

Columbia Trustees approve making the nursing and public health schools separate faculties from the medical school (the dental faculty separated from the Faculty of Medicine in 1959)

### 2003

Columbia's four health sciences schools and the biomedical sciences programs of the Graduate School of Arts and Sciences are united under a new name, Columbia University Medical Center



### 2016

The Roy and Diana Vagelos Education Center is dedicated



# TEST YOUR PAST\* QUOTIENT

\*P&S TRIVIA (HISTORICAL TIDBITS YOU MAY—OR MAY NOT—KNOW ABOUT COLUMBIA P&S) // ILLUSTRATIONS BY PETER RYAN



**1. Which of these individuals was not depicted on a postage stamp?**

- Virginia Apgar
- Charles Drew
- Walker Percy
- Edward Trudeau

**2. For whom are these eponyms associated?**

- Crohn's disease
- Apgar Score
- The Whipple procedure
- Huntington disease
- Goldman Index
- Drew Medical School
- Jacobi Medical Center
- Quimby rules
- Chargaff rules

**3. Which of these individuals was not among the first faculty members of Columbia's medical school?**

- Samuel Clossy
- Peter Middleton
- John Jones
- James Smith
- David Hosack
- John Tennent
- Samuel Bard

**4. Which of these individuals did not lead an institute or center at the National Institutes of Health?**

- Harold Varmus
- Donald Lindberg
- Herbert Pardes
- Gerald Fischbach
- Joshua Gordon
- Audrey Penn
- Robert N. Butler
- Richard Masland



**5. Match the years in which these advancements in medical training were instituted at P&S:**

entrance examinations	1770
written final examinations	1911
integration with a teaching hospital	1841
college clinic	1888
instruction in physiology	1880
first MD awarded	1811

**6. Disputes in the early 1820s among the P&S faculty over standards for medical education led to which of the following:**

- \_\_\_ a duel
- \_\_\_ the wholesale resignation of the P&S faculty
- \_\_\_ a riot outside the doors of New York Hospital

**7. Name the women who match these firsts:**

First full professor at P&S

First chair of a clinical department at P&S

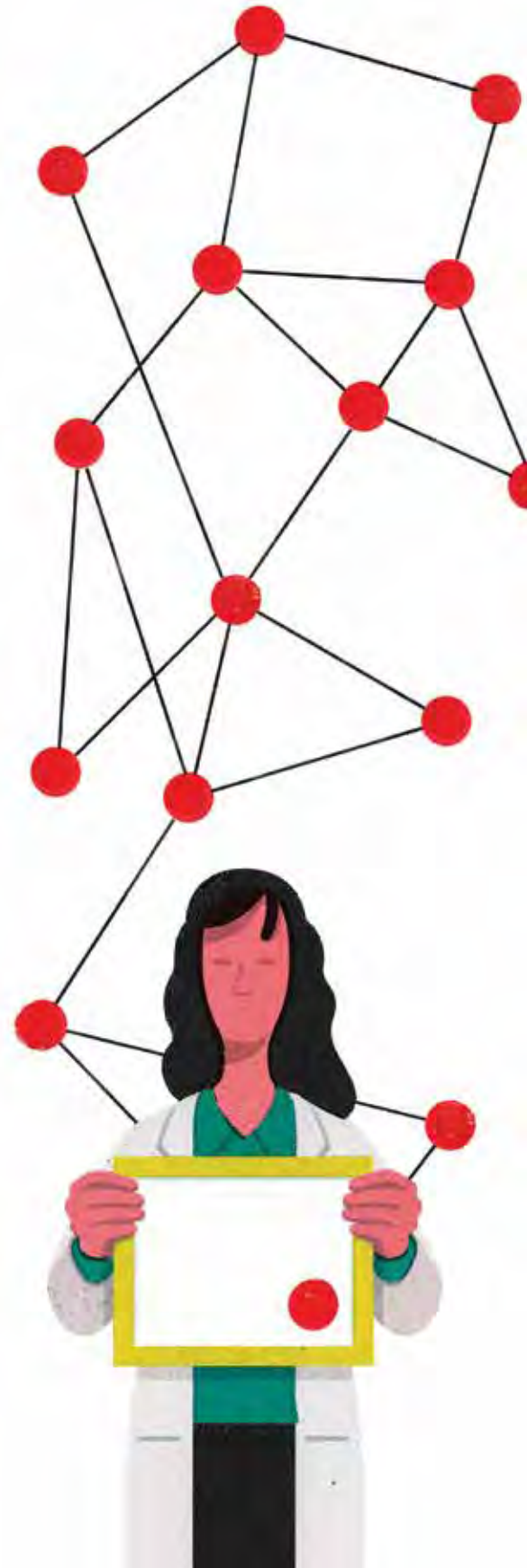
First chair of a basic science department at P&S

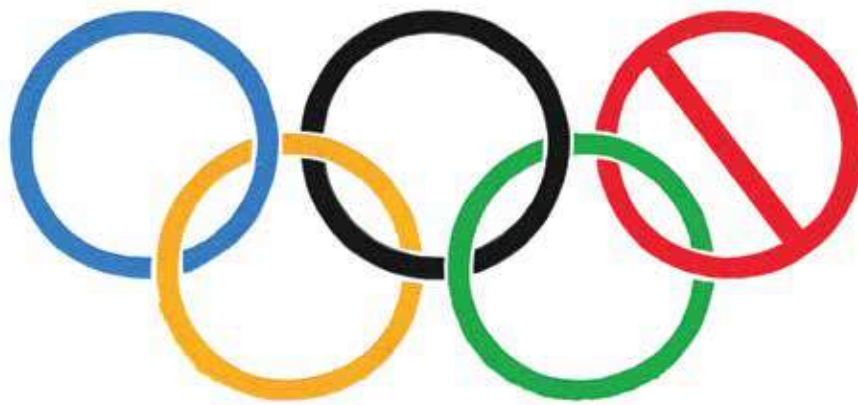
First African-American female graduate

First woman to intern in surgery at Presbyterian Hospital

First woman to be chief resident in medicine at Presbyterian Hospital

First woman to graduate from P&S



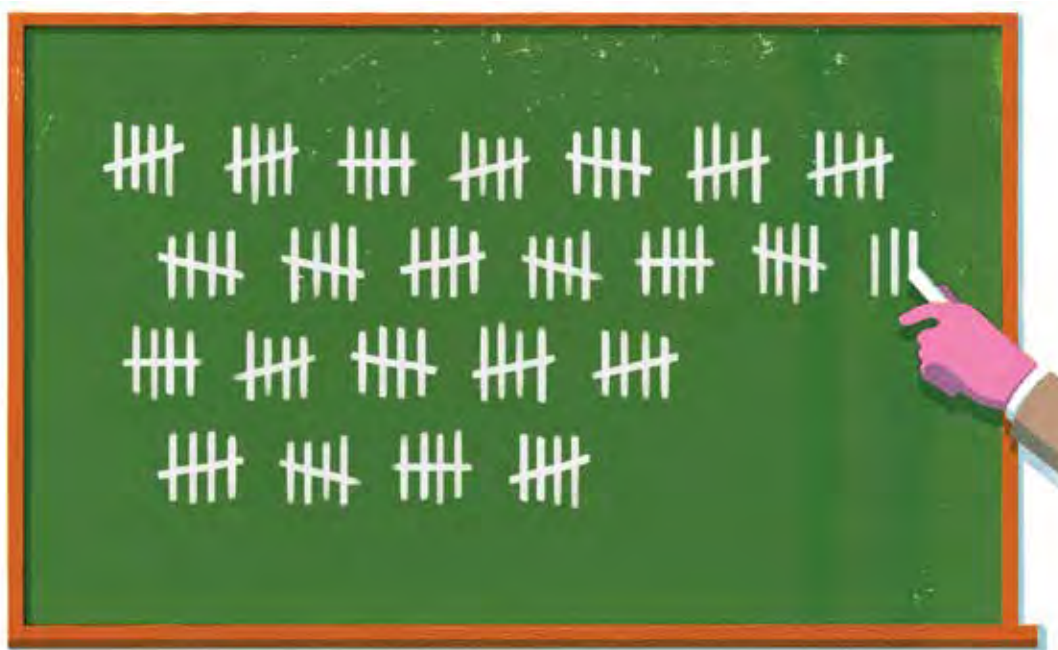


**8. Which of these individuals did not compete in an Olympics?**

- Benjamin Spock '29
- John Lattimer '38
- Stephen Rerych '75
- Jennifer Thompson '06
- Valeria Silva Merea '12

**9. How many individuals have served in the role of dean (or equivalent) since 1767?**

- 15
- 23
- 25
- 41



**10. What is the five-year survival rate for people with pancreatic cancer who undergo the Whipple procedure?**

- 6 percent
- 20 percent
- 25 percent



**11. Which class had a role in the beginning of the residency match system?**

- 1949
- 1952
- 1953
- 1960

**12. Which of these individuals has not been a special guest at the medical center?**

- Bob Hope
- Mister Rogers
- Ann Landers
- Alan Alda





**13. Match these medications with the Columbia researchers credited with the science that made the drugs possible:**

Bacitracin	Hattie Alexander
Rhogam	Laszlo Z. Bito
tPa	Balbina Johnson and Frank Meloney
Xalatan/latanoprost	Tracy Putnam and H. Houston Merritt
Dilantin	Sherie Morrison
Meningitis treatment	Richard Axel and Saul Silverstein
ReoPro and Remicade	John Gorman and Vincent Freda

**14. Match the names of these P&S scientists or alumni with the year in which they were awarded Nobel Prizes:**

1956	Richard Axel & Linda Buck
1976	Baruch Blumberg '51
1989	Andre Cournand & Dickinson W. Richards'1923
1990	Eric Kandel
2000	Robert Lefkowitz '66
2004	E. Donnall Thomas
2012	Harold Varmus '66

**15. What innovation allowed longtime P&S Professor of Ophthalmology Ramon Castroviejo to perform the first successful human corneal transplant in 1933?**

- \_\_\_ creating a rectangular rather than circular "window" in the cornea
- \_\_\_ development of techniques to preserve corneas for transplant
- \_\_\_ discovery of hyaluronic acid and its molecular structure



Answers appear on the following pages.

**Bonus Question:**

In the medical school's first graduation ceremony, Samuel Bard called for creation of a public hospital to provide clinical instruction for medical students. Which New York City hospital was founded as a result of Dr. Bard's address?

