

Columbia Medicine

Columbia University College of Physicians & Surgeons

FALL/WINTER 2016

Complicated Grief

Diagnosis and treatment

Baseball and P&S

The role of 19th century graduates in the nation's pastime



A MOUSE APART

RESEARCHERS
CREATE NEW
ANIMAL MODEL
FOR **ANOREXIA
NERVOSA**



JÖRG MEYER

● FROM THE DEAN

Dear Readers,

This issue officially kicks off the yearlong celebration of the 250th anniversary of Columbia/P&S medicine. We will host events throughout calendar year 2017 both to honor the school's legacy and to provide a visionary blueprint for the beginning of our next 250 years.

The span of 250 years is hard to wrap one's head around, but Medicine Chair Donald Landry '83 created an infographic that puts our 250 years in perspective: We are older than America, and our 250 years represent 5 percent of recorded history, 10 percent of Western Civilization, and 50 percent of the modern age. The 250 years represent a quarter of a millennium and 91,310 days, give or take a few. We have graduated an estimated 21,000 physicians and scientists throughout our history (and even more were educated through house staff and postdoctoral training). Our nearly 8,000 living alumni reside in every state and in 18 countries. Our graduates and faculty have received Nobel Prizes, Pulitzer Prizes, Olympic medals, and MacArthur genius grants. They have appeared on postage stamps, founded biotech companies, authored countless books and scientific articles, and even gone into outer space. Many are department chairs and deans at medical and public health schools around the world. The mark that P&S has made over the past 250 years is strong and indelible.

Throughout those 250 years, P&S has had many homes and identities. Columbia's name changed from King's College to Columbia College to Columbia University, and the medical school's name also changed—first to reflect Columbia's name changes and then after its merger with the previously independent College of Physicians and Surgeons. The campus occupied several locations—the Financial District, Park Avenue South at 23rd Street, and West 59th Street—before we moved to 168th Street in 1928 in our historic partnership with the Presbyterian Hospital (now NewYork-Presbyterian). Our latest name change honors Herbert and Florence Irving, who have made transformative gifts to support individuals, programs, and facilities at both Columbia University and NewYork-Presbyterian Hospital. To honor their commitment, loyalty, and generosity, we have announced a new name for the university's 168th Street medical campus: Columbia University Irving Medical Center. The hospital, which has affiliations with Columbia and Cornell medical schools, also will use the Columbia University Irving Medical Center name to differentiate between its two primary hospital campuses. Nearly 90 years after a hospital and a medical school joined forces through the generosity of benefactor Edward S. Harkness, we are pleased to recognize two other individuals who have done so much to help us sustain the excellence that Mr. Harkness envisioned.

Mr. Irving, who died in early October, was a great friend to our medical school and our medical center, and the linking of his name to our campus will ensure the continuation of the Irving legacy for generations to come.

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Faculty and staff should contact their departmental administrators to update their addresses, which are obtained through the Columbia University personnel system.

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departments ——— features



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Rethinking Anorexia Nervosa

By Susan Conova

Anorexia nervosa remains a stubborn disease, partly because little is known about how it gets started and why it persists. New thinking and a new animal model may help.



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“Medical Fellows” and the New York Game: Columbia Physicians and the Origins of Baseball

By Thomas W. Gilbert

People interested in P&S history know that the Highlanders (the pre-Yankees team) played on land that is now occupied by the medical center. Columbia’s ties to the game of baseball go back even further—to the game’s earliest days, when P&S graduates helped organize the sport.



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When Time Doesn’t Heal: Treatment for Complicated Grief

By Sharon Tregaskis

A unique treatment strategy helps people who, after a profound loss, are unable to find joy and purpose in life.

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Faculty and alumni who have died

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Hattie Alexander and Superbugs

I was very pleased to read about two of my favorite topics in the Spring/Summer 2016 issue of *Columbia Medicine*: “Stopping the Superbug” and the article, “First in Class: Hattie E. Alexander, MD 1901-1968.” Personally, I am involved in MRSA research and other “superbugs” and appreciate the research approach on *Staphylococcus aureus* at Columbia.

I also collect antique microscopes and study the history of microbiology. About five years ago, I purchased the original microscope, box, and accessories of Dr. Hattie Alexander. Since then, I have learned much about her life and research. The connection of my two interests is that Hattie Alexander was one of the earliest researchers to study antibiotic resistance. In fact in the same year (1946) that Alexander Fleming pointed out the danger to overusing penicillin (i.e., drug resistance), Hattie Alexander found resistance to streptomycin in *Haemophilus influenzae*. This discovery made her the first to see drug resistance in bacteria other than *S. aureus*. She would continue to study (with others) antibiotic resistance in *Haemophilus influenzae* for most of her career and published at least on it until 1966, the time of her retirement. You might say she was one of the original “superbug” researchers. I am writing to see if anyone reading this publication knew her personally and could tell me more about her life than published papers tell. If so, please contact me at algillen@liberty.edu.

Dr. Alan Gillen

Professor of Microbiology, Liberty University



Women at P&S

I thoroughly enjoyed the article on women long denied a role at P&S (Spring/Summer 2016 issue). I was a P&S student during the years 1949 to 1953. I was greatly influenced by several of my mentors at Columbia. In my career I initiated and became department chairman and professor of ophthalmology at Yale University School of Medicine. I am now enjoying professor emeritus status. My research and clinical adventures were productive and happy. I mentored many women (and men) in my residency program and through my own research and research fellowships, including many who became American and overseas professors and chairs.

I was so happy the article mentioned Virginia Apgar and Virginia Frantz, teachers and leaders at the time. Additionally there was Helen

Ranney, many years an associate editor of the New England Journal of Medicine and a great hematologist. She along with the two previously mentioned professors comprised a good bit of my education when I was a student at Columbia.

Other women worth noting include Balbina A. Johnson, who collaborated with Frank Meleney on the joint discovery of bacitracin. As a student, I spent a summer in their laboratory. I also remember Hattie Alexander and Dorothy Andersen. I cannot understand why more recognition has not been given to these pioneers. I have been lecturing everyone I meet about these heroes for several years.

I am gratified to have read this article.

Marvin Sears’53
Via email

Editor’s Note

Several readers notified us about mismatched names on mailing labels on the Spring/Summer 2016 issue. The middle name/initial field was shifted in the spreadsheet used to prepare mailing labels, so several recipients received magazines with mailing labels just a bit off their real names. *Columbia Medicine* gets new lists from multiple databases before each issue, so this mix-up should not happen again.

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Herbert Irving: A Legacy of Support

Herbert Irving, one of the most influential and generous benefactors in medical center and P&S history, died Oct. 3, 2016, at age 98.

Mr. Irving and his wife, Florence, helped advance the Columbia University Medical Center by giving more than \$300 million to support facilities, research, clinical programs, and both early and established physician-scientists. Among the programs and facilities named for them are the Herbert Irving Pavilion, the Irving Cancer Research Center, the Irving Institute for Clinical and Translational Research, the Irving Radiation Oncology Center, the Irving Bone Marrow Transplant Unit, and the Herbert Irving Comprehensive Cancer Center.

Their gifts also made possible a long list of named professorships, faculty chairs, and other clinical and research facilities. In just the past year alone, the Irvings provided a major gift that supports Columbia's Precision Medicine Initiative and endows seven new professorships.

Mr. Irving called support of CUMC and NewYork-Presbyterian one of the couple's proudest accomplishments: "This is a relationship that has endured for many years and been very important to us. We are honored to be associated in this way with these great institutions and the special people who make them what they are."

Born and raised in Brooklyn, Mr. Irving co-founded and served as vice chair of Sysco Corporation, the nation's largest food distributor.

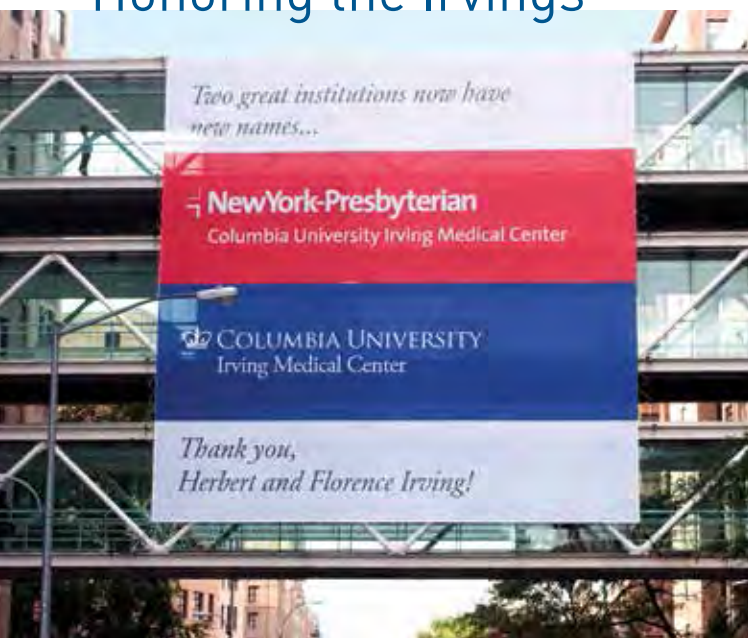
"The Irvings' philanthropy is synonymous with so many great programs at our medical center," said Dean Lee Goldman in announcing



Herbert and Florence Irving

Mr. Irving's death. "Their generosity has touched every department on our campus, and many of our faculty members owe some measure of success directly or indirectly to Herbert and Florence Irving. He was a great friend to Columbia University Medical Center and to so many of us personally."

Honoring the Irvings



In September, Columbia, CUMC, and NewYork-Presbyterian Hospital leadership announced the naming of the shared medical center campus in Washington Heights to honor Herbert and Florence Irving. The medical center campus will now be called Columbia University Herbert and Florence Irving Medical Center and NewYork-Presbyterian/Columbia University Irving Medical Center.

In announcing the names, Columbia President Lee C. Bollinger, CUMC Chief Executive and Dean Lee Goldman, MD, and NewYork-Presbyterian President and CEO Steven J. Corwin, MD, noted that the Irvings, through their longstanding and continuing philanthropy to the University and Hospital, have played an essential role in advancing one of the leading academic medical centers in the nation and world.

"The new name is a testament to the Irvings' inspiring example and the lofty goals they have long shared with Columbia University, its medical center, and NewYork-Presbyterian," said the joint announcement.

P&S Class of 2020

153 STUDENTS

- 123 MD students
- 15 MD/PhD students
- 3 PhD-to-MD students
- 2 oral and maxillofacial surgery students pursuing a dual degree
- 10 Columbia-Bassett students

72 women

81 men

Age range: 21-33

32 underrepresented minorities (21%)

8,047 total applications through AMCAS

7,257 secondary applications

5,696 applications for traditional MD program (including 1,161 from underrepresented minorities)

864 applications for Columbia-Bassett track

614 applications for the MD/PhD program

71 applications for the PhD-to-MD program

1,009 interviews conducted (including 141 underrepresented minorities, 48 for Columbia-Bassett, 91 for MD/PhD, 11 for PhD-to-MD, and 12 for oral and maxillofacial surgery students pursuing a dual degree)

47% yield (percentage of accepted students who enroll)

64 colleges represented

26 states represented

5 foreign countries represented (Canada, Germany, Kenya, Lebanon, Thailand)

1 U.S. commonwealth represented (Puerto Rico)



Anniversaries, Milestones

This year marks the 150-year anniversary of the New York Orthopaedic Hospital, the centennial of the Center for Radiological Research, the 75th anniversary of an ophthalmology course, and the 50th anniversary of the Bard Hall Players (see P&S Club Corner on Page 40 for more about the Bard Hall Players).

New York Orthopaedic Hospital

The Department of Orthopedic Surgery began in midtown Manhattan in 1866 as the New York Orthopaedic Hospital, an independent charitable organization dedicated to treating spinal deformities and musculoskeletal diseases affecting poor children. Its founders placed an early emphasis on patient-centered care and medical instruction. The hospital moved to the medical center in late 1950. Over the years, Columbia Orthopedics has been home to many innovations in treatment, research, and education.

In honor of the 150-year anniversary, the biennial meeting of the New York Orthopaedic Hospital Alumni Association in May concluded with a special celebration. More than 200 alumni, faculty, residents, and guests attended a gala at Gotham Hall, only a block away from the original NYOH location. A four-volume set of books chronicling the history of the department, edited by department chair emeritus

Louis U. Bigliani, MD, commemorated the occasion.

“The weekend was a fantastic tribute to our past, present, and future,” says William N. Levine, MD, the Frank E. Stinchfield Professor and Chair of the Department of Orthopedic Surgery. A number of attendees expressed appreciation, pride, and confidence in the department and its leadership.



Basic Science Course in Ophthalmology

The Edward S. Harkness Eye Institute is marking the 75-year anniversary of offering a basic science course in ophthalmology. The monthlong course, first offered in 1941, includes more than 100 hours of lectures and workshops that feature more than 80 international experts in the field.

The course focuses on resident training, but it is also useful for visual science professionals as it examines the fundamentals of vision and emphasizes how basic principles relate to patient care.

The curriculum is developed by a committee of scientists, practicing clinicians, and the chief academic resident. The course is updated annually to include the most recent scientific advances and address any controversial developments in the field. It also is revised in response to feedback from course evaluations.

More information is available on the course website, www.columbiaeye.org/education/the-basic-science-course, and registration is open for the January 2017 course.

100 Years of Radiological Research

The Center for Radiological Research was founded in 1916 by Gioacchino Failla, a student of Marie Curie, and housed at Memorial Hospital before moving to P&S in 1942. It was the first U.S. institution entirely devoted to developing and improving medical applications of radiation.

In its early years, the center focused on moving radiation therapy for cancer from an “art” to



Gioacchino Failla

a genuine clinical science. Edith Quimby joined the center early on and became the country's first female medical physicist. Her work on radium needle radiotherapy—in which needles containing radium are inserted directly into tumors—led her to develop guidelines for needle placement that were adopted worldwide. These “Quimby Rules” are still applied today, although radium has since been replaced by other radioisotopes.

Many practical advances have emerged from the center during its first 100 years:

- In the early 20th century, radium was used to treat cancer but it was extremely expensive (originally costing more than \$178 million per ounce), and the radium needles were thick and painful to insert. Dr. Failla, the center's founder and first director, devised a radium-emanation

plant to produce radon gas from radium. The radon gas was then encased in a thin needle or seed for implantation into tumors.

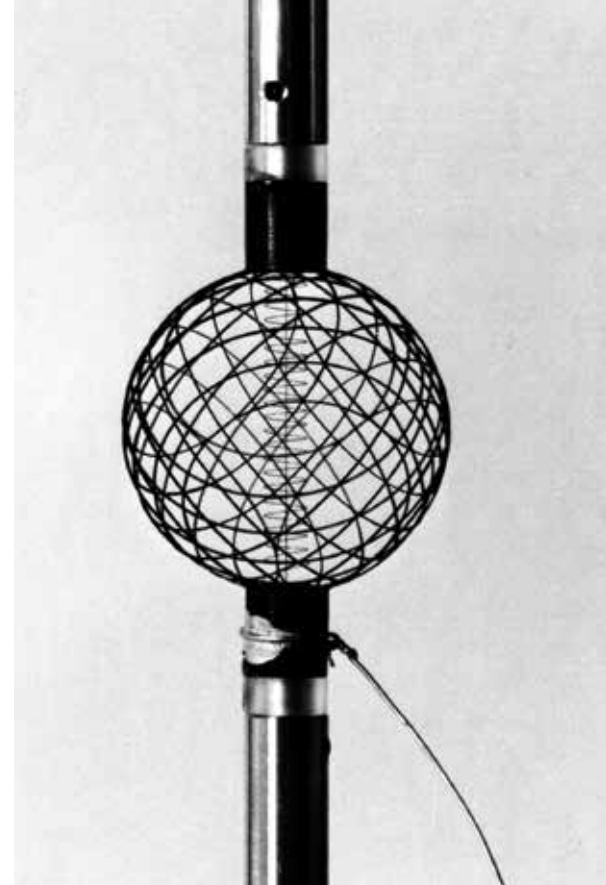
- The center's second director, Harald Rossi, developed spherical counters that allowed researchers to precisely measure the radiation dose experienced by a single cell. These “Rossi counters” helped launch the field of microdosimetry, which is now essential for radiation protection and effective delivery of radiotherapy. In some of these counters, the wire at the center was a human hair coated with colloidal graphite.

- In the 1990s, based on the realization that prostate cancer cells usually grow very slowly, basic studies by Eric Hall, the center's third director, and David Brenner, the center's fourth director, suggested that dividing radiation treatment into just a few “fractions” with higher doses would work just as well as standard prostate cancer radiotherapy (delivered in 40 daily fractions of lower doses). Clinical trials have backed up these calculations, and many men are now treated with fewer fractions, reducing cost and increasing convenience.

- More recently, the center has developed ultrahigh throughput techniques to rapidly measure



Edith Quimby



individual radiation exposures in hundreds of thousands of people potentially affected by a “dirty bomb” or other large-scale nuclear events. This technology provides rapid triage to identify people who are significantly exposed and need treatment, while providing active reassurance to those who did not get significant exposures.

- Center researchers are developing the use of far-UVC ultraviolet light, a particular wavelength of UV light, which is as effective as conventional germicidal ultraviolet lamps in killing drug-resistant bacteria, including so called superbugs as well as viruses, but does not have any of the human safety hazards associated with conventional germicidal lamps.

- Today, under the leadership of David Brenner, center researchers investigate both the effects of high doses of radiation (new approaches for radiotherapy, including the very promising carbon-ion radiotherapy) and the effects of very low doses of radiation, such as medical CT scans, naturally occurring radon, airport whole-body X-ray scanners, and the potential aftereffects of a large-scale radiation accident such as at Fukushima.

More information about the center's work can be seen in a 100th anniversary video at <http://bit.ly/CRRat100>.

Vagelos Education Center Opens

The most anticipated new building on the medical center campus in years is now in full use at 104 Haven Avenue. The new medical and graduate education building, which had been under construction since 2013, opened in August as members of the Class of 2020 were moving into Bard Hall down the street.



PHOTOS BY MICHAEL HERNANDEZ '18

Dedicated on June 9, the building is named the Roy and Diana Vagelos Education Center—for short—to honor the building's lead donors, P. Roy Vagelos '54 and Diana Vagelos. Following the June dedication, contractors applied finishing touches to prepare the building for its first official function—the reception after the Class of 2020's White Coat Ceremony Aug. 15. Before that, however, came moving day for several education-related P&S offices that moved into the building from locations they had occupied for decades in the P&S building.

Now located in the Vagelos Education Center are the Office of Medical Education (student affairs, student research, diversity and multicultural affairs, and curricular affairs) and the Office of Admissions. Other offices in the building are occupied by faculty and staff assigned to operate the new simulation center, which fills 18,000 square feet of the new building.

These photos taken by Michael Hernandez '18 show the new building in use during the first few weeks of the school year.



Grants Support Precision Medicine, Translational Research

Columbia received grants this year that involve P&S researchers in President Barack Obama's Precision Medicine Initiative. Columbia will be a health care provider organization and lend expertise to the initiative's Data and Research Center.

Designated a regional health care provider organization in partnership with Weill Cornell Medicine, NewYork-Presbyterian, and NYC Health + Hospitals/Harlem, Columbia and its collaborators will seek to enroll more than 150,000 volunteers for the PMI Cohort Program by 2021. NIH funding to support this work is estimated to be \$46.5 million over five years. The aim of the cohort program is to identify differences in lifestyle, environment, and genetics in 1 million people who represent the country's geographic, ethnic, racial, and socio-economic diversity. Participants will share genetic data, lifestyle information, and biological samples with researchers, and the data will be used to advance individualized approaches to health care.

The large quantity of data collected from various sources will require quality control and standardization to enable the data to be analyzed and interpreted appropriately. The Data and Research Center, a coalition of research institutions led by Vanderbilt University Medical Center, Verily Life Sciences, and the Broad Institute, will acquire and organize data and provide researchers with tools to analyze the data. The biomedical informatics team at P&S will lend expertise and resources to the project by curating, standardizing, vetting quality, and converting data into a useful format. The NIH is allocating \$13.7 million to the Data and Research Center this fiscal year.

Irving Institute Receives \$58.4 Million

The Irving Institute for Clinical and Translational Research has received its third—and, at \$58.4 million, its largest—Clinical and Translational Science Award from the NIH. This five-year

grant will enable the Irving Institute, a partnership of Columbia and NewYork-Presbyterian, to accelerate medical therapy development by expanding research and training efforts.

In line with Columbia's precision medicine initiative, a portion of the funds will support new programs and resources emphasizing the individualized approach to medicine. The award also will be used to incorporate underserved and special populations—such as children, the elderly, people with rare diseases, and HIV/AIDS patients—into translational studies.

Says Henry N. Ginsberg, MD, director of the Irving Institute and associate dean for clinical and translational research, "During the past 10 years, funding from our CTSA program hub has played a pivotal role in training and supporting young investigators, providing critical infrastructure support for both preclinical and patient-oriented research, and developing collaborations with the communities of Northern Manhattan."

Pre-Orientation Program Welcomes Students to the Neighborhood

For four days in August, 27 students from P&S and 10 College of Dental Medicine students immersed themselves in the history, culture, and contemporary issues of Washington Heights during a pre-orientation program called *Dígame Bienvenidos*. The program was launched last year by P&S students Jemma Benson'18 and Christopher Clayton'18 to acquaint incoming students with the community where they will live, learn, and give back.

"People who choose medical or dental school are hungry to do some good. They want to develop bonds with the people they will be caring for," says Ms. Benson, who worked with Mexican immigrants in Philadelphia through Haverford College's Center for Peace and Global Citizenship before enrolling in P&S.

This hunger to connect with the community was evident in last year's survey of incoming students, in which many cited enthusiasm for the Washington Heights community as an important reason for choosing to come to Columbia.

Partnering with the popular *Dígame* Spanish language and cultural immersion summer program for rising second-year medical students, Ms. Benson and Mr. Clayton created a new program to welcome incoming first-year medical and dental students to the predominantly Dominican and Central American community of Washington Heights.

"We wanted new students to have the opportunity to learn about the history, culture, and vitality of the neighborhood that surrounds the medical campus," says Mr. Clayton, a Fulbright scholar and Duke University graduate who studied traditional medicine in Bolivia and Ecuador.

With a grant from the Steve Miller Foundation, which funds projects that align with the late educator's passion for humanism in medical education, Ms. Benson and Mr. Clayton launched *Dígame Bienvenidos* in 2015 with 15 P&S students and one dental student. Student response to the program was overwhelmingly positive, according to a post-program survey.

This year's program, organized by 2015 participants Tina Roa'19 and Benjamin Wang, a dental student, began with a neighborhood scavenger hunt and an outing to Fort Tryon Park and the Cloisters. That evening, Stephen Nicholas, MD, associate dean for admissions at P&S, hosted a welcome reception at a local restaurant. Over the next few days, students visited community health sites and local attractions, attended lectures, and partici-



Students on a neighborhood tour in 2015

ated in activities designed to highlight the cultural heritage of Washington Heights and spark discussion.

Robert Snyder, PhD, author of "Crossing Broadway: Washington Heights and the Promise of New York," talked about the history of the neighborhood before the students set off on a walking tour that included the restored High Bridge.

CUMC faculty lectured on topics such as linguistic competency in the clinic, health disparities in the community, and the nexus of social justice and medicine.

Speakers included Wilson Quezada, MD, assistant professor of medicine, who grew up in Washington Heights; Luz Aguirre, DMD, assistant professor of dental medicine; and Hetty Cunningham, MD, assistant professor of pediatrics.

Students also learned to dance New York-style salsa, visited the Fort Washington Men's Shelter, and sampled Dominican, Mexican, and Salvadoran food from some of the neighborhood's most popular restaurants.

This fall, some *Dígame Bienvenidos* participants led classmates on a neighborhood walking tour during a Foundations of Clinical Medicine session devoted to experiencing and appreciating the Washington Heights community.

Dígame Bienvenidos is part of the Global is Local program created by the IFAP Global Health Program and directed by Ana Esteban, MD. The program includes *Dígame*, a summer language and cultural immersion program; *Ni Hao*, a summer Chinese language and cultural immersion program; *Dígame Más*, a school-year student organization that focuses on the culture, language, and health care needs of Washington Heights and Latino immigrants; and a two-semester Spanish interpreter course for students.



GRADUATION 2016

See a full listing of faculty and student awards at the magazine's website: <http://bit.ly/2016GradAwards>.

By Jeff Ballinger

New Asthma Treatment: Bronchial Thermoplasty

For people with severe asthma, a new treatment offered by Columbia's interventional bronchoscopy program is helping many dramatically reduce their steroid use and, in some cases, discontinue steroids completely.

"The majority of patients improve," says William Bulman, MD, assistant professor of medicine at CUMC and director of bronchoscopy. "We're essentially seeing the same success rates that were reached in the major clinical trials that led to FDA approval of bronchial thermoplasty in 2010 for people with severe asthma."

Most people with asthma are able to control their symptoms with medications, but 5 percent

to 10 percent have persistent symptoms and are more likely to have life-threatening asthma attacks. Few options are available for patients with severe asthma.

By applying mild heat to the smooth muscle in a patient's airways, bronchial thermoplasty shrinks the tissue and prevents it from swelling and constricting the airway.

In the AIR2 trial, which compared bronchial thermoplasty with a sham procedure, roughly 80 percent of patients experienced an improvement in symptoms, including a 48 percent decrease in severe attacks in the five years after the procedure.

Most patients who undergo the procedure at Columbia are between the ages of 30 and 70 and have suffered for many years with severe asthma along with the side effects of taking steroids.

"It's reassuring that we're seeing the same results as the randomized controlled trial," Dr. Bulman says. He is one of three doctors at Columbia who perform the procedure, along with Keith Brenner, MD, assistant professor of medicine, and Roger Maxfield, MD, professor of medicine and director of interventional bronchoscopy and endobronchial therapy.