Submit answers via email to [columbiamedicine@columbia.edu](mailto:columbiamedicine@columbia.edu)



# TEST YOUR PAST\* QUOTIENT

## THE ANSWERS

1. Novelist Walker Percy (“The Moviegoer”) is the answer. Virginia Apgar’33, who developed the Apgar score still used to assess newborn health, was featured on a 20-cent stamp in 1994. Charles Drew’40 Med ScD, a pioneer of blood banking, was featured on a 35-cent stamp issued in 1981. Edward Trudeau’1871 was featured on a 76-cent stamp issued in 2008.

2. Burrill Crohn’1907  
Virginia Apgar’1933  
Allen O. Whipple’1908  
George Huntington’1871  
Lee Goldman (current dean)  
Charles Drew’1940 Med ScD  
Abraham Jacobi (faculty member, 1870-1902)  
Edith Quimby (faculty member, 1942-1960)  
Erwin Chargaff (faculty member, 1935-2002)

3. David Hosack was not among the faculty when Columbia’s medical school opened in 1767. Dr. Hosack was one of the original faculty members in the independent College of Physicians and Surgeons that opened in 1807.

4. They all did—or do, in the case of Joshua Gordon. A psychiatry faculty member since 2004, Dr. Gordon became director of the National Institute of Mental Health in 2016. Harold Varmus’66, at different times, directed the NIH and the National Cancer Institute. Donald Lindberg’58 directed the National Library of Medicine for 31 years. Herbert Pardes directed the National Institute of Mental Health before joining P&S in 1984 to chair psychiatry (later becoming dean of P&S). Gerald Fischbach was director of the National Institute of Neurological Disorders and Stroke before becoming dean in 2001. Audrey Penn’60, professor emerita of neurology, was acting director of the National Institute of Neurological Disorders and Stroke during two periods (January to July 1998 and 2001-2003). The late Robert Butler’53 was founding director of the National Institute on Aging. Richard Masland was director of the National Institute of Neurological Disorders

and Stroke until 1968, when he became professor and chair of neurology at P&S.

5. *First MD:* 1770, by the Medical School at King’s College, which closed during the Revolutionary War and reopened in 1784 as Columbia College

*Instruction in physiology:* 1811, under the purview of John Augustine Smith, recipient of an honorary MD from P&S and president of the College from 1831-1843

*College clinic:* 1841, Willard Parker, MD, professor of surgery, brought patients to the school so students could witness diagnosis and treatment; on occasion, treatment included minor surgery; in 1843, the program was expanded to include women and children patients

*Written final examinations:* 1880; degree candidates were required to pass exams in all seven departments of the college: anatomy, physiology, chemistry, materia medica, obstetrics, surgery, and practical medicine

*Entrance examinations:* 1888, to demonstrate proficiency in English, Latin, arithmetic, algebra, and geometry. In the same year, the course of study was expanded to eight-and-a-half months annually for three years.

*Teaching hospital:* 1911, when Columbia and Presbyterian Hospital signed an agreement to form a medical center in which the medical school and the teaching hospital would share land donated to build a new medical center. Columbia-Presbyterian Medical Center did not open until 1928, but Columbia started appointing hospital professional staff as soon as the 1911 agreement was signed.

6. The answer is a mass resignation of the faculty. Disputes among faculty and the school’s trustees over the cost and quality of medical education at P&S culminated in 1826 with the resignation of President Wright Post, MD, who left with the entire faculty, taking their equipment and supplies and most of the

student body. They established what would become Rutgers Medical College. The trustees then appointed Professor John Watts, MD, to lead P&S. David Hosack, MD, former chair of obstetrics and the diseases of women and children and an instigator of the faculty insurrection, challenged Dr. Watts to a duel over the dispute. The duel was narrowly averted when Dr. Watts publicly apologized for his role in Dr. Post's resignation. Though duels were common practice in New York at the time, the state legislature banned the practice a year after Hosack had challenged Watts. The riot happened 38 years earlier, in 1788, when a mob formed outside New York Hospital (a section had remained open after a fire damaged much of the hospital) to protest the illicit procurement of bodies from local graveyards for physicians who gave private anatomical instruction.

**7.**  
*First full professor at P&S* (in 1949)  
 Virginia Apgar'33, Anesthesiology

*First chair of a clinical department at P&S*  
 (in 1995) Margaret Wood, Anesthesiology

*First chair of a basic science department at P&S*  
 Lucille Shapiro, chair of microbiology from 1986 to 1989



Abbie Ingalls Knowlton'42

*First African-American female graduate*  
 Agnes O. Griffin'23

*First woman to intern in surgery at Presbyterian Hospital*  
 Virginia Kneeland Frantz'22

*First woman to be chief resident in medicine at Presbyterian Hospital*  
 Abbie Ingalls Knowlton'42

*First woman to graduate from P&S*  
 The first class of women (11 in all) entered in 1917. The first to graduate, in 1921, were Emma Corwin (ranked No. 5 in the class), Dorothea Curnow, Susanna Haigh (ranked No. 3 in the class), Elizabeth Hubbard, May Mayers, Gulli Lindh Muller (ranked No. 1 in the class), and Elizabeth Wright. Drs. Lindh Muller and Corwin were the first women to intern at Presbyterian Hospital on 70th Street. Dr. Lindh Muller is credited with opening the doors of P&S to women. She and the dean of Barnard lobbied Samuel Lambert, P&S dean, who was adamant that women should not be admitted. Among his objections: no suitable rooms and the need for changes in plumbing. However, he said that if \$50,000 could be raised to make the improvements in the physical plant, he might consider accepting women. Dr. Lindh Muller contacted everyone she knew and collected a few hundred dollars. The Barnard dean collected a few thousand, but they were far from the goal. After further negotiations, Dr. Lambert relented and admitted 11 women. Soon after, according to Dr. Lindh Muller's obituary, "a telegram came saying that an old gentleman in Texas would give the \$50,000." Shortly before the first women were to graduate in 1921, Columbia President Nicholas Murray Butler asked the dean at the time, William Darrach, for information about the first women to graduate and "the significance of this for the development of women's part in medicine." Dr. Darrach responded, "One striking thing has been their attitude towards special privileges; they have not only not asked for it but refused to accept it when it was offered."

**8.**  
 Benjamin Spock won a gold medal in the 1924 Olympics in Paris as a member of the Yale crew team. Stephen Rerych won two gold



Benjamin Spock'29

medals for swimming at the 1968 Summer Olympics in Mexico City. Another swimmer, Jennifer Thompson, is one of the most decorated Olympians in history. She won 12 medals, including eight gold medals, in the 1992, 1996, 2000, and 2004 Summer Olympics. Also a swimmer, Valeria Silva Merea competed for her native Peru in the 2004 Olympics in Greece and the 2008 Olympics in Beijing. John Lattimer was a noted athlete, but he did not compete in an Olympics; after he died, his daughter found a letter inviting him to the 1936 Olympics, an invitation he apparently turned down to continue his studies at P&S.

**9.**  
 The answer is 23. That count includes interim deans and medical school leaders who had other titles, such as president, a title the College of Physicians and Surgeons that opened in 1807 used instead of dean.

**10.**  
 The answer is 25 percent. Also known as pancreaticoduodenectomy, the Whipple procedure is named for Allen Whipple'1908, a professor of surgery at P&S from 1921 to 1946. In 1935, Dr. Whipple became the first American to perform the operation, in which a surgeon removes the head of the pancreas, as well as the duodenum, a portion of the common bile duct, gallbladder, and sometimes part of the stomach, and then reconnects the remaining



Allen O. Whipple, center, with the Department of Surgery, 1928

intestine, bile duct, and pancreas. Only 20 percent of people with pancreatic cancer are eligible for the Whipple procedure, which boosts their five-year survival rate from just 6 percent to 25 percent.

#### 11.

The Class of 1952 was the first to participate in the National Resident Matching Program for appointments to medical residencies. The class not only participated in “The Match”; it also played a leading role in improving it before it started. The match program was created to replace an unregulated process by which hospitals recruited the best graduates as interns with methods that sometimes included bribery. Before the match program was developed, some hospitals sought commitments from students as early as their second year of medical school. The class felt the original computer matching program gave hospitals an edge over the interns. Said Jack G. Shiller’52 in an article in the Winter 1985 issue of this magazine: “Certain troublemakers from Harvard, P&S, and Hopkins met, went back to their schools, raised funds ... and sent a long telegram to the president of the graduating class of every medical school in the country. As a result of this effort, a meeting was held in Bard Hall attended by representatives of every medical school, the deans of many major medical schools, and representatives of the American Hospital Association, the Matching Plan, and other interested organizations. The students threatened to boycott the program unless the officials attended the meeting.” After that meeting, the program was changed so that a graduate would match with the hospital highest on his or her preference list that offered that student an internship.

#### 12.

The answer: Mister Rogers has not been a special guest (as far as we can tell). At the 50th anniversary of the Edward S. Harkness Eye Institute in 1984, Bob Hope was given an honorary Doctor of Humane Letters degree. Ann Landers (real name Eppie Lederer) received an award in 1992 from the Columbia-Presbyterian Health Sciences Advisory Council. Alan Alda delivered the P&S graduation speech in 1979, a speech that is still occasionally requested.



Balbina Johnson

#### 13.

*Bacitracin*: Balbina Johnson and Frank Meloney  
*Rhogam*: John Gorman and Vincent Freda  
*tPa*: Richard Axel and Saul Silverstein  
*Xalatan*: Laszlo Z. Bito  
*Dilantin*: Tracy Putnam and H. Houston Merritt  
*Meningitis treatment*: Hattie Alexander  
*ReoPro and Remicade*: Sherie Morrison

#### 14.

1956, Physiology or Medicine: Andre Cournand and Dickinson W. Richards’23 (and Werner Forssmann) “for their discoveries concerning heart catheterization and pathological changes in the circulatory system”

1976, Physiology or Medicine: Baruch Blumberg’51 (and D. Carleton Gajdusek) “for their

discoveries concerning new mechanisms for the origin and dissemination of infectious diseases”

1989, Physiology or Medicine: Harold E. Varmus’66 (and J. Michael Bishop) “for their discovery of the cellular origin of retroviral oncogenes”

1990, Physiology or Medicine: Former physician-in-chief at the Mary Bassett Imogene Hospital in Cooperstown, E. Donnall Thomas, (and Joseph Murray) “for their discoveries concerning organ and cell transplantation in the treatment of human disease”

2000, Physiology or Medicine: University Professor Eric Kandel (and Arvid Carlsson and Peter Greengard) “for their discoveries concerning signal transduction in the nervous system”

2004, Physiology or Medicine: University Professor Richard Axel and former postdoc Linda Buck “for their discoveries of odorant receptors and the organization of the olfactory system”

2012, Chemistry: Robert Lefkowitz’66 (and Brian Kobilka) “for studies of G-protein-coupled receptors”

#### 15.

The answer is a rectangular incision. Spanish emigré Ramon Castroviejo, MD, described his 1935 corneal transplant, perfected at Columbia-Presbyterian, at the 1937 American College of Surgeons meeting in Chicago. His talk detailed how the edges of his rectangular incisions could be fitted better to merge with and become a living part of the rest of the eye. The following year, Dr. Castroviejo launched a campaign urging Americans to will their eyes to science, leading to the creation of present-day eye banks. Biochemist Karl Meyer discovered hyaluronic acid in 1935, two years after he joined the Department of Ophthalmology as a German refugee. His body of work was recognized in 1956 with the Lasker Award. Japanese ophthalmologist Dr. Saichi Mishima spent three years at P&S in the late 1960s; his research at the time, investigating the corneal endothelium and its pump function, yielded vital techniques for enhanced preservation of donated corneas.