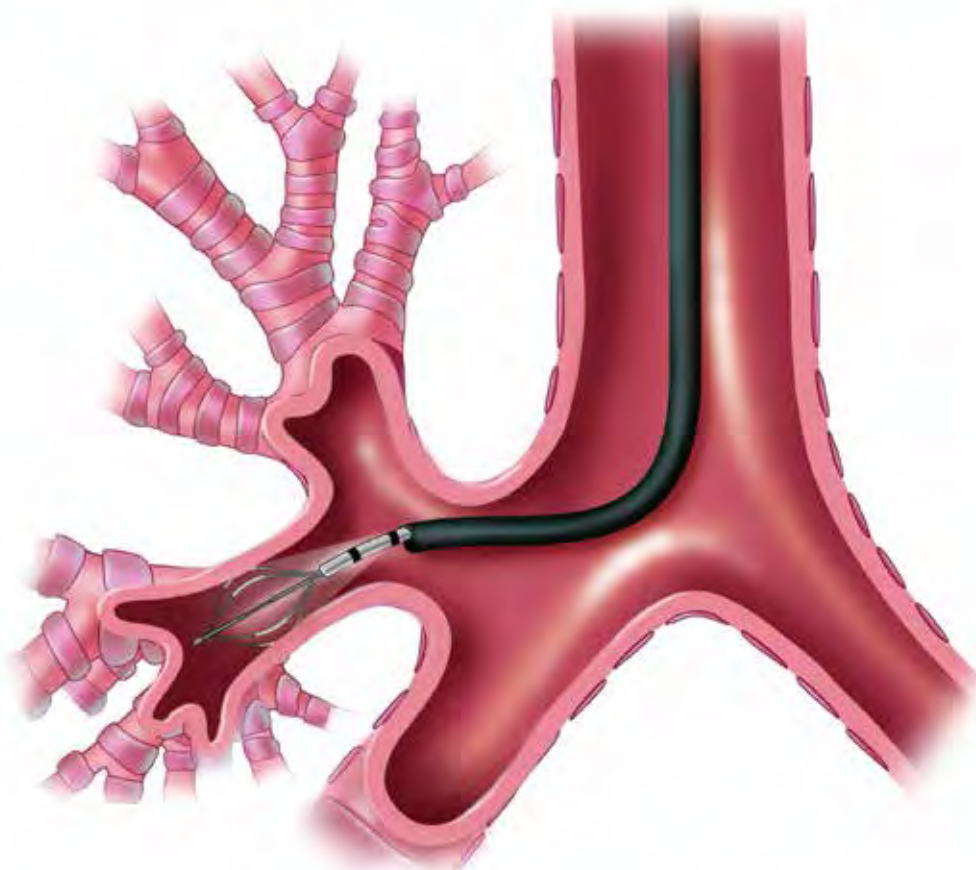
Roughly 20 percent of patients in the trials and in the Columbia program see no improvement, with a much smaller number experiencing a flare-up of asthma symptoms that Dr. Bulman says are manageable and temporary.

Columbia is one of the few centers in the region that offer the treatment, partly because expertise in both bronchoscopy and treating severe asthma is required to produce the best results.

In addition, only a few insurers cover the treatment. Despite FDA approval, many insurance companies still consider the treatment experimental. But now that Medicare covers the procedure and more clinical research supports it, Dr. Bulman says the number of insurance companies providing coverage is increasing.

Although bronchial thermoplasty is not suitable for the typical patient with asthma, it has the potential to be profoundly beneficial for eligible individuals. "It's really for those patients who have severe, persistent symptoms who are doing everything possible they can do," says Dr. Bulman. "It is an interventional procedure reserved for patients who really need it."

For more information, call the Price Family Center for Comprehensive Chest Care at 877-586-4212 or visit <http://nyp.org/columbialungcare>.



COURTESY OF BOSTON SCIENTIFIC CORPORATION

Pediatric and Adolescent Gynecology

Young girls with gynecological issues have only one hospital to go to in New York City: the Morgan Stanley Children's Hospital at NewYork-Presbyterian/Columbia, which offers a pediatric and adolescent gynecology program.

Many gynecologists will not see patients under 16 or 18 years of age, and only a few doctors specialize in this field for younger girls, says the program's director, Beth W. Rackow, MD, assistant professor of obstetrics & gynecology and of pediatrics.

Based on the number of young girls needing urgent and nonurgent gynecologic services in the local community and the region, NYP/Columbia recognized the need for comprehensive pediatric and adolescent gynecologic care and opened the program in 2012. The program has grown rapidly since then and now sees more than 50 new patients each month.

Adolescents seek gynecological care for many of the same conditions that older women experience, such as ovarian cysts, pelvic pain, and abnormal menstrual bleeding, but pediatric and adolescent patients can also have more unusual gynecologic conditions that require special expertise to manage. Although most conditions can be managed medically, some conditions require surgery to evaluate and treat the problem.

A big part of Dr. Rackow's role is making a connection with these young patients. "The most rewarding part of my job is to help a young female under-

stand that what she's going through is not as scary as she thinks it is and that she's not alone," she says.

Dr. Rackow works closely with colleagues in other pediatric divisions to provide a collaborative approach to care that is not typically available in a private practice. "A multidisciplinary approach to complex medical disorders that affect the reproductive system or gynecologic problems that affect other body systems is important when dealing with these young patients."

Furthermore, the pediatric and adolescent gynecology program is dedicated to increasing the number of practitioners who can evaluate and care for this unique population of patients. It trains residents in obstetrics & gynecology and pediatrics as well as fellows in reproductive endocrinology and infertility, minimally invasive gynecologic surgery, and adolescent medicine.

The hospital plans to expand the program to reach more patients. "We're looking to provide group counseling for adolescents with specific disorders, including primary ovarian insufficiency and mullerian agenesis (congenital absence of the uterus and vagina), add nutrition services, and add a nurse practitioner to expand our ability to care for these patients," Dr. Rackow says.

More information is available by calling pediatric and adolescent gynecology at 212-305-1107.

Chronic Balance Disorders

Patients with chronic balance disorders receive a wider range of services with faster diagnoses since the launch two years ago of a comprehensive balance center at Columbia.

"Balance is a complex sense," says Lawrence R. Lustig, MD, the Howard W. Smith Professor of Otolaryngology/Head & Neck Surgery and department chair. "The public has a nebulous definition of what 'dizzy' entails. You'll often hear people use the words vertigo, dizzy, or lightheaded synonymously. And yet, each person could be talking about very different things."

According to the National Institute on Deafness and Other Communication Disorders, four out of 10 Americans at some point in their lives will experience an episode of imbalance significant enough to send them to a doctor. Symptoms of chronic vertigo, disequilibrium, and presyncope can have a significant impact on the ability to perform activities of daily living, such as bathing, dressing, or simply moving around the home.

J. Kirk Roberts, MD, associate professor of neurology, director of the general neurology program at NewYork-Presbyterian/Columbia, and a

member of the balance center, became interested in vertigo and imbalance 15 years ago. "About three-quarters of my practice is focused on vertigo, dizziness, and balance, in addition to a variety of other neurological conditions," says Dr. Roberts. "A lot of patients with benign positional vertigo will be treated by their local physicians—either primary care doctors or an ENT—and they'll get better and everything is fine. The patients that don't benefit from those initial therapies are the ones that we really need to see."

Dr. Lustig describes a typical scenario when patients present to their primary care physician with issues of dizziness and balance problems. "The general practitioner will put them on meclizine for a while. When that doesn't work they are sent to an ENT doctor. The ear doctor will say that their ears are fine and then they are sent to a neurologist. The neurologist says their brain is fine. Meanwhile, there are six or eight weeks, even months, that pass between each of these visits. In fact, a research study showed that on average a patient will have seen three or four subspecialists before getting a correct diagnosis."

The concept of the comprehensive balance center is to shortcut the process of getting to the right subspecialist and appropriate care, says Dr. Lustig. "We're going to provide high quality, state-of-the-art diagnosis for patients with complex balance problems that to date have not been adequately treated."

The center brings together specialists in otolaryngology, audiology, neurology, and physical and rehabilitation medicine. "We can also draw on orthopedic surgery, ophthalmology, and cardiology, which would be a little bit more peripheral in the process but definitely important because issues arise in those systems that impact balance as well," says Dr. Lustig. "Our goal is for the patient to have the neurology and the otolaryngology evaluation on the same day. Ultimately, having each of the specialists confer with one another is much more efficient for patients. They don't have to waste months of trying out therapies that may not work before being sent on to someone else."

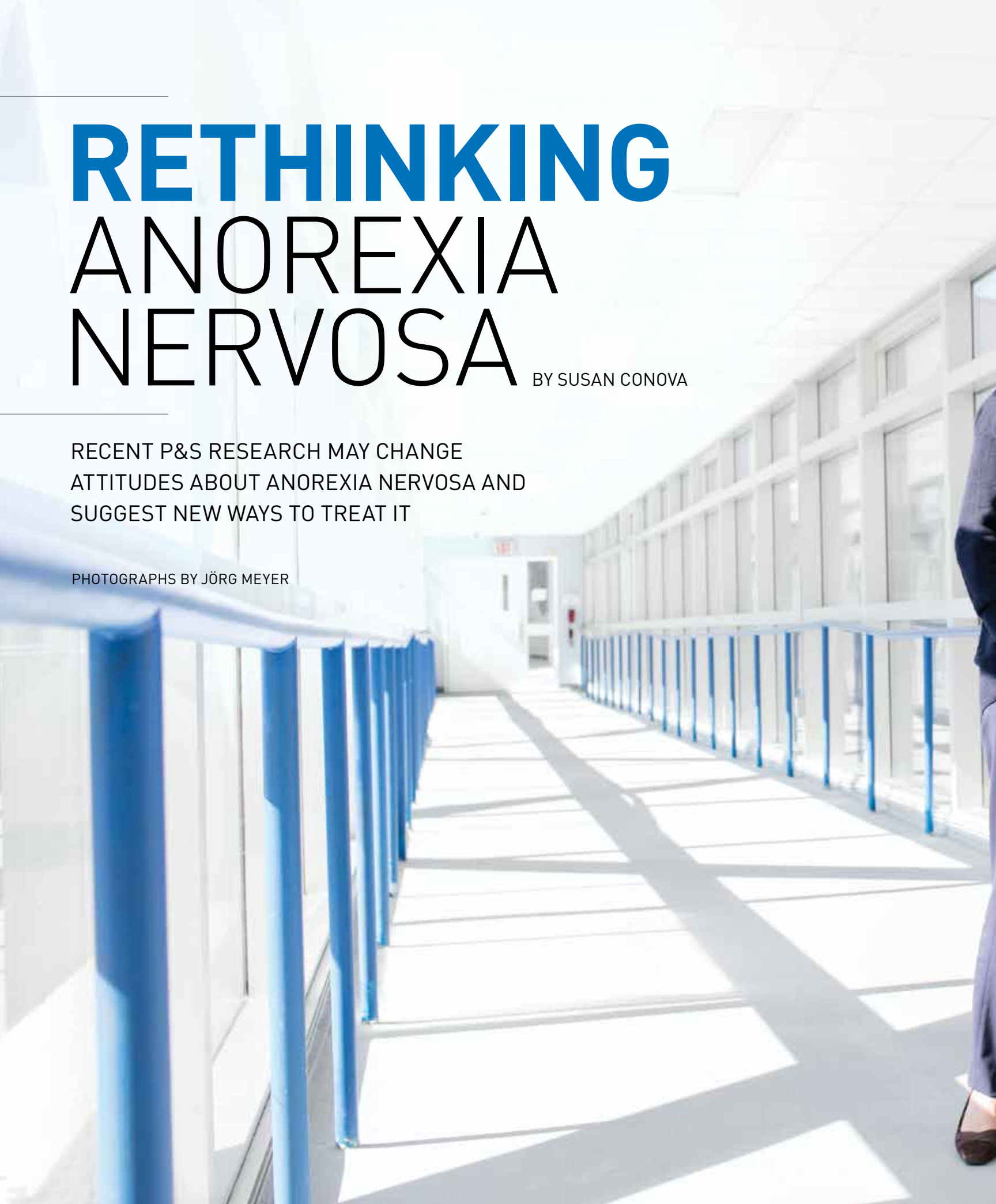
More information is available by calling the balance disorders team at 212-305-5289.

RETHINKING ANOREXIA NERVOSA

BY SUSAN CONOVA

RECENT P&S RESEARCH MAY CHANGE
ATTITUDES ABOUT ANOREXIA NERVOSA AND
SUGGEST NEW WAYS TO TREAT IT

PHOTOGRAPHS BY JÖRG MEYER

A long, bright hospital hallway with blue railings and a person's leg visible on the right. The hallway is brightly lit, with shadows cast across the floor. The railings are blue and run along both sides of the hallway. A person's leg in a dark suit and high-heeled shoe is visible on the right side of the frame. The hallway leads to a white door at the end, with an exit sign above it.



Over the past 40 years, Timothy Walsh, MD, has seen treatments for anorexia nervosa come and go. When he started treating patients who have eating disorders, most psychiatrists blamed a perfectionist mother and kept parents away from patients during treatment.

Later, SSRI antidepressants became a popular pharmacological treatment for anorexia nervosa. Unfortunately, a randomized clinical trial conducted at Columbia, led by Dr. Walsh's colleague Evelyn Attia, MD, showed that the SSRI fluoxetine does not help anorexia nervosa patients gain weight or improve otherwise.

More recently, anxiety was hypothesized to play a critical role in anorexia nervosa. But an anti-anxiety medication did not improve caloric intake in a clinical trial led by P&S psychiatrist Joanna Steinglass, MD.

"Over the years physicians have thrown everything they have at anorexia nervosa," says Dr. Walsh, "but it is

still stubbornly hard to treat, particularly as patients get older. And that's because little is known about the way anorexia nervosa gets started and why it persists."

Two recent studies at Columbia may start to offer an answer while also suggesting new ways to treat the disorder. A new animal model developed by researchers in the Naomi Berrie Diabetes Center has uncovered the mix of vulnerability factors that trigger anorexia nervosa and a drug that may be able to interrupt the process.

And a new theory put forth by Dr. Walsh, Dr. Steinglass, and other Columbia psychiatrists and psychologists suggests that treating anorexia nervosa as a habit may help people with anorexia nervosa change their destructive eating patterns.

ANOREXIA NERVOSA AS A HABIT

"In anorexia nervosa, the defining behavior is the restriction of food intake," says Dr. Walsh. "And patients restrict food in a specific way: They restrict the number of foods they eat and avoid food with fat. All anorexia nervosa patients do this. Often patients will come into our inpatient treatment program and gain substantial weight, but after they leave, they go back to eating the same sorts of food they ate before, setting the stage for relapse. That's really telling us something about the nature of the illness and why it's tough to change."

Columbia researchers began to explore the idea that this behavior may not simply be an example of supreme self-control, as many people view anorexia nervosa, but one that becomes ingrained as an automatic habit. Researchers have begun to apply burgeoning knowledge of how the brain controls behavior to understand anorexia nervosa.

In recent years, cognitive neuroscience has used psychological tasks and brain imaging techniques to identify a behavior's underlying neural circuits. Drs. Walsh and Steinglass turned to Daphna Shohamy, PhD, a cognitive neuroscientist on the Morningside campus, and her colleague Karin Foerde, PhD, now a faculty member in psychiatry, to develop a food choice task that measures an anorexia nervosa patient's preference for low-fat foods. Their goal: to see if patients with anorexia nervosa were using different brain circuits when making choices of what to eat.

In the food-choice task, participants were asked to rate the healthiness of various foods and each food's tastiness. Patients and women without an eating disorder alike rated high-fat foods as less healthy, but the participants with anorexia nervosa rated these foods as much less tasty. And when asked to choose a food to eat, people with anorexia nervosa overwhelmingly selected low-fat foods.

Imaging using fMRI shows that people with anorexia nervosa engage a different part of the brain when making these choices: the dorsal striatum, which plays a role in the acquisition and continued expression of habits.



Joanna Steinglass, MD,
and Timothy Walsh, MD

Dr. Walsh says the imaging results, which were published in the November 2015 issue of *Nature Neuroscience*, do not prove the habit theory but are consistent with it. “One implication of this line of thought is you have to address the behavior directly,” he says. “Just talking about the stresses of life and psychological factors—though that’s clearly important—won’t be sufficient. The way to change a bad habit is to replace it with a new, better habit.”

That can be difficult, as people raised in the United States learn when they travel to London or Australia. “In the U.S., we’re taught at an early age to look left and then right before crossing the street,” Dr. Walsh says. “It takes real mental effort to reverse the sequence, but you’ll eventually replace the habit after lots of practice. We may need to help the patient make such efforts to adopt new habits of eating and help them practice over and over again until healthier food choices become ingrained.”

The researchers’ previous studies suggest that replacing the habit of eating low-fat foods makes a big impact on recovery. “We’ve seen that the people who make the biggest change in what they eat, not just the amount they eat, do better long term,” says Dr. Walsh.

Dr. Steinglass and others are now testing habit-changing treatments in small clinical trials at Columbia. And Dr. Walsh and his colleagues are continuing to test their theory with people in the very early stages of anorexia nervosa, who may not have developed strong habits.

Dr. Attia, who directs the Columbia Center for Eating Disorders and has treated people with anorexia nervosa for more than 20 years, says the theory resonates with many of the center’s patients. “When we describe our research to patients, they say, ‘Wow, that’s me,’” says Dr. Attia. “Patients will use that word: habit. They say they just can’t break their eating habits. The theory fits the clinical picture of what happens to people, not leading up to the development of the problem but once the behaviors have become entrenched.”

STUDYING VULNERABILITY

If anorexia nervosa is a habit, how does the habit get started?

“People think that if they’re thinner, they’ll feel better, and that drives the initial dieting,” says Dr. Walsh, “but anorexia nervosa remains uncommon. Why do only a relatively few people develop it?”

Lori Zeltser, PhD, is an obesity researcher in the Department of Pathology & Cell Biology and the Naomi Berrie Diabetes Center, where she investigates developmental influences on neural circuits that control eating behavior. She had not thought much about the science of anorexia nervosa, but a few years ago she saw a call for research proposals from the Klarman Family Foundation, which was eager to tap the expertise of scientists outside the field of eating disorders.



Evelyn Attia, MD

Dr. Zeltser views the disorder through her experience as an obesity researcher—and as someone who has first-hand knowledge of the disorder’s impact. In high school and college she witnessed friends’ struggles with anorexia nervosa.

“Because anorexia nervosa primarily affects adolescent girls, the media and even many doctors have a perception that the disorder is just an extreme form of irrational teenage girl behavior,” she says, “and not a disease with a physiological basis, like addiction or obesity. What I learned as an obesity researcher is that the body engages many parallel systems to fight against weight loss. Even people who are very highly motivated usually can’t keep the weight off. But people with anorexia nervosa can maintain dangerously low body weight. And it even feels good. I suspected/hypothesized that there must be a biological basis for the ability to suppress the powerful drive to regain body weight.”

But even Dr. Zeltser was surprised to learn about the strong genetic underpinnings of anorexia nervosa as she continued to read about the disorder. One study found that first-degree female relatives of patients with

“Patients will use that word: habit. They say they just can’t break their eating habits.”

— Evelyn Attia

anorexia nervosa are 10 times more likely to develop anorexia nervosa themselves than people in the general population. And twin studies indicate that the heritability of the disorder is between 48 percent and 88 percent.

“That’s huge; it’s even higher than obesity or diabetes,” says Dr. Zeltser. “There’s no way to have heritability estimates that high without involving a genetic component.”

To better understand anorexia nervosa, Dr. Zeltser decided to first create a better animal model of the disorder. “The development of an animal model for anorexia nervosa would be a landmark advance, because it’s one of the things holding us back,” says Dr. Walsh. “Current models haven’t changed our understanding of the illness in terms of illuminating why people get the illness and what we can do to help.”

Dr. Zeltser’s mouse model may fit the bill, Dr. Walsh says. “Her model is an attempt to identify these vulner-

ability factors and tease apart their contributions.” The paper describing the model was published in early 2016 in *Translational Psychiatry*.

Because of the strong genetic component of anorexia nervosa, Dr. Zeltser decided to create a model carrying a gene variant (BDNF-Val66Met) that has been linked to anorexia nervosa. (BDNF, short for brain-derived neurotrophic factor, is known to play a role in the development of brain circuits that control anxiety and eating behaviors.)

But because no single gene is sufficient to cause anorexia nervosa on its own, “this means that other environmental factors are required to elicit the disease state,” Dr. Zeltser says.

The obvious environmental factor is dieting, so Dr. Zeltser reduced the amount of food the animals ate. Peer pressure—expressed in the desire to be thin—is another driver of anorexia nervosa in most patients and one that, at first glance, cannot be modeled in a mouse.

“We took a step back and reasoned that what we see in human anorexia nervosa can be classified more generally as social stress. Social stress, social anxiety: That’s what teenage girls are feeling,” Dr. Zeltser says. “We produced social stress in mice by housing the normally social animals in isolation, a manipulation that impacts the same brain regions as social stress in humans.”

Dr. Zeltser expected to see subtle differences in eating or body weight when all three factors—the genetic variant, food restrictions, and social stress—were present. But among mice with all three risk factors, 40 percent completely stopped eating just a few days into the experiment, sometimes resulting in death. “I never thought we would induce such a dramatic effect,” she says.

“The combination of all three risk factors was critical to elicit a robust effect on feeding,” says Dr. Zeltser. “If we eliminated any one variable, the incidence of anorexic behavior was markedly reduced.”

The age of the mice also turned out to have a dramatic effect. Anorexia nervosa in people primarily affects adolescents and young women; in Dr. Zeltser’s experiments, adolescent mice were particularly vulnerable to developing anorexia nervosa. When food restrictions and social stress were applied in mature mice, the genetically susceptible mice did not become anorexic.

The findings suggest dieting is a key trigger in anorexia nervosa. That sounds obvious, but it provides important insight into the “chicken vs. egg” debate about the role of dieting: Does the disorder lead to dieting, or does dieting lead to the disorder?

For Dr. Zeltser, the finding suggests dieting in adolescence is potentially risky. “We’re careful to say teenagers shouldn’t be drinking alcohol because of the greater risk of dependency. It may be the same with dieting.”



Lori Zeltser, PhD



BRAIN SIGNATURE IN VULNERABLE MICE

After first feeling frustrated that not all of the mice with all three risk factors exhibited anorexic behavior, Dr. Zeltser decided to use the opportunity to look for differences in the brains of the mice that stopped eating versus mice with the same genetic and environmental risk factors that ate normally.

And she found a difference. The vulnerable mice, she found, have increased levels of a particular receptor in

the brain. Most excitingly, when the mice that stopped eating were given a compound that blocked the receptor, they started to eat again.

Analogous compounds are already being tested in early clinical trials for other psychiatric conditions. However, Dr. Zeltser needs to do more work before they can be tested in people with anorexia nervosa.

“We see in mice that the drug has no effect on eating behavior when levels of the receptor are not elevated in the brain,” says Dr. Zeltser, “so I don’t think this drug will work for every person with anorexia nervosa. We’ll need a personalized medicine approach.”

The next critical steps are to identify the relevant brain targets in the mouse model and then to develop methods to identify people with elevated levels of the receptor.

Together, the Zeltser and Walsh studies suggest a two-hit system. “We think that there is an initial override in the system that allows the individual to suppress eating behavior in the face of extreme weight loss, and then the circuits regulating habits kick in to maintain the behavior,” says Dr. Zeltser. But until better treatments are found, Dr. Walsh says, early aggressive treatment is the best option.

“When I talk to doctors about anorexia nervosa, I tell them to be aggressive and to focus on changing the behavior,” he says. “Once it gets started, it seems to take on a life of its own.” ❖

A new mouse model carries a gene variant that has been linked to anorexia nervosa.

Who's Who

- Evelyn Attia, MD, professor of psychiatry at CUMC and director of the Columbia Center for Eating Disorders
- Karin Foerde, PhD, assistant professor of clinical psychology (in psychiatry)
- Daphna Shohamy, PhD, associate professor of psychology
- Joanna Steinglass, MD, a Florence Irving Associate Professor of Clinical Psychiatry
- B. Timothy Walsh, MD, the William and Joy Ruane Professor of Pediatric Psychopharmacology, director of the division of clinical therapeutics at the New York State Psychiatric Institute, and founder and former director of the Columbia Center for Eating Disorders
- Lori Zeltser, PhD, associate professor of pathology & cell biology

“MEDICAL FELLOWS” AND THE NEW YORK GAME

COLUMBIA PHYSICIANS
AND THE ORIGINS OF BASEBALL

BY
THOMAS W.
GILBERT



The Excelsiors and Knickerbockers baseball clubs pose for a photo in 1859 in Brooklyn's Carroll Park.

Columbia has more than a passing association with the game of baseball. History buffs know that the Highlanders (before they were the Yankees) played on land that is now occupied by the medical center garden, where a symbolic home plate installed in 1993 is expected to be returned when garden construction is completed. And P&S has long had ties with Cooperstown, N.Y., where many a medical student has visited the National Baseball Hall of Fame while rotating through Bassett Medical Center.

Although confusion remains about the game's origins, the sport of baseball as we know it began as a city game. Called the “New York Game,” it began to attract newspaper coverage in the 1840s and early 1850s, when it was played by members of the Knickerbockers and a few other Manhattan-based clubs. A surprising number of these early baseball players were physicians, many of them graduates of the College of Physicians and Surgeons during the period of time when Columbia medical school faculty had merged with faculty in the independent P&S. The early baseball players were amateur, part-time athletes with full lives off the field. Most of them played for fun. A few visionaries, however,



such as Brooklyn's Dr. Joseph B. Jones (P&S 1855), saw in this obscure regional pastime an instrument to improve the lives and health of a nation.

Knowledge of baseball before the Knickerbockers is fragmentary, but the game seems to have had a long association with Columbia College and P&S. New York City physicians, particularly alumni of P&S, played the game from its earliest days. In 1887, the San Francisco Examiner published an interview with William Wheaton, a 73-year-old New Yorker who had gone to California in the 1849 Gold Rush. Mr. Wheaton recalled that in the 1830s he had played in a pickup baseball game on the Lower East Side of Manhattan made up of "merchants, lawyers, and physicians." This game was formalized as the "New York Base Ball Club" in 1837; one of its founders was 1829 P&S graduate John Miller, a popular doctor who lived and practiced at 186 E. Broadway. (This is the same "New York Club" that defeated the Knickerbockers in Hoboken, N.J., on June 19, 1846, in what is often misidentified as the first baseball game). An 1896 interview with Daniel "Doc" Adams, who moved to New York after graduating from Harvard Medical School, corroborates Mr. Wheaton's story. Dr. Adams recalled playing with

the New York club in 1839, before he and "several of us medical fellows" switched to the Knickerbockers, who were organized in 1845. He did not name names, but Knickerbockers records contain a number of prominent physicians, including William B. Eager (P&S 1848), who was chief of staff of City Hospital on Blackwell's Island and professor of gynecology at Bellevue, and Francis Upton Johnston Sr. (P&S 1820, P&S Trustee 1827-1837).

Why were physicians drawn to baseball? The answer to this question tells us quite a bit about why and how a simple game, played mostly by children, evolved into America's first national team sport. Today, in a society in which professional sports occupy so much cultural space, it is hard to imagine life without them. Before the Civil War, however, America had no leagues, championships, stadiums, sports fans, or even a word for *fan*. The few organized sports that were popular, such as horse racing and boxing, catered primarily to bettors, not participants or spectators. Not only did Americans of the mid-19th century have no national team sport, most saw no need for one. One reason was the belief, inherited from the Puritans, that play was for children, not adults. An emerging reform movement set out to change this.

Conspicuous among the reformers were Protestant clergy who preached "muscular Christianity"—the ideology behind the YMCA—and physicians. Physicians, of course, saw firsthand the health consequences of their middle class patients spending their days sitting at a desk and their nights eating, drinking, and smoking. Medical experts of the time also attributed common diseases such as tuberculosis to sedentary lifestyles. Influenced by the English reformer Sir Edwin Chadwick, the father of modern public health, progressive American physicians advocated for exercise for adults and physical education in schools. It was a long, uphill fight, and baseball was not their first choice of weapons. As early as the 1820s, boxing gyms opened in Boston, Philadelphia, and New York. Despite being endorsed by local medical establishments, they ultimately failed to market boxing to middle class gentlemen as a respectable participant sport, the "manly art of self-defense."