# Alumni News & Notes

Marianne Wolff '52, Alumni News Editor

Peter Wortsman, Alumni News Writer

Additional class notes by  
Bonita Eaton Enochs, Editor

## 1948

Reflecting on nearly seven decades since starting his career as a general surgeon, **Joseph M. Bennett** has come to learn that the practice of clinical medicine is both science and art. “From the theoretical to the practical, I learned that medicine was necessarily open to



Joseph M. Bennett '48

further refinement and advancements,” Joe writes in an essay he submitted to *Columbia Medicine*. He recalls asking the chief of surgery at Lincoln Hospital, where Joe was chief resident, how he spent his downtime and his time commuting between hospitals. “His answer was unexpected and had a lasting impact. He emphasized that he would think about his patients and focus on how he could improve all aspects of their care, whether pre- or postopera-

tive, and how surgical procedures could be bettered.” Joe credits that response with improving his own approach to patient care. “It led me to more effective treatments and methods. In fact, making reflection a habit seemed to become a ‘force’ that empowered and broadened the ramifications of each patient’s illness.” He stresses that innovation and advancement in medicine can originate almost anywhere—the office, the clinic, a community hospital, or other treatment center. Joe says that taking time and reflecting allowed him to conceive a variety of original surgical techniques. He personally designed a new instrument for common duct exploration, which he reported in a paper published in the *New York State Medical Journal* in 1958. In 1965 he presented a paper at the Congress of the American College of Surgeons on “Percutaneous Subclavian Central Venous Catheterization for Infusion or Venous Pressure Measurements” and published “Fixation of the Posterior Gastric Wall in Esophageal Hiatus Herniorrhaphy” in the *American Surgeon*. In 1972 he published “Modified Bancroft Procedure for the Difficult Duodenal Stump” in the *Archives of Surgery*. He also writes about beginning to use, in 1975, cefoxitine-soaked lap pads for constant topical antibiotic pro-

tection throughout certain surgical procedures. This was adjuvant therapy, used in combination with standard protocols of oral and parenteral antibiotics, but he said that in his experience, the method significantly lowered surgical site infection. “What this all leads me to is to recommend that P&S initiate a program to train its medical students to reflect, imagine, and innovate,” Joe writes. “Whether the graduates practice at P&S or in community hospitals in urban, suburban, or rural locales or whether they are providing clinical care or working in the laboratory, they will benefit—as I did and others before me—in taking time to think about how to practice medicine better.” The full text of the essay by Joe, who now lives in Brookville, Long Island, can be read on the P&S 250th anniversary website, [250.ps.columbia.edu/scrapbook](http://250.ps.columbia.edu/scrapbook), where you can also submit a memory, and on the *Columbia Medicine* website, [www.columbiamedicinemagazine.org](http://www.columbiamedicinemagazine.org).

## 1955

**Scott B. Halstead** had two recent scientific papers published that describe research work he has done over the years since his graduation from P&S. His life, he says, was unalterably changed in 1961, when he was assigned by the U.S. Army to establish a virus lab in Bangkok. While there, he started studies on a scientific hobby described in a paper, “Epidemiology of bladder stone of children: precipitating events.” The paper can be found online by searching the title at [link.springer.com](http://link.springer.com). His main work in Thailand was to study dengue and chikungunya virus infections, and he was in Thailand in 1963 when the chikungunya virus spread from East Africa to the Indian subcontinent. “My reading of the

literature led to the discovery that once before, in 1827, chikungunya invaded the New World.” He described that in a 2015 paper in *Emerging Infectious Diseases* titled “Reappearance of Chikungunya, Formerly Called Dengue, in the Americas,” which can be found online by searching Scott’s name at [www.cdc.gov/eid](http://www.cdc.gov/eid).

## 1957

**Peter G. Wilson** trained as a psychiatrist and has been at Weill Cornell Medical College since 1958, teaching, doing research in amputation and kidney transplantation, taking care of patients in inpatient, outpatient and consultative venues, and filling administrative roles. Now professor emeritus in clinical psychiatry, Peter still teaches and mentors “to keep myself and students up to snuff.” Working in London, Paris and Kingston, Jamaica, he writes, gave him insight into other forms of health care, giving him hope for some incorporation of those forms into the American system. “Sometimes this moved forward and now is regressing, but our students are still passionate and idealistic, so I do not give up hope. I had hoped that by now our health care system would be more inclusive and am horrified that it is regressing. Despair is not an option and we must work and hope.” Peter and his wife, Nancy, raised three children who have married and provided them with six grandchildren—“all marvelous.” Peter and Nancy celebrated their 50th wedding anniversary by taking 21 family members to a villa in Rincon, Puerto Rico. Looking back on his education (he also graduated from Columbia College), Peter expresses gratitude to Professors Guttman and Stein at Columbia College and Drs. Loeb, Aranow, and Hanger at P&S “for their wisdom, intellectual rigor, and kindness.”

➤ *send your news via mail, fax, or email:*

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Robert Scott '61

**1961**

**Robert Scott** spent most of his career as a member of the Abbott Northwestern Hospital medical staff in Minneapolis. Having been chief-of-staff and a member of the Board of Trustees of Abbott Northwestern Hospital, he has firsthand knowledge of the changes that resulted in the evolution of two separate institutions—Abbott Hospital (named for Amos Wilson Abbott, who graduated from P&S in 1869) and Northwestern Hospital for Women and Children—that merged to become Abbott Northwestern. His new book on the history of Abbott Northwestern is described in this issue's Alumni in Print.

**1963**

When **Alfred Scherzer** was first rejected from medical school after college, he turned to international work. Now, after five years of international public health work in Southeast Asia and the South Pacific with the U.S. Public Health Service and WHO and 50 years as a developmental pediatrician, Alfred retired in March 2016. His accomplishments include creating permanent organized government health education services in Burma and Ceylon. After becoming a physician, he established developmental pediatric services at Weill Cornell Medical College, where he is now clinical professor emeritus of pediatrics. Also during his career, he helped organize special education services for children with multiple



Alfred Scherzer '63

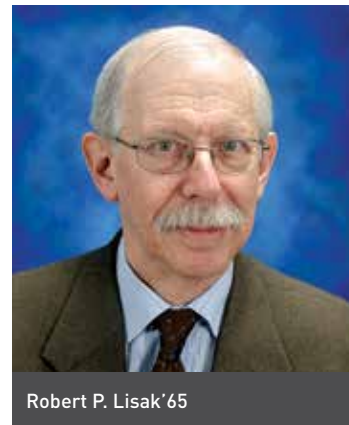
disabilities in the New York City schools and developed international pediatric resident training in Cambodia. He has become a leader in global studies of early identification and intervention for children with disabilities. He has captured his journey in a memoir titled "Taking on Global Health Issues/Odyssey of a Developmental Pediatrician." Read about the book in this issue's Alumni in Print. "I invite my classmates to peek in and see where my travels have taken me," Alfred says.

**1965**

**Anthony H. Horan**, who has a urology practice in California, writes: "Lest you think that the class of 1965 has gone to sleep, let me report my recent activities: In late October, I continued my record of unbroken (since 1994) submissions to the Western Section of the American Urological Association meeting in Hawaii, with four posters and a three-minute 'useful trick' presentation from the podium. Two of the posters were about enuresis. One described the overlooked diagnosis of spina bifida occulta as a cause of refractory enuresis in late childhood. A second described a cure of enuresis by dilatation of a 'pin hole' ureteral meatus in a large ureterocele over one month with a double-J ureteral stent." In late January 2017, Tony presented a poster to the 27th International Prostate Cancer Update at Beaver Creek, Colo., that illustrated the slow attrition of

radical prostatectomies (5 percent, 2013-2014) in the southern San Joaquin Valley after the USPTF decision about PSA. "New York general practice has done much better with a 35 percent reduction," he adds.

**Robert P. Lisak** serves as the Parker Webber Chair in Neurology at Wayne State University School of Medicine. He was editor of the *Journal of the Neurological Sciences*, the official journal of the World Federation of Neurology, from 1997 to 2013. He also has served as chair of the Department of Neurology and neurologist-



Robert P. Lisak '65

in-chief at the Detroit Medical Center. At the University of Pennsylvania, he was vice chair of neurology and an associate member of the Neuroscience Institute. The second edition of "International Neurology," a book he edited, is described in this issue's Alumni in Print.

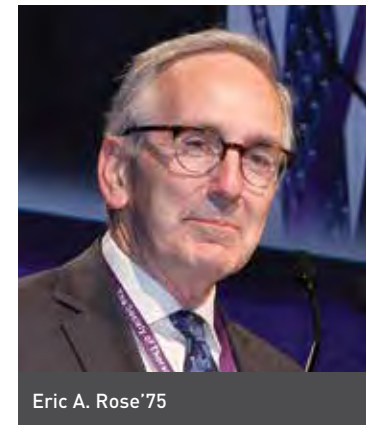
**1974**

**Steven Schwarz** received the Murray Davidson Award for 2016 from the American Academy of Pediatrics. He is professor of pediatrics at SUNY Downstate Medical Center and director of the Division of Gastroenterology, Hepatology and Nutrition at the Children's Hospital at Downstate.