Physicians and their entrepreneurial allies made another attempt to sell exercise to the American public by importing gymnastics and weight training from Great Britain and Continental Europe. In 1833 English boxer William Fuller opened one of New York City's first gymnasiums at 29 Ann



Street, near City Hall. In an April 17 advertisement in the *New York Evening Post*, he states:

We esteem exercise, as an essential means to the preservation of health, and as one of the most certain prophylactics against those innumerable diseases, which result from a want of it. We, therefore, cordially recommend all sedentary persons, whose professional avocations debar them from the pursuit of health by the more common forms of exercise, to resort to this Gymnasium, where every species of muscular invigoration can be readily obtained, from the gentlest to the most athletic exercise.

It is a testament to the popular resistance to the idea of physical training for adults that Mr. Fuller felt it necessary to add a testimonial—(“We fully concur in the value of Gymnastic exercises”)—signed by the legendary Dr. Valentine Mott (P&S 1806) and nine other trustees, professors, and alumni of P&S, along with Columbia President William Alexander Duer and several faculty members.

Meanwhile, across the East River, in 1849 a ship captain’s son named Joseph B. Jones opened Brooklyn’s first state-of-the-art gymnasium at the corner of Pineapple and Fulton streets in what is now Brooklyn Heights. Tall and thin, Mr. Jones was a good amateur boxer and an excellent gymnast. Like boxing, however, gymnastics failed to achieve wide popularity as a participant sport. After vigorously promoting the sport for two years—including bringing in controversial English feminist Madame Beaujeu Hawley to teach gymnastics to women and girls—Mr. Jones sold his gymnasium and entered P&S to study medicine. There, Mr. Jones switched his focus to baseball. After graduating in 1855, he played for a Brooklyn club called the Esculapians. As its name suggests, it was made up of young physicians and medical students, most of them from P&S. (P&S grads continued to play with the Esculapians into the 1870s.) Shortly afterward, Dr. Jones joined the more competitive Excelsiors, Brooklyn’s first baseball club. Founded in 1854, the Excelsiors began as a kind of satellite of the New York Knickerbockers. Many of the early Excelsiors were well-off men with family, professional, or social connections to the older New York club. One of them was Daniel Albert Dodge, an 1852 graduate of P&S and visiting surgeon at Long Island College Hospital; another was Van Brunt Wyckoff (Columbia College 1840, P&S 1845), who made a fortune in Brooklyn



Physicians were among the health enthusiasts who opened gyms around New York City to promote physical fitness. Dr. John B. Rich opened this gym on Crosby Street in 1845.

real estate and used it to back the Excelsiors. Dr. Dodge’s cousin, Samuel Kissam, lived in Brooklyn; although Mr. Kissam was a prominent member of the New York Knickerbockers, his name appears in two box scores playing for the Excelsiors. He was a stockbroker, but he came from a family with a unique connection to P&S: 28 Kissams studied medicine there (including the Samuel Kissam who was one of the first two graduates of Columbia’s medical school). The socially exclusive Knickerbockers rarely played against other clubs, but in 1858 and 1859 they played a home-and-away series with the Excelsiors.

For an ambitious young doctor looking for a way to sell Americans on exercise, Dr. Jones was in the right place at the right time. New York City, baseball’s birthplace, was the biggest and richest city in the United States. Then an independent city, Brooklyn was catching up fast, doubling its population each decade and beginning to see itself as New York’s competitor in trade, manufacturing, and culture. When both cities caught baseball fever in the 1850s, the sport became another arena in which the intercity rivalry played out. New clubs sprang up, eager to prove themselves against other clubs. To everyone’s surprise, spectators began to appear at these interclub matches, with those between Brooklyn and New York City clubs attracting the largest crowds. In July of 1858, for example, journalists were impressed that 3,000 people came to Carroll Park in Brooklyn to watch the Excelsiors defeat the New York Knickerbockers, 31 to 13. Later that summer, an all-star series

that pitted Brooklyn against New York City drew excited crowds of more than 10,000. Sportswriter Henry Chadwick (Sir Edwin Chadwick’s American half brother), an early proponent of baseball as a participant sport, was baffled and alarmed. Mr. Chadwick assumed that these crowds were made up largely of bettors and feared that an association with gambling would hurt the game’s reputation. As he later came to realize, most of these spectators came out not to gamble, but to root for clubs that represented their neighborhood and their city. They were America’s first fans.

Dr. Jones was one of the first to see that interclub and intercity rivalries could improve and promote the sport. The key year was 1857. Interclub matches created a need for common playing rules and protocols, so 16 clubs—all of them in and around New York and Brooklyn—held a convention to address these issues. The following year they formed a permanent governing body with the aspirational name of the National Association of Base Ball Players, or NABBP. In November 1857, Dr. Jones led a bloodless coup to take over the Excelsiors. As president of the Excelsiors he represented the club at the 1858 NABBP convention, where he was elected president. Dr. Jones was now positioned to execute his plan to build the Excelsiors into a top-rank baseball club and use it as a vehicle to popularize the sport. The first step was to upgrade their playing talent. Dr. Jones recruited promising athletes through his personal and professional connections, including from P&S itself. The finest of these was first baseman Andrew T. Pearsall (P&S 1861), whose superb

fielding—at a time before the invention of baseball gloves—was attributed to his surgeon hands. (Dr. Jones had been Dr. Pearsall's preceptor at P&S.) Poaching players from other clubs was considered unethical, but in a clever evasion, the Excelsiors acquired team captain and catcher Joseph Leggett, a Brooklyn fireman, via a club merger. Mr. Leggett pioneered the use of weight training for baseball and put the Excelsiors on a rigorous training regimen. Records do not reveal whether Mr. Leggett had any connection to Jones' gymnasium (which was two blocks from his firehouse), but policemen and firemen of the time were particularly active in boxing, gymnastics, and weight lifting. After Mr. Leggett persuaded young pitching prospect James Creighton to use weights, Mr. Creighton developed a nearly unhittable fastball and became the greatest pitcher of the 1860s. In another innovation, Dr. Jones formed farm systemlike arrangements with Brooklyn junior clubs that provided the Excelsiors with a ready supply of young talent. Other clubs followed suit; those that did not, such as the Knickerbockers, quickly became noncompetitive. The ostensibly amateur Excelsiors may have been the first club to pay their best players. They did so discreetly, by giving players or their family members sinecures or other favors. Thanks to the political connections of men like Dr. Wyckoff, for example, Mr. Creighton and his father held no-show patronage jobs in the New York Customs House.

Going into the 1860 season, Brooklyn was home to the top three or four clubs in baseball, and the Excelsiors were as good as any of them. As president of both the NABBP and the Excelsiors, Dr. Jones decided to introduce the New York game to the rest of America through a series of tours in which the games would be played by NABBP rules. These tours were baseball history's first road trips. Though the New York game is the ancestor of modern baseball, different parts of America had their own bat and ball games before the Civil War. While the rules of these regional games differed considerably from those of the New York game, the basic playing skills—throwing, catching, batting—were similar. The 1860 Excelsiors challenged the best local players from Albany to Boston to Philadelphia to Baltimore and went undefeated, routing them by lopsided scores such as 24-6 and 50-19. James Creighton became baseball's first national star. Forged in the crucible of the hypercompetitive New York-area baseball scene, the Excelsiors' thrilling and athletic play convinced clubs across the country to convert to the New York brand of

baseball. By the late 1860s, a game that 15 years earlier had been known to fewer than a hundred residents of Manhattan was played and watched by hundreds of thousands from coast to coast and was called the *national pastime*.

Dr. Jones and the 1860 Excelsiors stood atop the baseball world, but their time there was fleeting, partly because of the Civil War. The Excelsiors stopped playing matches in 1861, when more than 90 members of the team joined the military. This included Dr. Jones, who served as surgeon of the 52nd New York Militia and the 176th New York State Infantry, and many of his fellow P&S alumni. Pitcher Creighton did not serve, but he died in 1862 at age 21 from a strangulated intestine that became gangrenous. This must have been frustrating to watch for the physicians on the Excelsior club, who would have understood what was happening to Mr. Creighton but lacked both the surgical technology and the antibiotics that could have saved his life.

Another loss to the Excelsiors occurred in late 1862, when first baseman Andrew Pearsall (P&S 1861) disappeared from the club and his thriving

By the late 1860s, a game that 15 years earlier had been known to fewer than a hundred residents of Manhattan was played and watched by hundreds of thousands from coast to coast.



Brooklyn practice. He resurfaced soon after in the Confederate capital of Richmond, Va., when he ran into an old friend there. According to a July 4, 1863, article in the New York Clipper newspaper:

The Excelsior Base Ball Club of Brooklyn recently expelled one of its members, A.T. Pearsall, for deserting the flag of the Union, and going over to the rebels. ... During the past winter he left, and no one knew where he had gone. Some time since he was heard from in Richmond, Va., as a Brigade Surgeon, on the rebel General Morgan's staff. He had charge of some Union prisoners ... when he recognized a gentleman of Brooklyn, formerly a member of the Excelsior Club, and entered into conversation. He asked particularly about Leggett, Flanley, Creighton, and Brainard, whom ... he wished particularly to be remembered to.

After the defeat of the Confederacy, Dr. Pearsall settled in the South. (Two decades after the

war ended, the P&S alumni directory continued to omit any mention of his military career.) Dr. Pearsall practiced medicine until his death in 1905, and baseball historians remember him as a founder of the first baseball club in Richmond and a pioneer of baseball in Alabama.

In the postwar years, both Dr. Jones and his club became victims of their own success. Baseball was now truly a national sport and the Excelsiors could not compete with strong out-of-town clubs like the Philadelphia Athletics and the Cincinnati Red Stockings. The team gradually withdrew from sports and became a social club. Dr. Jones served as a city coroner and was appointed Brooklyn's public health officer. In this capacity he directed that city's response to the cholera epidemic of 1866, campaigning for improved sanitation laws, conducting aggressive health inspections, and cleaning up dirty city streets, tenements, and vacant lots. Even though none of these measures proved to prevent cholera, which is spread through water contaminated by bacteria, Dr. Jones' sanitation and public health

reforms improved lives just the same. Clearly practicing what he had always preached about staying in shape, Dr. Jones appeared in baseball old-timers games into his 50s. In 1898, when he was 75, he won a citywide bowling tournament.

Dr. Jones played no role in the professional baseball era, which began in 1871. In that year the National Association, the first national professional baseball league, took the place of the old amateur NABBP. In 1876 the National Association was succeeded by the Midwest-based National League. These professional sports organizations were innovative in many ways. They were the first to turn clubs into corporate franchises. They signed players to contracts and openly paid them salaries. They built elaborate ballparks and laid the foundation for today's multibillion dollar team sports industries. They did not, however, invent a sport. The amateur athletes of the New York game—led by Dr. Jones and his fellow pioneering baseball-playing physicians from P&S—had already given them baseball. ❖

When Time Doesn't Heal

Treatment for Complicated Grief

By Sharon Tregaskis

Illustrations by Davide Bonazzi

When 13-year-old Eric Muldberg died of bone cancer in February 2004, his mother was heartbroken. Four years passed and still Stephanie Muldberg felt as raw as the night Eric had died. Numb and increasingly isolated, she went through the motions of cooking, cleaning, and getting her daughter to school. Many days, she simply took the phone off its hook to avoid interactions with the outside world.

“I had wonderful, caring therapists,” says Mrs. Muldberg, who imagined that her intense, debilitating grief was typical of any parent who has lost a child. “I assumed that my life had been irreparably damaged by the loss of my son and I could not imagine ever feeling better. Grief dominated my life. It was as if Eric had just died yesterday.”

Then, in 2008, a health care practitioner put Mrs. Muldberg in contact with M. Katherine Shear, MD, the Marion E. Kenworthy Professor of Psychiatry and director of Columbia’s Center for Complicated Grief (www.complicatedgrief.columbia.edu). Dr. Shear diagnosed the bereaved mother with a condition known as “complicated grief.” Through Dr. Shear’s unique 16-week program—an



evidence-based treatment using targeted strategies derived from interpersonal therapy, motivational interviewing, positive psychology, and cognitive behavioral therapy—Mrs. Muldberg was able to envision a life of joy and satisfaction after the profound loss she had suffered.

Instead of avoiding reminders of the vital moments her son could no longer enjoy—visits to his favorite sandwich shop, hitting a baseball at the local park—Mrs. Muldberg could finally cherish her memories of those happy times and fully embrace opportunities for joy, even if Eric could not share in them. “I was able to engage in life again, not feel guilty about living,” says Mrs. Muldberg, who is now in her early 50s. “I was better able to take care of myself, exercise self-compassion, and recognize there would be triggers. I was able to integrate the loss.”

Think of the mourning process as somewhat like the turmoil we experience when we fall in love, suggests Dr. Shear. “Grief is the form love takes when someone we love dies,” says Dr. Shear. “It evolves over time, seeks its rightful place in our lives. You don’t forget the person and you still feel sad that they’re gone, even decades later.”

Typically, in the aftermath of a loved one’s death we experience a period of acute grief; it is emotionally intense, preoccupies our thoughts, disrupts our ability to function. Through the process of mourning, however, we heal. We come to terms with the loss, integrate our new reality, and find ways to honor a loved one’s memory

even as we carry on our lives without them. “We have a natural biological capacity to heal or adapt to a loss, even the most painful,” says Dr. Shear. “When someone is having trouble, it’s because something is interfering.”