**1975**

**Eric A. Rose** received the 2017 Earl Bakken Scientific Achievement Award from the Society of Thoracic Sur-

geons during the organization's 53rd annual meeting. Eric is best known for making history in 1984 when he performed the world's first successful pediatric heart transplant. Since that landmark achievement, he has continued to study and improve cardiac surgical care in children and adults. Much of his research has focused on the management of end-stage heart disease using artificial circulatory support. He serves as vice chair of the NIH-supported Cardiothoracic Surgical Trials Network and works with industry on discoveries related to smallpox, Alzheimer's disease, and



Eric A. Rose '75

graft versus host disease. After more than 25 years at P&S, Eric joined Mount Sinai, where he chaired the Department of Population Health Science and Policy from 2008 through 2013 and where he remains a professor of population health science and policy. He also is executive chairman of SIGA Technologies, a biotech affiliate of MacAndrews & Forbes. The Earl Bakken Scientific Achievement Award, established in 1999, is named for the man who developed the first wearable artificial pacemaker.

**1977**

**Harvey Makadon**, director of the National LGBT Health Education Center and the National Center for Innovation in HIV Care, was chosen to receive an honorary degree from Rutgers University at its 251st commencement in May. Harvey, who also is director of education and training



programs at the Fenway Institute and a professor of medicine at Harvard, was honored for devoting his career to providing and promoting care for the poor, the homeless, patients living with HIV, and members of the lesbian, gay, bisexual, transgender, and queer community.

### 1978

**Henrietta Robin Barnes** is an assistant professor of medicine at Harvard Medical School and has been practicing medicine for more than 30 years, including 27 years as a primary care internist at Cam-



Henrietta Robin Barnes '78

bridge Health Alliance. See Alumni in Print to read about her book, "Hijacked Brains: The Experience and Science of Chronic Addiction."

### 1981

**Ellen Gravalles** has been appointed an associate editor of the New England Journal of Medicine. She also



Ellen Gravalles '81

was named to the executive committee of the American College of Rheumatology as secretary, placing her in ascension to become president in 2019 after serving as secretary and president-elect. Ellen is the Myles J. McDonough Chair in Rheumatology, professor of medicine, and chief of rheumatology at the University of Massachusetts.

### 1983

After 27 years at the University of Maryland School of Medicine, **Michael Donnenberg** moved to the Virginia Commonwealth University School of Medicine in Richmond, Va., as senior associate dean for research and research training. In addition to overseeing the medical school's research efforts, he will have oversight of the MD-PhD, PhD, and postbaccalaureate, pre-medical, and predoctoral certificate programs. He continues his own research on the pathogenesis of enteric infections and plans to continue his practice in infectious diseases and teaching medical school students in preclinical and clinical settings.

### 1993

**Aaron Fay** has authored more than 100 articles and textbook chapters on eyelid and orbital surgery. He currently serves as an assistant professor of ophthalmology at Harvard Medical School and is a founding member of the Hemangioma and Vascular Mal-



Aaron Fay '93

formations Clinic at Massachusetts General Hospital. A textbook Aaron edited is described in this issue's Alumni in Print.

### 1996 MD/PhD

**Frank S. David** is founder and managing director of a biotech consulting firm, Pharmagellan. See Alumni in Print to read about his new book, a guide to biotech financial modeling. Before founding Pharmagellan in 2013, Frank was director of strategy in AstraZeneca's oncology innovative medicines unit and, earlier, a director in the



Frank S. David '96 MD/PhD

consulting arm of Leerink Partners. A board-certified pathologist, he also works as an innovation strategist at the Brigham Research Institute of Brigham and Women's Hospital. He blogs about biomedical innovation at Forbes.com.

### 2006

**Mark A. Vitale** received the Dr. Melville G. Magida Award at the Fairfield County Medical Association's annual meeting in October 2016. The Magida Award has been presented annually since 1980 to a young practicing physician in Fairfield County, Conn., who exhibits a sense of genuine care and concern for patients. Mark is a board-certified orthopedic surgeon who specializes in the diagnosis and treatment of hand, wrist, and elbow conditions. He and his practice—Orthopaedic & Neurology Specialists in Greenwich

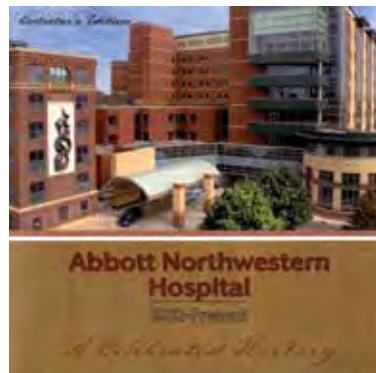
and Stamford, Conn.—are affiliated with Greenwich Hospital. Letters of recommendation submitted on Mark's behalf referenced his commitment to providing the highest quality of medical care for his patients and seeking optimal outcomes for them through surgical and nonsurgical techniques. Mark also has a master's degree in public health from Columbia. After residency training at Columbia, he completed a fellowship in hand surgery at the Mayo Clinic in Rochester, Minn.

### 2009

**Jacob M. Appel** has another new book featured in this issue's Alumni in Print, adding to his list of creations that includes literary novels, short story collections, stage plays, and essays. Many of his books and short stories have been honored with prominent book awards, and his plays have been performed in New York, Philadelphia, Tulsa, Detroit, Columbus, Indianapolis, Pittsburgh, New London, and other cities. An author, physician, attorney, and bioethicist, Jacob has degrees from Brown, Harvard, NYU, and Albany Medical College—in addition to his P&S MD degree. He is assistant professor of psychiatry at Mount Sinai School of Medicine and an attending physician at Mount Sinai Hospital and Beth Israel Hospital. He also teaches at the Gotham Writers' Workshop.

### 2011

The Duluth Family Medicine Residency Program in Duluth, Minn., hired **James Conniff** as a faculty physician and board-certified family doctor. Jamie completed his residency in family medicine and community health and a fellowship in research at the University of Wisconsin in Madison. He also earned a master's degree in public health from Wisconsin. Jamie joined the Duluth program after practicing at Northeast Family Medical Center in Madison.



## alumni *in print* By Bonita Eaton Enochs, Editor

### **Abbott Northwestern Hospital: A Celebrated History**

**Robert Scott '61**

*Abbott Northwestern  
Hospital Foundation, 2016*

In 1877, Dr. Amos Abbott (an 1869 P&S graduate) rented a small house in Minneapolis to treat his patients. By 1902, his practice moved to larger accommodations, known as Abbott Hospital. Meanwhile, in 1882, Minneapolis community leader Harriet G. Walker gathered 44 women and rented a house they called Northwestern Hospital for Women and Children. In 1970, the two hospitals merged to become Abbott Northwestern Hospital. Dr. Scott, a former member of the Abbott Northwestern Hospital medical staff, brings in this new book the fascinating history of the two great institutions that had been delivering health care in Minneapolis for more than a century.

### **Taking On Global Health Issues/ Odyssey of a Developmental Pediatrician**

**Alfred Scherzer '63**

*Ra Press, 2016*

Dr. Scherzer shares in this book his story of failure and success. Frustrated at failure to gain acceptance to medical school following

college, Dr. Scherzer went on a 10-year hiatus in Southeast Asia and the South Pacific. This experience turned out to be a blessing in disguise and led him to a unique medical career in developmental pediatrics, long before this field had a recognized professional status. Dr. Scherzer's story illustrates a strong positive reaction to perceived failure and how time, persistence, and luck combined to enable him to fulfill his childhood dream of becoming a physician.

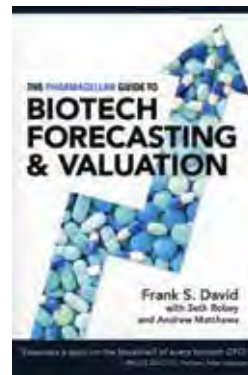
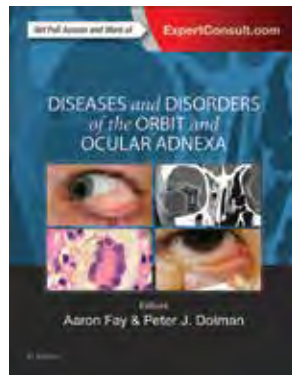
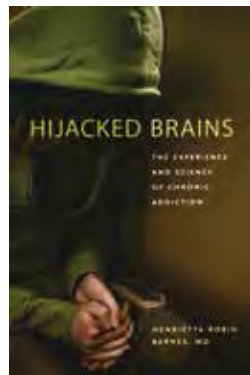
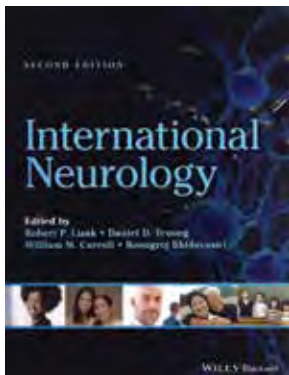
### **International Neurology, 2nd Edition**

**Robert P. Lisak '65**

*Wiley-Blackwell, 2016*

This unique textbook by a team of editors led by Dr. Lisak deals with the variations in the causes, presentations, and treatment of neurological disease throughout human populations by presenting international authorship that distills expert knowledge from around the world, including developing nations. Consisting of 22 sections and 173 chapters with contributions from worldwide experts, it serves as an invaluable guide for physicians to expand their knowledge of different neurological disorders in different countries. This is the first book to take a global approach to neurological illness, and it has been endorsed by the World Federation of Neurology.





## Hijacked Brains: The Experience and Science of Chronic Addiction

**Henrietta Robin Barnes '78**

Dartmouth College Press, 2015

By interweaving personal narratives with fascinating recent studies in brain science, Dr. Barnes shows how addictive drugs overtake basic brain functions and transform them to create a chronic illness that is very difficult to treat. The book explores how the healthy brain works, what it feels like to be crippled by addiction, and how American culture tends to blame the addict for bad choices and personal weakness. One reviewer praised Dr. Barnes for “capturing the complexity and anguish of the chronic illness of addiction with clarity and compassion. She writes about complex issues with the clarity that comes from deep thought and rich experience.”

## Diseases and Disorders of the Orbit and Ocular Adnexa

**Aaron Fay '93, Co-Editor**

Elsevier, 2017

Written by an international team of more than 70 contributing experts from five continents and co-edited by Dr. Fay, this new textbook offers in one convenient volume an in-depth and thorough approach to diagnosing and managing orbital and ocular adnexal diseases

by incorporating the perspectives of numerous specialties. The book covers the clinical presentation, pathophysiology, natural history, and management alternatives of disease processes affecting the orbit, eyelids, lacrimal system, and upper face. The book uses an easy-to-follow template format throughout for quick and easy navigation and features more than 1,200 high-quality clinical images, histological illustrations, and imaging photos that provide clear visual examples of orbital disease.

## The Pharmagellan Guide to Biotech Forecasting & Valuation

**Frank S. David '96 MD/PhD**

Pharmagellan, 2017

Dr. David's new book is a comprehensive reference handbook to creating and interpreting financial models for early-stage biopharma assets and companies. The book is intended to help anyone—biotech executive, investor, deal maker, entrepreneur, adviser, or others who aspire to be involved in the biotech industry—who needs to know how to build and analyze forecasts and valuation models of R&D-stage drugs, which they can then use to make investment decisions, pitch to potential partners or funders, or assess their own R&D programs. One of the book's co-authors, Seth Robey, recently received his PhD degree in pharmacology from Columbia.

## The Mask of Sanity

**Jacob M. Appel '09**

The Permanent Press, 2017

In his new dark and unsettling novel, Dr. Appel delves into the mind of Dr. Jeremy Balint. On the outside, Dr. Balint is a pillar of the community; he is the youngest divisional chief at his hospital, a model son to his elderly parents, and fiercely devoted to his wife and two daughters. On the inside, he is a high functioning sociopath who reveals the depth of his cold-blooded depravity. One editorial review said, “Appel's characters have plenty of secrets to keep; Dr. Balint is not a man trying to overcome his demons, but one who is fully in league with them, and that keeps ‘The Mask of Sanity’ moving.”

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## Fadlo R. Khuri'89: Championing Intellectual Rigor and Risk at the American University of Beirut

By Peter Wortsman



PETER WORTSMAN

**I**n 2016 the American University of Beirut, the oldest and arguably the most respected institution of higher learning in the Middle East, celebrated its 150th anniversary, a momentous occasion for any school but particularly noteworthy for an institution committed since its founding to free and open dialogue, critical thinking, and intellectual rigor in a region of tumult. Looking ahead, the pedagogical challenges and opportunities remain formidable, according to Fadlo R. Khuri'89, an oncologist by training and committed educator, who took office as the school's 16th president in September 2015.

"A full half of the population in many Arab countries is under the age of 25," Dr. Khuri points out. "Young people are not yet set in their ways. They're open to new ideas. The risk is that they can be turned toward ideological extremism, but they can also be influenced to do great good."

Dr. Khuri characterizes the institution, of which he is an alumnus and to which he has longstanding familial ties on both his mother's and father's sides, as "a beacon of openness and transparency and secularism and a force for reason" in a country and a part of the world splintered by rivalries between conflicting religious and political factions. "What we needed to do early on in my term was to gain trust on all sides," he says. Having won that trust from board members, faculty, students, and parents, he is seeking consensus to steer the school toward making a sustainable positive impact in the region and beyond. "As a small university, we need to take intellectual risks and focus on courage."

Courage is definitely a required quality for any academic leader in the Middle East. One of Dr. Khuri's predecessors at AUB, Dr. Malcolm H. Kerr, an American national and the third president to be born in Lebanon, was assassinated while in office, and his successor, Calvin Plimpton'51 MSD, faced an attempted kidnapping. Among other pressing and unquestionably courageous priorities under Dr. Khuri's aegis is AUB's focus on the needs of refugees in a country with a population of 4 million that currently hosts close to 2 million refugees. AUB's Center for Civic Engagement and Community Service won the 2016 MacJannet Prize for global citizenship in recognition of its educational outreach to Syrian refugees. In addition, an AUB architect, Karim Najjar, designed prefab modules for schools for refugee children. The schools are being put into action as quickly as they can be built.

Dr. Khuri made time for an interview at AUB's New York office in September 2016, a year into his presidency.

### Grounded in Cultures of Caring

Born in Boston, Mass., of Lebanese émigré parents, his father a physician, his mother a mathematician, Fadlo Khuri moved back to Lebanon in 1970 and was brought up in Beirut, where he attended high school at the International College in Beirut and began his undergraduate studies at AUB. As a young man growing up during the Lebanese Civil War, a time of acute sectarian differences, he was often asked by friends: What party do you belong to? His parents replied: "We belong to the party of AUB."

A history buff steeped in American culture—with a reverence for Abraham Lincoln as a model leader, a lifelong allegiance to the Boston Red Sox, a taste for New England clam chowder, and a can-do attitude—he is also deeply rooted in the rich cultural diversity of Lebanon and the Arab world. As he put it in a presentation in 2016 to AOA inductees at the AUB medical school, “I was born a Lebanese, but raised intellectually by Koreans, Chinese, and Americans, by Christians, Moslems, Jews, atheists, and communists alike.” Such diverse influences helped him understand from an early age “there really is no ‘other’ when you’ve figured out that you yourself are part of that ‘other.’ I am not some preternaturally sensitive individual,” he insists. “I grew up in the truly diverse environment of AUB where people debated tough ideas and tolerance of difference was the norm.” The school admitted its first women as full-time students in the 1920s, long before Harvard, Yale, Princeton, and Columbia. His mother, Dr. Soumaya Khuri, a professor of mathematics at AUB, was and remains a vocal feminist. “When you bring different people from different backgrounds together even in a trouble spot,” he argues, “that fear of the other starts to evaporate.”

He returned to the United States to earn a bachelor’s degree from Yale University and to study medicine at P&S. “I went into medicine,” he says, “because I wanted to help people” and credits the encouragement of his father, the late Raja Najib Khuri, MD, a renowned renal physiologist, professor, and chair of the Department of Physiology at AUB, who served as the school’s acting president shortly after the assassination of Dr. Kerr and from 1978-1987 as dean of the medical school.

In the AOA speech, Dr. Khuri vividly recalled his first day on clinical rounds as a third-year medical student at P&S. Entrusted with the care of a gracious rabbinical scholar dying of pancreatic cancer, he felt compelled to dwell on the family’s bitter plaint: “How could such a good man have such a cruel and unkind death?” Ultimately, he added, “My search for meaning in this painful event drove me into the field of cancer research.”

At P&S he came under the influence of the late Bernard Weinstein, MD, professor of medicine and director of the cancer center at Columbia and Presbyterian Hospital. “Bernie was the first person to really make science thrilling for

me at Columbia.” Another P&S mentor, the late Leslie Baer’63, director of the hypertension research program, under whose guidance he pursued his third-year medical rotation, “taught me how to write a thoughtful patient history, to include my reasoning, the rationale for a diagnosis, and plan of treatment.”

It was also at Columbia that he met the most important person in his life, his future wife, Lamya Tannous Khuri, who received a PhD in nutrition at Columbia in 1993.

Another distinguished member of the P&S faculty, the late John Lindenbaum, MD, at the time vice chair of medicine, counseled him to give clinical medicine a try and recommended training in medicine at Boston City Hospital. In Boston Dr. Khuri faced the daunting challenge of treating a growing cohort of patients in the early days of the AIDS epidemic. Grueling as it was, he enjoyed the immediacy of taking care of patients. “It’s easy to feel you’re working for a job your first eight hours, but after that you need to know that it’s more than a job, that it’s a calling.

“Anybody who tells you that the physician-patient relationship is a one-way stream, that the great, noble physician gives and the patient just takes,” he adds, “they don’t know medicine, they haven’t practiced it.” In addition

**“We’re at a tipping point in history in the Arab world. I want to contribute in any way I can to the shift towards a better, sounder set of beliefs and ideologies than currently exist there.”**

to the emotional gratification of providing care, medicine offers an intellectual challenge. “There’s something very rewarding about piecing together the jigsaw puzzle of disease. Even if you can’t cure someone, you’ve eased their pain, diagnosed immediate complications, alleviated a symptom.”

He subsequently completed a fellowship in hematology/medical oncology at New England Medical Center and Tufts University School of Medicine. In 1995 he joined the Department of Medicine at the University of Texas MD Anderson Cancer Center and in 2002 was recruited by Emory University as professor of hematology and oncology and director of the Discovery and Developmental Therapeutics program

at the Winship Cancer Institute, where he was later named the Roberto C. Goizueta Distinguished Chair for Cancer Research and assembled a dynamic research team.

A widely cited molecular oncologist and acknowledged thought leader in translational medicine, the author of more than 300 peer-reviewed articles, Dr. Khuri has focused his clinical research on the development of molecular, prognostic, therapeutic, and chemo-preventive approaches to improve the standard of care for patients with lung and aerodigestive cancers. “Committed to thinking of cancer as not just end-stage but taking in the entire evolution from premalignancy in order to establish the earliest possible intervention point in the disease,” he and his team at Emory were in the vanguard of what has come to be known as precision or personalized medicine.

#### **A Call to Service**

“The real challenge in life,” he says, “is about being able to reinvent and redefine yourself every 10 to 15 years.” Upon learning that AUB was seeking a new president, Dr. Khuri, who had been contemplating a career pivot, decided to apply for the job. It was for him a chance to give back to an institution that helped shape his

character and his thinking and an opportunity to have a positive impact on a country and a culture to which he feels a strong emotional tie. “We’re at a tipping point in history in the Arab world. That’s one of the biggest reasons I went back,” he says. “I want to contribute in any way I can to the shift towards a better, sounder set of beliefs and ideologies than currently exist there.”

Did a career in medical oncology help prepare him for the challenges of leading a major university? “Yes, I most definitely think it has,” he says. “First, it helps to understand that you often have to synthesize complex and contradictory data to make a difficult decision. Medicine prepares you to accept responsibility for that decision. It is also a very humbling profes-

sion; this is particularly the case in oncology. Even though inevitably you fail a lot, you celebrate every victory and learn from every defeat. Sometimes you don't have the answer. So learning to live with ambiguity, which I think is the hallmark of a good leader, is a very key quality."



President Khuri with AUB athletes

Dr. Khuri says the American pedagogical model of a liberal education, as promoted by the founders of AUB, is still viable today, though it may well be in need of updating. "We must acknowledge the successes and the failures of previous applications of the American intellectual ethos." American political policy, he points out, has not always been a force for good in the Middle East. "Mistakes were made and are being made, but people in the region did not lose faith in the American intellectual agenda."

Whereas in the United States, in Dr. Khuri's view, "politicians don't take academic institutions all that seriously, except as intellectual factories to produce policy wonks, there is a respect for and a fear of academe among the political leaders in Lebanon and the Arab world, which is both exhilarating and a little frightening. They care about what we advocate.

"The university cannot replace the role of the Lebanese government," he says, "but we can step up and provide the truth, whether it's about carbon emissions or trash burning or medicine or history. As educators, we also can and must take better care of our students, so that they go out into the world more knowledgeable, more

confident, more empowered to make a difference than when they came in."

As a pedagogue Dr. Khuri is a strong believer in the ethos espoused by AUB's founding president, Dr. Daniel Bliss: "We were not anxious to appear great, but we were anxious to lay foundations upon which greatness could be built." Over the years, AUB has produced leaders in a multitude of fields, including Ashraf Ghani, president of Afghanistan; Zaha Hadid, the first woman to win the prestigious Pritzker Architecture Prize; Dr. Ray Irani, former chairman and CEO of Occidental Petroleum (a company previously run by P&S alumnus Armand Hammer'1921); and Dr. Charles Malik, a diplomat and former Secretary of the U.N. Commission on Human Rights, instrumental in drafting the Universal Declaration of Human Rights.