Consider, for example, wound healing. Typically, the immune system mounts a defense; if that process goes awry, infection results. When mourning goes awry, “complicated grief” emerges. Dr. Shear estimates that 7 percent to 10 per-

cent of bereaved survivors—most often women who have lost someone especially close, such as a child, parent, or spouse—experience the condition. “A couple of things we think are risk factors for complicated grief are more common for women,” says Dr. Shear. “Women, on average, are more likely to be ruminators and women are also more likely to have difficulty practicing self-compassion.”

In more than 100 papers published over the past two decades, Dr. Shear and her co-authors have developed diagnostic criteria for complicated grief; documented how the condition boosts risk for such negative health outcomes as cancer, heart trouble, high blood pressure,

suicidal ideation, and changes in eating habits; assessed demographic and psychological predictors of complicated grief; and tested the unique treatment strategy that helped Mrs. Muldberg reclaim her sense of purpose.

Dr. Shear’s work in the field got its start in the mid-90s, when she joined the psychiatry faculty at the University of Pittsburgh. A team of her colleagues there—including Barnard College graduate Holly Prigerson, PhD, and Charles F. Reynolds III, MD—had published papers on the symptoms of complicated grief in *Psychiatry Research* and the *American Journal of Psychiatry* that showed that symptoms were distinct from those of bereavement-related depression and anxiety and associated with enduring dysfunction. When Dr. Shear joined the team, they began exploring treatment strategies.

Since then, Dr. Shear and her colleagues have documented how complicated grief frequently co-occurs with clinical depression and shown that people who have suffered clinical depression in the past are more likely to experience complicated grief. While some of the symptoms of complicated grief overlap with both clinical depression and anxiety disorders, complicated grief rarely responds to conventional treatments for either.

Thus, as with Mrs. Muldberg, millions of people suffering complicated grief remain seized in its grip even as they diligently work with therapists treating them for depression. “The notion of complicated grief is gaining increasing recognition, but in some ways it’s relatively new—and because it does so often co-occur with depression, it’s understandable why diagnoses might be incomplete,” says Dr. Reynolds, now the University of Pittsburgh Endowed Professor in Geriatric Psychiatry and director of the John A. Hartford Center of Excellence in Geriatric Psychiatry, who was co-author with Dr. Shear and Dr. Prigerson of many of their foundational studies.

Locked indefinitely in the throes of a painful loss, people with complicated grief ruminate on circumstances of the death, worry about its consequences, and avoid reminders of the loss. Unable to come to terms with the finality and consequences of their loss, they go to extremes to avoid the intense emotion triggered by reminders. Years, even decades after the loved one’s death, they remain stuck, unable to imagine a life of joy and purpose without their beloved, their psychological and physical health increasingly compromised.

“Dr. Shear is an absolutely superb physician,” says Dr. Reynolds, who has co-authored 45 papers with her, including several with Dr. Prigerson advancing the case for including complicated grief in the fifth edition of the *American Psychiatric Association’s “Diagnostic and Statistical Manual of Mental Disorders.”* “Her development of assessment and treatment is very much grounded in her clinical experience, taking care of people living with complicated grief.”

While some of the symptoms of complicated grief overlap with both clinical depression and anxiety disorders, complicated grief rarely responds to conventional treatments for either.



The result, says Dr. Reynolds, is a rich synergy. “There is a wonderful two-way interaction between her experience as a bedside clinician and her great work as a scientist. They inform each other. There is a wonderful clinical relevance and freshness to her work, which is borne of the countless hours she has spent with these patients.”

Dr. Shear’s approach to treatment relies on a particularly powerful lesson the psychiatrist has gleaned from her years working directly with patients: People suffering complicated grief have extraordinary resilience and the capacity to heal. They just need help clearing the interference. “Our treatment supports what we understand to be the generic healing process,” she says. “We’re looking for roadblocks to that in terms of certain beliefs and avoidance and escape behaviors and difficulty with regulation of emotions.”

The 16-week treatment protocol—tested in three NIH-funded randomized controlled trials—yields relief, on average, for 70 percent of patients. Called CGT (complicated grief treatment), the protocol focuses on three components of the mourning process: accepting the reality of the death, developing an ongoing relationship with the person who died, and envisioning a future in which the beloved is no longer physically present but possibilities for joy and happiness remain. “People we love are mapped in our brains and we don’t know how to erase memories,” she says. “They’re still there.”

In addition to weekly sessions with a trained therapist, CGT participants have daily tasks—homework, if you will—to perform between sessions. In the second session, the patient sets goals for his or her recovery; each subsequent session features reflection on progress toward those aspirations. In the third session, the patient brings a friend or loved one as part of an emphasis on rebuilding connections with living loved ones. Patients also keep a grief intensity diary to review with the therapist at each session, and in a component evocative of PTSD therapy, therapists record their patient telling the story of the death, then ask the patient to listen to the recording each day. As the patient makes peace with the loss, the therapist asks the patient to identify situations—people, places, or things—she or he has been avoiding because they trigger painful reminders. Together, patient and therapist generate a plan for the patient to confront one of those reminders. Finally, the therapist helps the patient consolidate memories of good and bad times shared with the loved one.

In a study published by *JAMA Psychiatry* in July, researchers tested the benefits of an antidepressant alone or in combination with CGT. The study again confirmed the efficacy of CGT. “Dr. Shear has truly led the way in creating an innovative psychotherapeutic approach to helping persons living with complicated grief,” says Dr. Reynolds, who co-authored the paper. ❖

Alumni News & Notes

Marianne Wolff '52, Alumni News Editor

Peter Wortsman, Alumni News Writer

Additional class notes by
Bonita Eaton Enochs, Editor

1953

Stan Edelman received the French Foreign Legion of Honor medal, France's highest award. He



Stan Edelman '53

received the award for his service as a bombardier with the 8th Air Force and was qualified due to his World War II combat missions during the Battle of the Bulge and the Battle of Northern France.

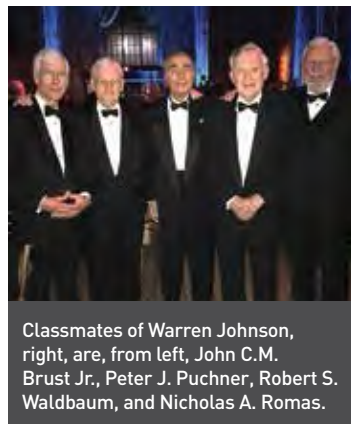
1961

William Reichel has built a career that combines ethics and gerontology. He is an Affiliated Scholar with the Center for Clinical Bioethics at Georgetown University Medical Center. He served for 13 years on the board of the American Geriatrics Society, including a term as president. He was recently



William Reichel '61

named one of five Pioneers in Geriatric Medicine. See Alumni in Print to read about the 7th edition of "Reichel's Care of the Elderly."



Classmates of Warren Johnson, right, are, from left, John C.M. Brust Jr., Peter J. Puchner, Robert S. Waldbaum, and Nicholas A. Romas.

1962

Warren Johnson received a Gold Medal for Outstanding Achievements in Clinical Medicine at this year's alumni reunion.

1963

Geraldine and Alan Schechter were honored recently in the Washington, D.C., area. Geraldine, who is semiretired as chief of hematology at the Washington VA Hospital, was chosen as one of about 100 distinguished "Albanian-American Success Stories." She was born in the United States shortly after her parents arrived from Albania. The Albanian Embassy honored the Albanian-Americans by including them in a coffee table book. Geraldine and Alan were invited to an official reception at the U.S. Capitol for Edi Rama, the Albanian prime minister, where several members of Congress were in attendance. "We suspect Geraldine is the first P&S graduate to be so honored," writes Alan. Alan was feted during the summer when his former post-docs honored him at a symposium titled "Yellow Berets to Gray Hair:

Training Physicians and Non-Physicians for Research Careers." The symposium observed Alan's 50-year career at the NIH (though the event fell almost exactly on his 51-year anniversary). Alan is chief of the molecular medicine branch in the National Institute of Diabetes and Digestive and Kidney Diseases. He has focused his research on developing treatments for genetic diseases of hemoglobin, including sickle cell disease.

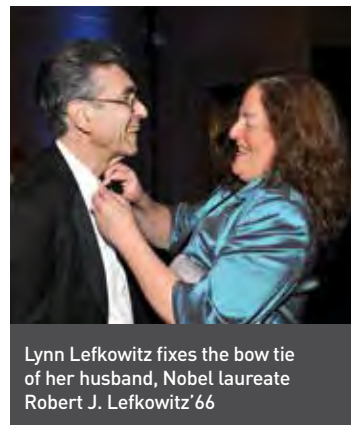


Robert O. Baratta '66 and wife Carol

1966

Robert Baratta served as co-chair of the alumni reunion committee and of the 50th anniversary class for this year's reunion.

Robert J. Lefkowitz, the James B. Duke Professor of Medicine and



Lynn Lefkowitz fixes the bow tie of her husband, Nobel laureate Robert J. Lefkowitz '66

Howard Hughes Medical Institute investigator at Duke, gave a talk, "A Funny Thing Happened on the Way to Stockholm," at Alumni Day during this year's alumni reunion. He received a Nobel Prize in Chemistry in 2012.

Bernard M. Patten, professor of neurology at Rice University and retired chief of the neuromuscular disease division, vice chairman of neurology, and attending neurologist at Baylor College of Medicine, gave a talk at Alumni Day during this year's alumni reunion. The title of his talk was "Ideas, Events, and Personalities Leading to L-DOPA Treatment for Parkinson's Disease."

Henry M. Spotnitz gave a talk at Alumni Day during this year's alumni reunion titled "Ultraviolet Disinfection—New Paradigms in



Class co-chairs Robert Baratta '66 and Henry Spotnitz '66

Collaborative Research at CUMC." Henry is vice chair for research and information systems and the George H. Humphreys II Professor of Surgery at P&S. He served as co-chair of the alumni reunion committee and of the 50th anniversary class for this year's reunion.

Harold E. Varmus, who received a Nobel Prize in Physiology or Medicine in 1989, gave a talk, "Cancer,



BRIAN WINKOWSKI

Virologist Vincent Racaniello, left, a host of the podcast “This Week in Virology,” with Dr. Varmus

Then and Now,” at Alumni Day during this year’s alumni reunion. Harold is the Lewis Thomas University Professor at Weill Cornell Medicine and associate member of the New York Genome Center. Harold also visited P&S to record a podcast for “This Week in Virology.” The July 31, 2016, podcast, titled “Harold Varmus: A Scientist for All Seasons,” is available at <http://www.microbe.tv/twiv/> or on iTunes.

1970

Dennis Carson received a Gold Medal for Outstanding Achievements in Medical Research at this year’s alumni reunion.

1972

Ken Tomecki is vice president of the American Academy of Der-



Ken Tomecki '72

matology after spending a year as VP-elect. He also spent four years on the academy’s Board of Directors. Still in Cleveland after 30 years, Ken is staff physician at the Cleveland Clinic and former vice chairman of the Department of Dermatology. He is also on the Board of Directors of the American Dermatological Association and the International Society of Dermatology. “Wife Eileen still the best thing that ever happened, ditto son Peter, now an attorney in NYC, and his wife, Rose, a teacher in NYC,” writes Ken.

1978

Leonard R. Krilov was named chair of pediatrics at Winthrop-University Hospital. He previously served as vice chair of pediatrics and will continue to serve as chief of the division of pediatric infectious diseases at Winthrop.

1979

Anne B. Curtis was one of six faculty members named SUNY Distinguished Professors, SUNY’s highest academic rank. She joined the University at Buffalo in 2010 as the inaugural Mary and Charles Bauer Professor, chair of the Department of Medicine, and president and CEO of UBMD Internal Medicine.

Drexel University has named **Paul W. Brandt-Rauf** dean of the School of Biomedical Engineering, Science and Health Systems as of Feb. 1, 2017. He will join Drexel from the University of Illinois in Chicago, where he has been dean of the School of Public Health since 2008. During his tenure in Chicago, the school initiated an undergraduate major in public health and an online doctoral program for practicing professionals. The school’s enrollment increased significantly and several new

research programs were launched, including a research mentorship program for junior faculty and pilot grants for the development of new initiatives. The school added three endowed professorships and its endowment tripled.

1981

As P&S Alumni Association president, **Brenda Aiken** presided over the 35th alumni reunion in May before ending her two-year term.



Gold medalist Ron Cohen '81 and classmate, Alumni Association President Brenda Aiken '81

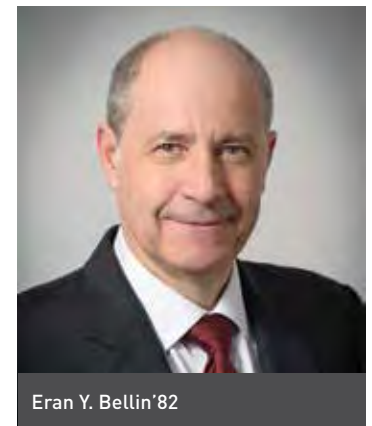
Ron Cohen received a Gold Medal for Meritorious Service to the College of Physicians & Surgeons and its Alumni Association at this year’s alumni reunion.

David S. Younger is a board-certified neurologist in private medical practice. See Alumni in Print to read about his latest book, the third edition of “Motor Disorders.” David provided copies of the book for each member of the incoming P&S class. David received an MS degree in epidemiology this year from Columbia’s Mailman School of Public Health.

1982

Eran Y. Bellin, professor of clinical epidemiology & population health and professor of clinical medicine at Albert Einstein College of Medi-

cine, has written a book described in this issue’s Alumni in Print. He has built a career analyzing electronic medical record data. He recalls meeting Raymond Gambino, MD, in his second-year pathology course at P&S and how he introduced students to the notions—then new to medicine—of sensitivity, specificity, and the impact of prevalence of disease on the meaning of a positive lab finding. “Amazingly creative and engaging, he was the



Eran Y. Bellin '82

quintessential teacher with a riddle. I was privileged to have known him,” says Eran.