Dr. Khuri hopes to cultivate future leaders. The wave of protest movements that has come to be known as the Arab Spring awakened dreams, many of which were beaten down by oppressive regimes, but the dreams did not die. "Democracy is a very fragile entity," he says. "It's like one of those flowers that doesn't necessarily grow in all soil unless it's really carefully tended for a long time." By his frank assessment, "statesmen and stateswomen are rare in the Arab world—we have never had a Lincoln or a Mandela, but that doesn't mean we can't help bring them to the fore tomorrow."

One of his most ambitious projects as part of the university strategic plan is the creation of a

boundaries of the health sciences to include, notably, issues related to conflict medicine.

### Mission Creates Margin

In a speech titled "Legacy of Service," delivered at the AUB 2016-2017 opening ceremony, Dr. Khuri challenged the role of the university. "We have strayed far too long and far too deeply on the utilitarian and professional path," he warned, a dangerous detour he perceives not just at AUB but at universities everywhere, at which the humanities have sunk to second-rung status behind applied professional, and more obviously profitable, pursuits. To redress this perceived failing, Dr. Khuri hopes to reinvigorate the study of philosophy, Arabic, and international literature and to restart independent fine arts, music, and theater departments, among other fields of liberal study.

"Beirut is not a tidy city, physically or intellectually," he readily admits, "but that lack of tidiness is precisely why the founding fathers of the university chose well. You want a lot of fertile dissonance in a rich academic environment and from my perspective that dissonance is grounded in the humanities.

"Yes, we will continue to train some of the best engineers in the Middle East and the world," he says. But in response to parents and trustees who may question the utility of what they perceive as impractical pursuits, he adds: "I don't want to train fewer engineers; I just want those engineers to take more humanities

**Medicine is a humbling profession, particularly in oncology, says Dr. Khuri: "Even though inevitably you fail a lot, you celebrate every victory and learn from every defeat. Sometimes you don't have the answer. So learning to live with ambiguity, which I think is the hallmark of a good leader, is a very key quality."**

global health sciences center. Aiming for more than just a traditional conglomerate of schools of medicine, nursing, pharmacy, and public health, Dr. Khuri wants AUB to take advantage of the fact that "we are at the epicenter of some major health crises, not just medical crises." He hopes the center will take a leadership role in addressing health-related issues that transcend the traditional

courses, learn more about why we do things, as opposed to just how we do things. You really only get that chance in college, and it's currently underemphasized in the curriculum."

Dr. Khuri recalls a conversation he had some years ago with a member of the board of trustees of Emory University, an institution at which he spent more than a decade and a half on the

## Columbia's Historic Ties to AUB

Founded in 1866 by American missionaries in Lebanon and Syria under the auspices of the American Board of Commissioners for Foreign Missions, and originally called the Syrian Protestant College, the institution later renamed American University of Beirut was, in the words of its first president, Dr. Daniel L. Bliss, open to "all conditions and classes of men without regard to color, nationality, race, or religion. A man, white, black, or yellow, Christian, Jew, Mohammedan, or heathen, may enter and enjoy all the advantages..."

From early on in its history, AUB had a close connection to Columbia University. Of the school's 16 presidents to date, seven earned graduate degrees and/or taught at Columbia. Frederic P. Herter, MD, a longtime professor of surgery at P&S, served for some years, first as a member and then as chairman of the AUB Board of Trustees, before being named president. In his memoirs, "May I Cut In?", Dr. Herter recalled that his interest in the school had been stoked by a pre-operative conversation with the legendary P&S surgeon Dr. Allen Oldfather Whipple, best known for the Whipple procedure, a complex surgical procedure to remove parts of the pancreas, the small intestine, and the gallbladder to treat pancreatic cancer. Dr. Whipple, who had been born in Iran, was raised in Syria, and was familiar with Lebanon, praised AUB as "the finest educational institution in the Middle East." The late Calvin H. Plimpton, MD, who received his MSD degree from P&S in 1951 and was a longtime member of the faculty in the Department of Medicine at P&S, served for a time as professor and chairman of the Department of Medicine and associate dean of the Faculty of Medical Sciences at AUB and chief of staff of the American University Hospital before becoming president. Thomas Q. Morris '58, former president and CEO of Presbyterian Hospital and current chairman of the editorial board of *Columbia*



Inauguration of AUB President Fadlo Khuri '89 with AUB Trustee Thomas Q. Morris '58, left, in attendance

*Medicine*, served for many years as a member, then as chairman, of the AUB Board of Trustees and was awarded an honorary doctor of humane letters degree from AUB in 2009. Other Columbians have ties to AUB. David Bickers, chair of dermatology at P&S, was vice chair of the Board of Trustees for several years. Dr. Bickers, whose father was chair of ob/gyn at AUB, is now trustee emeritus. Jacques P. Merab, a cardiology faculty member at P&S, grew up in Beirut and has been an active AUB trustee for several years. Thomas Jacobs, a faculty member in endocrinology at P&S, served as a trustee for several years. The AUB-Columbia link has come full circle with the presidency of P&S alumnus Fadlo Khuri '89, whose father, Dr. Raja Najib Khuri, a former dean of the Faculty of Medicine and acting president of AUB, trained, served under, and became a close friend of Dr. Plimpton.

faculty and to which he remains devoted. "No margin, no mission!" was the mantra preached by the trustee. Budgetary constraint was the common reason given for trimming the curriculum. "You've got it a hundred percent wrong," Dr. Khuri responded. "It's the mission that creates the margin! If you're no good at your educational mission and you don't believe in it, the margin's going to go away, because some other institution that does believe in their mission is going to do a better job and achieve a better margin, and they're going to make you a dinosaur!"

### A New Marshall Plan for the Arab World

Energized by "a very creative and participatory faculty and staff, echoing the call of students who come in wanting to make a difference," he argues that "a university can only do so much. We can come up with the ideas, but society has to meet us halfway."

In his inaugural remarks upon taking on the mantle of the presidency, Dr. Khuri boldly proposed, "Can we at AUB become the first brick in a new Marshall Plan for the Arab world, a homegrown one?" Piloted by U.S. Secretary of State George Marshall following World War II to bolster the shattered economy of Europe, including that of a defeated Germany, the Marshall Plan included a vigorous educational component. Education should be a priority of support in the Middle East, Dr. Khuri argues, "not because of noblesse oblige, but because it's to everyone's long-term strategic advantage."

To address the rising cost of tuition, Dr. Khuri has proposed, among other initiatives, a national service and teaching model, whereby in exchange for debt-forgiveness funded by the Lebanese government, students pledge to teach in rural areas for a set number of years. As a young man, Dr. Khuri taught English, math,

and science in Palestinian refugee camps and in the southern district of Beirut.

About to lead a major capital campaign, Dr. Khuri hopes to foster a meaningful sense of philanthropy in Lebanon and the Middle East. "We need to substantially increase our endowment to spend on building our infrastructure and, most importantly, on supporting our faculty and students. But I want our prospective donors to give because they truly believe in the cause. If they don't believe in it, we don't need their money."

When not promoting the cause of AUB, Dr. Khuri flies to Atlanta, where his wife is still holding down the fort while their youngest finishes high school. For leisure activities, he follows sports, in particular the exploits of the Boston Red Sox, and takes long walks in the hills around Beirut. "Lebanon is a beautiful country. I'm very comfortable with the people I meet, from whom I learn a lot. I'm still a perpetual student."



Henry S. "Harry" Lodge



Lewis P. "Bud" Rowland

## FACULTY

**Felix E. Demartini, MD**, professor emeritus of clinical medicine and president and CEO of Presbyterian Hospital for nearly a decade, died Nov. 7, 2016. A graduate of Columbia College and P&S, he spent his entire career at Columbia. He served as hospital president from 1977 until the mid-1980s, overseeing a modernization program that included the construction of the Allen Pavilion (now Allen Hospital) and the Milstein Hospital Building. See more in the alumni In Memoriam, Class of 1946.

**Henry S. "Harry" Lodge, MD**, the Robert L. Burch Family Professor of Medicine and chair and CEO of New York Physicians, LLP, died March 10, 2017. He spent his entire medical career at Columbia, joining the faculty of P&S and the hospital staff after completing an internal medicine internship and residency at Columbia-Presbyterian. With a patient, Dr. Lodge wrote the popular best-selling "Younger Next Year" book series. As director of the Health Sciences Communication Project, which

oversaw the Columbia Public Voices Fellowship Program, Dr. Lodge sought to inspire Columbia faculty to participate in public discourse on medicine, health, and well-being. See more in Alumni In Memoriam, Class of 1985.

**Lewis P. "Bud" Rowland, MD**, chair of neurology at P&S and director of the Neurological Institute of New York for 25 years and a leader in American neurology, died March 16, 2017. When Dr. Rowland was recruited to P&S in 1973 to chair neurology, it was a return to the medical center where he trained in neurology before joining the faculty. He rose through the ranks to become a full professor before being recruited to the University of Pennsylvania in 1967 to chair neurology for six years before returning to Columbia.

At Columbia, he founded and co-directed the Eleanor and Lou Gehrig MDA/ALS Center until 1999 and founded and co-directed the H. Houston Merritt Clinical Research Center for Muscular Dystrophy and Related Diseases at Columbia. Known for research in

neuromuscular diseases and age-related neurodegenerative diseases, especially ALS, Dr. Rowland wrote many papers and edited two books on ALS. He was editor-in-chief of the journal *Neurology* from 1977 to 1987 and had been a member of the editorial boards of the *New England Journal of Medicine* and the *Journal of Neurological Sciences*. He was the editor of Merritt's "Textbook of Neurology," "Current Neurologic Drugs," and "Clinical Cases in Neurology." He also authored "The Legacy of Tracy J. Putnam and H. Houston Merritt: Modern Neurology in the United States" and wrote the history of the National Institute for Neurological Disorders and Stroke, even though he was fired from the NINDS during the McCarthy era for his work with the American Association of Interns and Medical Students and his advocacy for national health insurance.

Dr. Rowland was past president of the American Neurological Association, the American Academy of Neurology, and the Parkinson's Disease Foundation. He was elected to the prestigious National Academy

of Medicine, formerly called the Institute of Medicine. Dr. Rowland received bachelor's and medical degrees from Yale University.