John Markowitz, professor of clinical psychiatry at P&S and a research psychiatrist at New York State Psychiatric Institute, has written a new book, which is described in Alumni in Print. An expert in psychotherapy research, John has conducted several NIMH- and foundation-funded studies of interpersonal psychotherapy, cognitive behavioral therapies, and medications. He has published more than 300 peer-reviewed articles, chapters, and reviews.

1983

Timothy Wang is the new president of the American Gastroenterological Association Institute. He is the Dorothy L. and Daniel H. Silberberg

Professor of Medicine and chief of digestive and liver diseases in the Department of Medicine at P&S.

1984

Pictured at a mini-reunion are **Annabelle Santos Volgman**, **Maria**



Oquendo, **Meriamne Singer**, and **Mark Sorensen**. Also pictured are Keith Volgman and Dana Cazzulino.

Douglas Nordli Jr. has been named chief of pediatric neurology and co-director of the Neurosciences Center at Children's Hospital Los Angeles and vice chair of neurology at the Keck School of Medicine at the University of Southern California.

Maria Oquendo, professor of psychiatry at P&S, received the Virginia Kneeland Frantz'22 Distinguished Women in Medicine Award at this year's alumni reunion. Maria is now serving as



Dean Lee Goldman with 2016 Virginia Kneeland Frantz'22 Distinguished Women in Medicine Award recipient Maria Oquendo '84, P&S Alumni Association President Brenda Aiken '81, and 2016 Honorary Dean's Day Chair Ron Drusin '66

president of the American Psychiatric Association.

1985

CareMore Health System in California has named **Sophia W. Chang** the system's first chief clinical innovation officer. She joined CareMore after serving as vice president of programs at the California Health Care Foundation.

1986

Barron H. Lerner did a book signing for his book, "The Good



Barron Lerner '86 with Alumni Association President Brenda Aiken '81

Doctor: A Father, A Son and the Evolution of Medical Ethics," at this year's alumni reunion.

1987

Laura Forese is executive vice president and chief operating officer for NewYork-Presbyterian, which includes the academic medical centers affiliated with Columbia and



Laura Forese '87

Weill Cornell as well as multiple community hospitals and physician groups in the NY metro region. She was recently named chair of the newly formed NIH Clinical Center Hospital Board.

Jesus Jaile-Marti, chief of neonatology at White Plains Hospital, was recognized as a 2016 Healthcare Hero by Westchester Magazine. He is known as a crusader for the smallest patients at the hospital, specifically babies born with life-threatening complications who



Jesus Jaile-Marti '87

require the most intensive assistance. Jesus has overseen the care of these newborns for more than two decades.

1988

Paul Maddon was one of 10 Columbia graduates who were named Alumni Medalists at Columbia's 2016 commencement. Alumni Medalists are honored for distinguished service of 10 years or more to the University, through the

schools, alumni associations, regional clubs, and University-wide initiatives. Paul received both MD and PhD degrees from Columbia and also is a Columbia College graduate. A biotechnology entrepreneur and investor, he is vice chairman of Progenics Pharmaceuticals, a publicly traded biopharmaceutical company that develops and commercializes new medicines in the areas of gastroenterology, oncology, and infectious diseases. He founded Progenics in 1986 while an MD/PhD student and



Paul Maddon '88

served as chairman, chief executive officer, and chief science officer until retiring in June 2012. Paul is also a Columbia University Trustee and a member of the CUMC Board of Advisors.

1990

John C. McCabe, who received both MD and DDS degrees from Columbia and trained in oral and maxillofacial surgery at CUMC, is pictured on the next page in

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Kuwait. Jack, a colonel in the Dental Corps 3rd Medical Command deployed with the U.S. Army, has been in Qatar since February. The 3rd Medical Command oversees the Army's health care assets in 11 countries in the Middle East. Jack is chief of professional services for the 3rd Medical Command, the first Dental Corps officer to serve as command surgeon. After earning his MD degree in 1990, he completed an internship in general surgery at Columbia then joined the faculty of the College of Den-



John C. McCabe '90

tal Medicine. He joined the U.S. Army Reserve in 1997 and was commissioned as a major in the Dental Corps. "That has been a very interesting and enjoyable second and parallel career for me," he says. He and his family relocated in 2002 to Omaha, where he chaired oral and maxillofacial surgery at Creighton University. "In 2004 I was mobilized for 90 days to back fill at Evans Army Medical Center at Fort Carson, Colo. That was a period of intense combat engagement in Iraq and Afghanistan for the U.S. military. As one of two oral and maxillofacial surgeons stationed at Fort Carson, I provided reconstructive surgical care to soldiers with maxillofacial combat injuries who were evacuated out of theater for treatment. Amazingly, wounded soldiers would be flown from the Middle East or Ramstein, Germany, to Colorado Springs,

Colo., to be reunited with family and to have definitive surgical care. It was an extremely rewarding experience, and I was fortunate to work with several excellent military physicians and dentists." In 2006, Jack and his family moved to Connecticut, where he is in private practice. He has continued as a reserve Army officer and in 2014 was mobilized to Kuwait, where he performed numerous surgeries. His 2016 assignment in Qatar is Jack's third activation. "It has been very fulfilling to be able to provide service members with needed health care that ranges from routine to mass casualty. This current assignment allows me to be much more involved in the administrative realm of military health care involving thousands of service members in many countries in the Middle East." He was the first Dental Corps officer to qualify and serve as an instructor in advanced trauma life support. He has been appointed to represent the Army Reserve as the oral and maxillofacial surgery consultant to the Army's Surgeon General.

1994

The American Board of Radiology has appointed **Sanjeev Bhalla** to its Board of Trustees. He is professor of radiology at the Mallinckrodt Institute of Radiology at Washington University in St. Louis. He completed residency and fellowship at the institute in 2000. He has published numerous articles on the interface between body and emergency imaging. He is assistant program director at the institute, which has the largest radiology residency in the nation.

1995

At this year's alumni reunion weekend, **Kathie-Ann Joseph** started her two-year term as president of the P&S Alumni Association. A former faculty member at P&S, Kathie-Ann is now associate professor of surgery at NYU Langone Medical Center. She also is chief of



Three Cardiologists and a Meeting

Three cardiologists—P&S alumni all—posed for a photo in Washington, D.C., in September when they were in town for an American College of Cardiology legislative conference and to lobby on Capitol Hill. From left are **Rose Cohen '01**, a cardiologist at John Muir Medical Center in Walnut Creek/Brentwood, Calif., and medical director at Cigna; **Lisa Alderson '00**, assistant professor of internal medicine at Saint Louis University School of Medicine; and **Annabelle S. Volgman '84**, the McMullan-Eybel, MD, Professor of Excellence in Clinical Cardiology at Rush Medical College and medical director of Rush Heart Center for Women in Chicago.



Incoming Alumni Association President Kathie-Ann Joseph '95

breast surgery at Bellevue Hospital and co-director of the Bea W. Welton Breast Health and Navigation and Outreach Program at NYU's Perlmutter Cancer Center.

1996

Devinder Singh, an internationally recognized plastic and

reconstructive surgeon and award-winning cosmetic surgeon, received the 2016 President's Award for his dedication to the physicians and patients of Maryland as chair of the Maryland Board of Physicians. He is the founding chief and medical director of the Division of Plastic Surgery at Anne Arundel Medical Center in Annapolis.

1997

Drew A. Helmer is an internist and primary care physician who has devoted his career to helping veterans. He has compiled what he has learned about sexual health for veterans in a book described in this issue's Alumni in Print. Drew is director of the New Jersey War Related Illness and Injury Study Center, funded by the VA, and associate professor of medicine

at Rutgers University. He previously worked at the Michael E. DeBakey VA Medical Center in



Drew A. Helmer '97

Houston and was the lead clinician for post-deployment health in Houston and for the South Central Veterans Integrated Service Network. Throughout his career, Drew has conducted research focused on issues important to veterans, including chronic pain, exposure concerns, sexual health, depression, and suicidal ideation.

1998

Matt Iseman has completed his seventh season as a host of the NBC competition series, "American Ninja Warrior." Before that, Matt appeared on the E! network, the Game Show Network, and the Style Network. He received a Daytime Emmy for a Style Network show, "The 5 Messiest Homes in the Country," which earned the network its highest ratings ever. He continues acting and stand-up comedy. He made his movie debut in "Transformers 2." In January 2017, Matt will appear on "Celebrity Apprentice" seeking to be "hired" by the new boss, Arnold Schwarzenegger.

2000

Jennifer Ashton was named ABC News chief women's health correspondent, reporting to "Good Morning America" several times a week. She also maintains a busy

private practice in gynecology and was recently board-certified in obesity medicine. She completed a



Jennifer Ashton '00

master's degree program in nutrition at Columbia and in May gave the commencement address at Quinnipiac University School of Health Sciences, where she was awarded an honorary degree, Doctor of Humane Letters, for her work in communicating medical information in the media and efforts in promoting women's health issues. Her third book, "Eat This Not That When You're Expecting," is described in this issue's Alumni in Print.

2001

Valerie A. Jones was featured on the cover of the May 2016 issue of



Valerie A. Jones '01

The Message, the monthly newsmagazine of the Spokane County Medical Society, and the cover of

the Summer 2016 issue of Providence Health Care's magazine. Val is medical director of admissions at St. Luke's Rehabilitation Institute in Spokane. Board-certified by the American Board of Physical Medicine and Rehabilitation, Val also is an award-winning writer, health journalist, and physician educator who has appeared on "ABC News" and "CNN Headline News." She is a member of the National Press Club, a podcast host for Johnson & Johnson Vision Care, a regular speaker at medical conferences, and a pioneer in using social media to advance medical knowledge. Follow her on Twitter—@drval—or on her blog, getbetterhealth.com.

2003

Erich Anderer has become chief of neurosurgery at NYU Lutheran,



Erich Anderer '03

the NYU Langone Health System's central hub in Brooklyn.

2007 PhD

Philip Payne has been named the inaugural director of the Institute for Informatics at the Washington University School of Medicine, where he also holds an appointment as a professor of medicine. He is a graduate of the Department of Biomedical Informatics at P&S and an elected fellow of the American College of Medical Informatics. He previously served as professor and chairman of the

Department of Biomedical Informatics at The Ohio State University, where he led a campuswide



Philip Payne '07 PhD

initiative to establish an Institute for Translational Data Analytics.

2009

Jacob M. Appel holds graduate degrees from Brown University, P&S, Harvard Law School, New York University, and Albany Medical College. He has written more than 200 short stories and has won several writing competitions. See Alumni in Print to read about his latest collection of short stories.

2016

At this year's alumni reunion weekend, **Mili Mehta** received the gold medal given to a graduate in recog-



Gold medalist Mili Mehta '16, second from right, with her family

nition of interest in and devotion to the College of Physicians & Surgeons and its Alumni Association.

Advice + Art

Deborah Cabaniss'88, professor of clinical psychiatry at P&S, wrote a blog entry about relationships for The Huffington Post, answering a question many couples in marriage counseling have asked: "Are we always going to have to work this hard?"

"People have this fantasy that it's easy to have a good relationship," Dr. Cabaniss says, explaining why she wrote the piece. Surprised by the lack of information available about how much effort it takes, she offers five tips for creating a satisfying, sustainable relationship.

Columbia Medicine asked Benjamin Schwartz'08, a P&S faculty member in medicine with whom Dr. Cabaniss works, to illustrate the blog entry for this magazine. Dr. Schwartz, who also contributes cartoons to the *New Yorker*, focused on the five pieces of advice.

Dr. Cabaniss and Dr. Schwartz previously joined forces to create three-minute videos of teaching tips for members of the Virginia Apgar Academy of Medical Educators, which Dr. Cabaniss directs, but this is the first time Dr. Schwartz has brought his *New Yorker*-style approach and aesthetic to the collaboration. "I wanted to make cartoons that were clearly tethered to Deborah's relationship pointers but that could also stand on their own," he says. Dr. Cabaniss says he hit the mark: "He captures everything. He's brilliant."

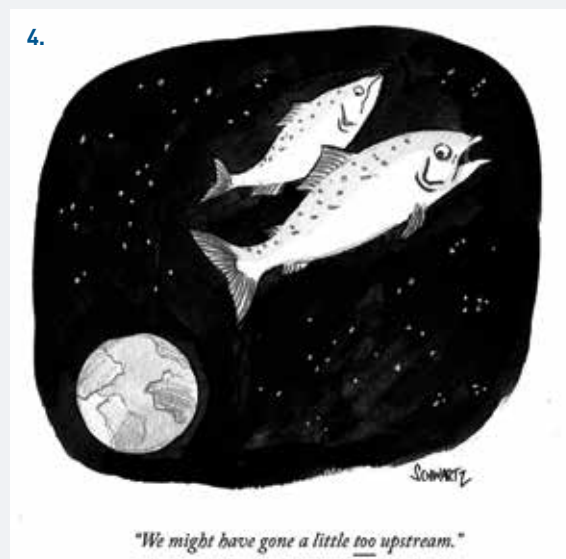
1. Think about the other person first. Had a bad day? Just got yelled at by your boss? Think you're coming down with a cold? That's too bad, but how was your partner's day? What happened to him or her? It's hard work to think about the other person first, but it pays off. It doesn't mean that you can't take care of each other, but even if you feel bad call up those reserves and try to think about the other person first.