## Other Faculty Deaths

**Anne Bernstein, MD**, clinical professor of psychiatry, died Oct. 31, 2016. See more in Alumni In Memoriam, Class of 1970 PSY.

**Nas S. Eftekhari, MD**, professor emeritus of clinical orthopedic surgery, died Nov. 14, 2016.

**Michael C. Pitter, MD**, assistant professor of obstetrics & gynecology, died Dec. 24, 2016.

**Laura Ponticorvo, PhD**, research associate in biochemistry and obstetrics & gynecology, died Dec. 8, 2016.

**Eleanor Shelly**, retired instructor in occupational therapy and former director of occupational therapy services at Presbyterian Hospital, died Feb. 16, 2016.

## ALUMNI 1946

**Felix E. Demartini**, former president and CEO of Presbyterian Hospital

and professor emeritus of clinical medicine at P&S, died Nov. 7, 2016. Under his leadership, the hospital began an expansion, including the construction of the Allen Pavilion and Milstein Hospital Building. He previously served as vice chair of the Board of Trustees of Presbyterian Hospital, in which capacity he was responsible for all scientific and health programs and professional staffing at the hospital. Dr. Demartini was a former governor of the Downstate Areas for the American College of Physicians. He served in the U.S. Army Medical Corps. Dr. Demartini pursued some of the first studies on the effects of diuretics on the excretion of uric acid. A onetime star athlete, he was captain of the football team as an undergraduate at Columbia College. Retiring to Vero Beach, Fla., he served for a number of years on the board of directors of the Indian River Memorial Hospital. Among his extra-medical activities, he was an avid golfer and served as president of Hawk's Nest Golf Club in Vero Beach. Preceded in death by his wife, Mildred, he is survived by a



Felix E. Demartini '46



Melvin Grumbach '48



Norman Bank '53



Stanley Edelman '53

daughter, two sons, including Paul Demartini '77, nine grandchildren, and 11 great-grandchildren.

### 1948

**Melvin Grumbach**, a legend in pediatric endocrinology, died of a heart attack on Oct. 4, 2016, at age 90. Dr. Grumbach, the Edward B. Shaw Distinguished Professor of Pediatrics Emeritus and former chair of the Department of Pediatrics at the University of California San Francisco, was credited with bringing international acclaim to pediatrics at UCSF. Author of close to 400 scientific papers, he was best known for his landmark research on the biological mechanisms of sexual differentiation, growth, and puberty. Early on in his career, applying insights from the then new field of cytogenetics and working as a junior member of the faculty in the Department of Pediatrics at P&S in the 1960s, he and a collaborator studied the hormonal regulation of growth from the fetus through puberty. His lab was the first to reveal the biomedical subtleties of hypothalamic control. He did not shy away from

weighing in on the emotionally charged issue of gender identity, rejecting the then commonly held view that anatomy alone should dictate assigned gender to children born with ambiguous genitalia and promoting a more complex appreciation of gender identity and a deeper engagement with patients and their parents in the often delicate decision-making process. His last published paper, co-authored when he was 86, "Advice on the Management of Ambiguous Genitalia to a Young Endocrinologist from Experienced Clinicians," appeared in the journal *Seminars in Reproductive Medicine*. He served as a captain in the U.S. Air Force Medical Corps. A past president of the American Pediatric Society and the Endocrine Society, Dr. Grumbach received many honors, including the UCSF Medal (that school's highest honor), the Koch Award, the Borden Award for Research of the American Academy of Pediatrics, the John Howland Medal of the American Pediatric Society, and the American Academy of Pediatrics Lifetime Achievement Award in

Medical Education. Preceded in death by his wife, Madeline Francis Grumbach '51, he is survived by two sons and five grandchildren.

### 1953

**Norman Bank**, professor emeritus of medicine (nephrology) at the Albert Einstein College of Medicine and one of the founding fathers of nephrology, died Sept. 17, 2016. Author of more than 100 peer-reviewed articles, Dr. Bank was best known for his studies of sickle cell anemia and kidney function. He served in the U.S. Army Air Force. Following a stint on staff at the New England Medical Center, where he and his colleagues were credited with contributing to the birth of the medical specialty of nephrology, he was named professor of medicine at Albert Einstein, where he served for more than two decades as chief of the nephrology division at Montefiore Medical Center. His laboratory at Montefiore was credited with major contributions in the area of mechanisms of proximal tubule, acidification, K<sup>+</sup> secretion due to non-reabsorbed distal

anions, post-obstructive diuresis, glomerular hyperfiltration in diabetes, renal salt and water retention in chronic bile duct obstruction, parathyroid hormone modulation of proximal tubular phosphate and bicarbonate transport and potassium transport by the remnant kidney. Dr. James Scheuer, former chief of the Department of Medicine at Montefiore, recalled Dr. Bank as "a wonderful model of how a smart, successful leader should operate." Of Dr. Bank's research he wrote: "Many of us conducted research and were 'productive.' Looking back, very few of us made important original contributions. Norm did!" In the words of another longtime colleague at Einstein, Dr. Joel Neugarten, "Norman Bank truly ranks among the pioneers and patriarchs of the field of nephrology. Norman mastered the [then] recently developed technique of kidney micropuncture and employed these newly acquired skills to make seminal contributions to our rapidly expanding understanding of how the kidney works." A past president of the New York

Society of Nephrology, in 1977 Dr. Bank was honored with the Distinguished Service Award of the National Kidney Foundation. He subsequently received the service award from the American Society of Nephrology. Following his retirement and appointment as professor of medicine emeritus at Einstein, he continued to be active, shepherding the development of a computer research database for the Kidney and Urologic Foundation of America. He also wrote several children's books, including "Evil Spirits at Camp AgoNee" and "Arnold the Fearless," and remained an active member of a writing group sponsored by the Scarsdale Library. He is survived by his wife, Ronee I. Herrmann '54, a daughter, and a son, David Bank '95. His family contributed to the creation of a scholarship fund in the Bank family name at P&S.

**Stanley Edelman**, a retired surgeon, athlete, and philanthropist, died Dec. 30, 2016. He was a longtime member of the faculty in the Department of Surgery at Mount Sinai School of



David H. Barnhouse '54

Medicine, where he taught house staff. As chair of the board of directors of the Henry Nias Foundation, he oversaw its support of cultural and educational programs in New York, including significant support for student financial aid at P&S and Mount Sinai and a professorship in his name at both institutions. He was an active and loyal alumnus, serving as chair of his class for many years. In his free time Dr. Edelman trained for and ran in more than 35 New York marathons, staying fit by running against athletes many years his junior. A World War II veteran, Dr. Edelman saw combat in the Battle of the Bulge, surviving the downing of his plane behind enemy lines. His service was recognized by the French Legion of Honor Medal. He is survived by his wife, Ginny, a son, two daughters, four grandchildren, and one great-grandchild.

#### 1954

**David H. Barnhouse**, a retired urologist, died Oct. 1, 2016. He was 87. Dr. Barnhouse served for some years as a medical missionary with the Pres-

byterian Church in India, where he taught surgery at the Christian Medical College in Ludhiana, Punjab. Returning to the United States, he trained and switched specialties to urology, pursuing a private practice in Pittsburgh, Pa. After retiring from medical practice in 1993 he became an ordained Episcopalian priest assisting at the Church of the Ascension in Pittsburgh. His other interests included travel, choral music, opera, and jigsaw puzzles. Survivors include his wife, Mary, three children, and four grandchildren.

**Paul Keating**, a retired cardiologist, died Sept. 18, 2016. He served during World War II in the 2nd Battalion, 274th Regiment of the U.S. Army, a regiment that was awarded a Presidential Unit Citation for outstanding performance in combat for surviving bitter cold and dearth of food and water and destroying two German SS battalions while liberating 250 American prisoners of war in Wingen, France. Dr. Keating earned a Bronze Star and a Chevalier of the

French Legion of Honor. A longtime member of the cardiac clinic at St. Luke's-Roosevelt Hospital Center, Dr. Keating was co-founder of the coronary care unit at Good Samaritan Hospital in Suffern, N.Y., where he earned the Sister Joseph Rita Award for Medical Excellence. Preceded in death by his wife, Patricia, and a son, he is survived by two daughters, four sons, and 14 grandchildren.

**Paul Mayer**, a retired orthopedic surgeon, died Nov. 7, 2016. He served in the U.S. Air Force during World War II. Clinical professor of orthopedic surgery and adjunct professor of biomedical engineering at the University of Miami School of Medicine, he pursued a private orthopedic practice in Miami, where he was a past president of the Miami Orthopedic Society. Dr. Mayer also served as chairman of the board of Victoria Hospital, as a member of the board of directors and chief of orthopedic surgery of the Miami Heart Institute, and as chief of orthopedics at Cedars of Lebanon Hospital. A scholarship for excellence in biomedical

engineering was established in his name by the Alliance for Engineering in Medicine and Biology, of which he was a past president. Survivors include his wife, Dr. Joan Mayer, four daughters (three of them doctors), and five grandchildren.

**James W. Rathe**, a retired internist, died Nov. 12, 2016. He served in the Army Corps of Engineers, stationed in Heidelberg, Germany. Dr. Rathe pursued a private practice in internal medicine in Waverly, Iowa, and maintained an affiliation with Rohlf Memorial Clinic. He was a board member and past president of the Iowa Heart Association. Preceded in death by his wife, Evelyn, he is survived by a daughter, two sons, four grandchildren, and one great-grandchild.

**Donald R. Reisfield**, a retired obstetrician/gynecologist, died Nov. 6, 2016, at age 90. He served in the armed forces during World War II, saw combat in the Pacific, and was stationed in occupied Japan, where he learned to speak Japanese. A clinical member of the faculty of Robert Wood

Johnson Medical School, Dr. Reisfield pursued a private ob/gyn practice for many years in New Brunswick, N.J., delivering more than 10,000 babies. He was affiliated with Robert Wood Johnson University Hospital and St. Peter's Hospital. In his free time he pursued various sports, and as a member of the Napoleonic Society of America published papers on the impact of medical issues on Napoleon Bonaparte. Survivors include his wife, Gray, a daughter, three sons, eight grandchildren, and a great-grandchild.

#### 1956

**Burton J. Lee III**, a retired oncologist and former chief of the medical unit at the White House and personal physician to President George H.W. Bush, died Nov. 25, 2016. He was 86. Dr. Lee volunteered for the Marine Corps and subsequently served in the U.S. Army Medical Corps, stationed in Stuttgart, Germany. From 1989 to 1993, he served as White House physician. He had previously served for more than three decades as an oncologist on the staff of Memorial Sloan Kettering Cancer Center, where he





Paul Keating '54



Donald R. Reisfield '54



Burton J. Lee III '56



Sheila Horn Bisailon '60



Keith Brodie '65

ran the lymphoma section and developed treatment protocols for Hodgkin's disease and multiple myeloma that have since become standard. He was the principal or contributing author on 141 research papers. Retiring to Florida, he remained active in medicine, serving first as volunteer physician at, and later member of the board of, the Whole Family Health Center in Vero Beach. He was commissioner of public health for Indian River County for many years and was instrumental in founding Alchope, a nonprofit alcohol treatment recovery center in Vero Beach. In 2005, in the wake of news reports of prisoner abuse by U.S. military at Abu Ghraib Prison in Iraq and at Guantanamo Bay detention camp in Cuba, Dr. Lee took a bold stand, publishing an op-ed piece in the Washington Post officially opposing torture and abuse in the interrogation of prisoners by U.S. forces, a practice that had been tolerated and even sanctioned during the administration of George W. Bush. He responded in no uncertain terms: "America cannot continue down this road. It demonstrates

weakness, not strength. It is a reaction of government officials overwhelmed by fear who succumb to conduct unworthy of them and of the citizens of the United States." Dr. Lee was descended from a long family line of P&S graduates, including his paternal grandfather, Burton J. Lee Sr.'1898, a pioneer in cancer care; an uncle, Hugh Auchincloss Sr.'1905, founder of the breast and hand surgical services at Presbyterian Hospital; a cousin, Hugh Auchincloss Jr.'42, a well-known breast surgeon; and another cousin, Elizabeth Auchincloss '76. A loyal alumnus, Dr. Lee was a generous supporter of his medical alma mater, to which he remained eternally devoted. Survivors include his wife, Anne, two daughters, a son, three stepdaughters, and five grandchildren.

#### 1957

**Raymond D. Mutter**, a retired internist, died Nov. 29, 2016. He served in the U.S. Army, stationed in Germany. Dr. Mutter was affiliated for many years with Phelps Memorial Hospital in Tarrytown, N.Y., and served as a member of

the board of directors of the Tarrytown Ambulance Service. He is survived by his wife, Mary Elise, two daughters, and a son.

#### 1960

**Sheila Horn Bisailon**, a biochemist and administrator, died Nov. 18, 2016. Dr. Bisailon, a native of Montreal, Canada, was a member of the family medicine faculty at McGill University and medical director of Queen Elizabeth Hospital of Montreal Centre, an affiliate of McGill. She subsequently served as medical judge in a Quebec provincial Appeal Court in Health Law. Preceded in death by two former husbands and a son, she is survived by two sons, a daughter, a stepson, and nine grandchildren.

#### 1965

**Keith Brodie**, a distinguished psychiatrist, former president of Duke University, and past president of the American Psychiatric Association, died Dec. 2, 2016. He was 77. During his tenure at the helm of Duke, Dr. Brodie helped raise the school's profile from that of a respected regional contender to one of the nation's top research

universities. He launched new interdisciplinary academic initiatives, including a School of the Environment, the Levine Science Research Center, and the Sanford Institute for Public Policy. He also helped push faculty diversity with a black faculty initiative and a program for preparing minorities for academic careers and promoted increased faculty participation in governance. Among other notable accomplishments, he doubled Duke's endowment, substantially increased the level of corporate giving, and helped boost the undergraduate and graduate applicant pool. Dr. Brodie came to Duke as a professor and chair of the Department of Psychiatry and director of psychiatric services at Duke University Medical Center. He was subsequently named James P. Duke Professor of Psychiatry and served as chancellor for three years before taking the reins as president. A leader, according to Dr. Brodie, who summed up his philosophy in an alumni profile in *Columbia Medicine*, "is someone who takes people where they might not have thought they wanted to go or might not have thought

they had the capacity to go. But, of course, they're very happy when they get there." He previously taught in the Department of Psychiatry at Stanford University. Co-author of more than 70 scientific papers, co-author of a book, "Modern Clinical Psychiatry," and co-editor of "Controversy in Psychiatry," "Critical Problems in Psychiatry," "Signs and Symptoms in Psychiatry," and "American Handbook of Psychiatry," his research focused on biochemical substrates of mood disorders. Upon his retirement, he authored yet another book, "The Research University Presidency in the Late 20th Century," based on interviews conducted with former and current academic leaders. A star in psychiatry, he had been the youngest president of the American Psychiatric Association. He also was chairman of the board of mental health and behavioral medicine at the Institute of Medicine, now called the National Academy of Medicine. He was the recipient of two honorary degrees and many other encomia, including the Distinguished Alumni Award



Mark E. Josephson '69



Anne E. Bernstein '70 PSY



Harvey W. Topilow '75

from P&S and the William C. Menninger Memorial Award from the Institute of Pennsylvania Hospital. The Keith and Brenda Brodie Recreation Center at Duke was named for him and his wife, Brenda, a 1965 graduate of the Columbia School of Nursing, who survives him. He is also survived by a daughter, three sons, and four grandchildren.

**1966**

**David C. Lowance**, a retired nephrologist, died Sept. 9, 2016, from complications of Parkinson's disease. He joined his father in an internal medicine practice at the Lowance Clinic in Atlanta, Ga., where he was also affiliated with Piedmont Hospital. Dr. Lowance helped to establish a kidney transplant program in Atlanta and joined Lifelink of Georgia, a not-for-profit organization devoted to the recovery of organs and tissue for transplantation therapy. Survivors include his wife, Lynn, two daughters, a son, and three stepchildren.

**1969**

**Mark E. Josephson**, professor of medicine at Harvard and founding director of the Howard

Thorndike Electrophysiology Institute and Arrhythmia Services at Beth Israel/Deaconess Medical Center in Boston, died Jan. 11, 2017. Considered one of the "fathers" of the field of electrophysiology, he attained international prominence for designing new procedures that make possible the selection of appropriate drugs for treatment of potentially lethal arrhythmias and for developing surgical procedures to address arrhythmias not treatable by drugs. He was the author of more than 450 peer-reviewed articles and the widely respected book, "Clinical Cardiac Electrophysiology Techniques and Interpretations." He received many honors, including the Distinguished Teacher Award from the North American Society for Pacing and Electrophysiology, a Columbia University Medal of Excellence, the Paul Dudley White Award from the American Heart Association, and the 2017 Distinguished Scientist Award (Basic Domain) of the American College of Cardiology. He served as a military medical officer during the Vietnam War.

Dr. Josephson was particularly proud of having helped train and mentor more than 250 cardiac electrophysiology fellows in the course of his career. Preceded in death by his wife, Joan, he is survived by two daughters and three grandchildren.

**1970 PSY**

**Anne E. Bernstein**, a member of the clinical psychiatry faculty at P&S and Weill Cornell Medical College, died Oct. 31, 2016, at age 79. In addition to her private practice and teaching, she was active with the American Medical Women's Association, mentoring and promoting the careers of women in medicine. She is survived by her husband, Richard K. Bernstein, MD, four daughters, two sons, and four grandchildren.

**1972**

**Michael F. McGuire**, former chief of plastic surgery at St. John's Health Center in Santa Monica, Calif., died Nov. 14, 2016. He was a member of the clinical faculty in surgery at UCLA. Dr. McGuire was a past president of the California Society of Plastic Surgeons and the

American Association for Accreditation of Ambulatory Surgery Facilities. He launched the Foundation for Surgical Reconstruction, committed to raising funds to cover reconstructive surgery for uninsured patients or those denied coverage.

**1975**

**Harvey W. Topilow**, a retina vitreous surgeon in private practice, died Jan. 6, 2017. Dr. Topilow was a member of the clinical faculty in ophthalmology at Albert Einstein College of Medicine. He is survived by his wife, Lorena, and two daughters.

**1979**

**Celia Beth Blumenthal**, a child psychiatrist and acupuncturist, died May 25, 2016, after a long battle with ovarian cancer. Dr. Blumenthal was an attending at Mount Sinai Hospital. She is survived by three children.

**1985**

**Henry S. Lodge**, an internist specializing in geriatric medicine and author of a best-selling book series, "Younger Next Year," died March 10, 2017, of prostate cancer. He was 58. According to Dr. Lodge, humans remained hunters

and gatherers by nature and so did their best when in motion. The message spoke to aging Baby Boomers, and the book, a wake-up call to exercise and healthy eating, sold millions. The book also inspired a PBS special "Younger Next Year: The New Science of Aging," in which Dr. Lodge expounded on the biological impact of motion and emotion on the body and the brain. Robert Burch Family Professor of Medicine at P&S, Dr. Lodge was chair and chief executive of New York Physicians, a multispecialty medical practice, and also contributed health-related articles to *Self* magazine. He came from a distinguished Massachusetts family. His grandfather, Henry Cabot Lodge Jr., was a Massachusetts senator and later ambassador to the United Nations. Dr. Lodge is survived by two daughters and his companion, Laura Yorke. A loyal P&S alumnus, Dr. Lodge supported the endowment of a scholarship fund in his name.

**OTHER ALUMNI DEATHS**

- Lawrence Crane '42**
- Robert Comly Wilson III '44**
- Frank Rees Smith '62**

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## quotable columbians

### Giving Back

“Almost immediately after arriving at P&S in the summer of 1984 I realized I was someplace quite unique. Born the grandson of Spanish and Cuban immigrants, I was able to communicate in Spanish with the Dominican employees where I got coffee most mornings. The difficult circumstances of their lives were not lost on me, and, grateful for the opportunity with which I had been presented, I vowed that one day I would give back. For nearly a decade and a half I have been doing just that—not in Washington Heights but in sub-Saharan Africa, where I share my skills as a urologist with surgeons from Senegal to Ethiopia. I teach in their sparsely outfitted operating rooms and provide them material support. In the outskirts of Dakar, in the village of Yeumbeul, live nearly 300,000 people without access to basic medical care. With the help of my Senegalese colleagues I am building a clinic there that will house a dentist, a nurse midwife, an internist, a pharmacy, and a laboratory. Physician residences on the building’s third floor will allow medical volunteers to live comfortably while exploring both the difficulties and great rewards of providing health care to one of the world’s most underserved populations. My ties to P&S remain strong. I have been back on its campus to share some of the highlights of my African project. My dream is to have the clinic in Senegal supported by fellow alumni who, in return for the opportunity they have been given, also feel the need to give something back.”

— Al Ruenes'88



*This was adapted from the Scrapbook section of the P&S 250 website, [250.ps.columbia.edu](http://250.ps.columbia.edu), where the P&S community is invited to submit reflections and stories about the medical school.*