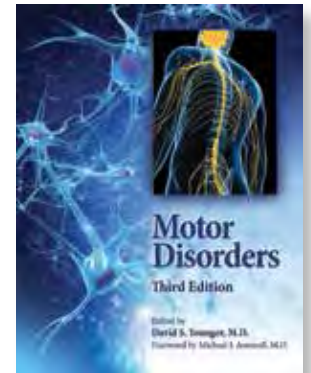
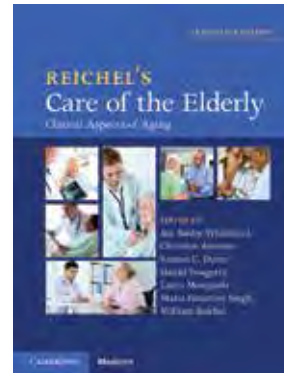
2. Edit what you say. You and your partner are on an airplane. The flight attendant walks by. You think, "Wow! He/She is hot!" Do you say this to your partner? Of course not. So don't say all of those other things that you shouldn't say either. Bite your tongue rather than say, "You really need to lose 10 pounds," or "Your friend Marsha is such a jerk." It takes hard work to edit, and it feels counterintuitive to many people, but thinking about whether what we're about to say might hurt our partner is a relationship saver.

3. Interpret up. Whenever someone says or does something, you can interpret down (meaning that you ascribe a more nefarious intent) or interpret up (meaning that you ascribe a more benign intent). For example, if your partner forgets to buy the milk you asked him/her to pick up on the way home from work, it could be that he/she is deliberately ignoring you (interpreting down) or that he/she had a long, distracting day at work (interpreting up). It takes work to always interpret up, particularly if you tend to be pessimistic or suspicious. It's essentially giving someone the benefit of the doubt. It takes effort, but the good will it will engender makes it worth the elbow grease.

4. Swim upstream. We all think that we should be able to be ourselves in relationships. While we want to express ourselves, sometimes we have to behave in ways that are difficult for us in order to try to help our partner. That could mean being less irritable, giving more compliments, communicating less anxiety, or listening to something you find boring. This takes work—just ask a salmon.

5. Be nice. It's easy to be grumpy, critical, demanding, and selfish. It's being nice that takes work. That means on good days and on not-so-good days. It takes effort to be nice. No, this is not treacle; it's the secret to getting along with another person day-in-day-out for life.





alumni *in print* By Bonita Eaton Enochs, Editor

Reichel's Care of the Elderly: Clinical Aspects of Aging

William Reichel '61

Cambridge University Press, 2016

In this fully updated seventh edition, Dr. Reichel's team of editors continues to offer the pioneering text for health professionals interested in the unique problems of an increasing elderly population. The guide, designed as a practical and useful guide for all health specialists, emphasizes clinical management of elderly patient problems that range from simple to complex. Updated and reorganized chapters reflect the clinical approach to aging. After describing a general approach to the management of older adults, chapters review common geriatric syndromes and an organ-based review of care. The text also addresses principles of care, including care in special situations, psychosocial aspects of our aging society, and organization of care. Particular emphasis is placed on cost-effective, patient-centered care.

authorities, giving a single, encyclopedic yet scholarly summary of scientific advances and new clinical practices. Called the most international, comprehensible, and practical volume of current neurology and neuromuscular disorders, the book has updates that include advances in neurogenetics, neuroimmunology, neurophysiology, neuroimaging, neuropharmacology, and neurorehabilitation. The book includes adult and pediatric motor disorders. The book is organized to include perspectives from multiple subspecialties, providing a comprehensive and concise account of any disorder with motor manifestations.

Riddles in Accountable Healthcare

Eran Bellin '82

CreateSpace, 2015

Dr. Bellin's book, subtitled "A primer to develop analytic intuition for medical homes and population health," combines entertaining insights with real-world information to provide a thoughtful and humorous guide to intuitive data analysis for medical students, professionals, and the public. Called an exploration of how we think about health care data, the book has sections on solving riddles in health care, preventing readmissions, accountability, data analytics and predictive models, developing longitudinal intuition, population health, the obesity epidemic trilogy, and silencing death (the unsolved riddle).

Motor Disorders, 3rd Edition

David S. Younger '81

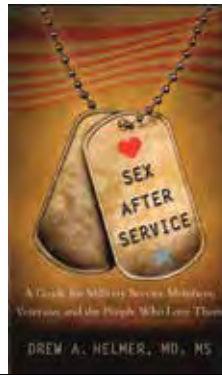
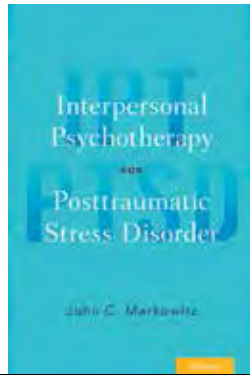
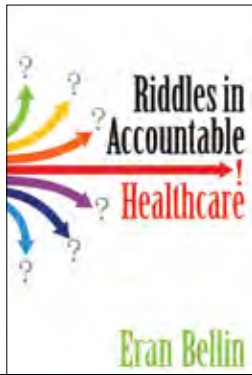
American Association of Neuromuscular & Electrophysiology Medicine/Rothstein Publishing, 2015

The third edition of the book Dr. Younger edits—the first new edition in eight years—has been updated and expanded by 70 leading

↙ *send books (published within the past two years) to:*

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Send inquiries about books to
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“Health care riddles are solvable with the right mindset and tools,” says Dr. Bellin.

Interpersonal Psychotherapy for Posttraumatic Stress Disorder

John Markowitz '82

Oxford University Press, 2016

Dr. Markowitz, a psychotherapy researcher, has challenged the near dogma that exposing patients to trauma reminders is the only way to treat post-traumatic stress disorder. His research has revealed that interpersonal psychotherapy (IPT), which focuses on interpersonal consequences of PTSD rather than on re-living the trauma, works as well as the best-tested exposure treatments and has advantages for some patients. IPT had higher response rates and lower dropout rates than did prolonged exposure therapy, particularly for patients who were also suffering from major depression. His new book is a treatment manual of IPT for PTSD and may offer therapists and patients a novel way to deal with PTSD.

Sex After Service: A Guide for Military Service Members, Veterans, and the People Who Love Them

Drew A. Helmer '97

Rowman and Littlefield, 2015

Dr. Helmer's book discusses the physical and psychological hardships for military service

members and veterans following deployment. The book begins with an introduction to the basic concepts of sexual health then discusses the effects of combat on overall health, sexual health and function, and the differences in effects between men and women. Dr. Helmer includes stories from veterans throughout the book to illustrate some of the challenges and complex situations they face during combat and after returning home. The author also outlines a process for determining when a sexual health issue becomes problematic enough to seek help and where to find help.

Eat This Not That When You're Expecting: The Doctor-Recommended Plan for Baby and You! Your Complete Guide to the Very Best Foods for Every Stage of Pregnancy

Jennifer Ashton '00

Galvanized Books, 2016

Dr. Ashton's third book provides seven new simple meal plans every week to offer expectant mothers a guide on what to eat for each trimester of their pregnancies. The book is co-authored by Dave Zinczenko, who wrote the “Eat This, Not That!” series to help people eat healthier. The time to lay the groundwork for a diet that will give preg-

nant women energy and feed their babies is the first trimester, when prenatal vitamins also are important. Lemon and ginger may help with morning sickness. Foods to avoid during the first trimester: rich, fatty foods and sugary beverages. The book continues to detail good and bad foods and when to increase calories. It also recommends grocery store brand names, which dishes to order at restaurants, and which delicious meals to cook at home.

Coulrophobia & Fata Morgana

Jacob M. Appel '09

Black Lawrence Press, 2016

One reviewer of Dr. Appel's third collection of short stories praised it for examining “the intersections of love and power and insight and betrayal” through uniquely etched portraits. The 10 pieces, with titles that include “The Butcher's Music,” “Saluting the Magpie,” and “Hearth and Home,” draw from his experience in medicine and the law (he has degrees in both plus degrees in fiction writing and bioethics). As another reviewer described it: “The characters are not people you meet every day. Plucked from the imagination of the writer, they attempt to force behavior with varying results. ... Appel's latest book features the superior mirage, and like a mirage, the stories within reflect a distorted and sometimes unrecognizable reality.”

● ALUMNI PROFILE

Abdul El-Sayed'14: Tuning Up the Engine of Public Health in the Motor City

By Peter Wortsman

“Detroit occupies a unique space in the social conscience of America; it stands for so much of who we are as a nation,” says Abdul El-Sayed’14, a native of Metro Detroit and executive director of the Detroit Health Department since August 2015. While Detroit’s troubles remain formidable, Dr. El-Sayed, a self-described “optimistic realist,” who also holds a DPhil degree in public health from Oxford University, sees a chance to make a difference where it matters and, in the process, rethink health delivery for the 21st century.

“It’s a fundamental truth,” he says, “that obstacles and opportunities are almost always two sides of the same coin. The workable solutions come from the community.”

At its peak population of 1,849,568, according to the 1950 census, Detroit in the heyday of the American automobile industry was America’s fifth largest city, one of the nation’s most dynamic industrial hubs and a magnet for people from around the country and the world, including African-Americans from the rural South seeking a better life. But changes in the global marketplace, the import of smaller, more fuel-efficient vehicles, conflicts in the Middle East and the concomitant spike in the price of gas, and the decentralization and outsourcing of car manufacturing, among other factors, led to steady economic decline, a shrinking middle class, and urban decay.

It all came to a head in 2013, when the bottom fell out and the city, now with a diminished population of some 700,000, was compelled to file for bankruptcy.

Such dire straits took their toll on health. Among other municipal agencies affected by the bankruptcy, the Detroit Department of Health and Wellness Promotion was forced to suspend its activities and cede responsibility for vital health services to a private nonprofit entity. Problems multiplied. The city’s infant mortality rate rose to above that of Mexico. Obesity became another pressing issue, aggravated by endemic poverty, inadequate public transportation in a sprawling urban environment, and an inequitable distribution network of fresh and healthy food. Violence soared. And, worst of all, the public lost trust in city government.

Control of most public health services returned to the retooled department in 2014, shortly before Dr. El-Sayed took the wheel. The most pressing task at hand, in his view, is to lead the department’s restructur-

ing as “a paragon of effectiveness and transparency so that it’s about the people who own it,” and in the process to “re-instill public confidence in the city’s ability to care for its people.” For the new director, it’s a first step toward a long-term, more ambitious goal: “to focus on those places where health plays a role in intergenerational transmission of poverty,” and, thereby “promote the healthy trajectories of future generations.”

Dr. El-Sayed made time to outline the steps he is taking to realize his vision for a healthy and thriving Detroit in an on-the-go interview in April 2016, part of which was conducted, in true Motor City style, in his car en route to and back from a meeting at City Hall.

Combining Medicine and Public Policy

At age 31, Dr. El-Sayed is among the youngest, and most dynamic, individuals ever to run a department of health of a major American city. “There is,” he acknowledges, “a naïve optimism you bring to your work when you’re young.”

The son of Egyptian immigrants, raised in Bloomfield Hills, a suburb just north of the city, he had what he described as “a deeply privileged life” but added that “dignifying those opportunities to me means being able to right inequities for all.” A Michigander to the bone, he thrived socially and academically, playing high school football—that most American of sports—and spending summers with family in Egypt. He first experienced the sting of outright hostility as an Arab-American in the immediate wake of 9/11. After one taunt too many from a member of an opposing football team, he threw a punch. His coach took him aside and said: “You are going to be Abdul El-Sayed for the rest of your life, and you can decide to either use that as an excuse or a motivation.” He took the message to heart.

Earning a BS degree with highest distinction from the University of Michigan at Ann Arbor, where he double-majored in biology and political science, he planned to become a surgeon. But public policy was never far from his mind. His father, an automotive engineer who came from modest circumstances in Alexandria, Egypt, and mother, who studied medicine there, later opting for a career as a psychiatric pediatric nurse practitioner in the United States, were both outspoken opponents of the authoritarian regime in their native country and passed on a sense of social responsibility and a commitment to social change.



PETER WORTSMAN

At the University of Michigan he came under the influence of epidemiologist Sandro Galea, who inspired him to focus on “the social factors that lead hazards to flare up into disasters.” One of Professor Galea’s postdocs conducted a study of the birth outcomes of Arab-American women and their infants in California following 9/11, documenting an alarming 50 percent surge in low birth weight. Troubled and intrigued, Dr. El-Sayed extended the study to Michigan, postulating that birth results would be better given the insulating presence of a large Arab-American community. (Wayne County, Mich., has the highest concentration of Arab-Americans in the country.) His premise proved correct. The public health bug bit.

Pursuing the first two years toward a combined MD/PhD in medicine and public health at Michigan, he applied for and was awarded a prestigious Rhodes Fellowship to study public health at Oriel College/Nuffield Department of Population Health at Oxford University, where he earned a doctor of philosophy degree. His thesis, “Inequalities in Obesity in England: An Agent-Based Systems Approach,” was a computer simulation modeling of the problem that would later come in handy back home in Detroit.

Upon his return to Michigan, he learned that his mentor, Professor Galea, had been appointed chair of the Department of Epidemiology at the Mailman School of Public Health at Columbia University, so Dr. El-Sayed applied and was admitted to the MD/PhD program at P&S. Parallel to his medical studies, he pursued postdoctoral research in epidemiology under Dr. Galea at Mailman, still intending to pursue residency training and become a surgeon. In 2012 he was awarded a Paul & Daisy Soros Fellowship to New Americans in support of his graduate studies.

The Patient that Tipped the Scales to Public Health

An experience on a sub-internship in internal medicine at the Allen Hospital with one patient in particular—an older woman who had fallen and hit her head in a state of inebriation—proved pivotal. The house staff in the ER intended to discharge her after dressing the wound, but the young medical student suspected underlying issues. “Nope, you didn’t do a fair assessment!” he protested and used various ploys to keep the patient in the hospital, including holding up the completion of her patient history and physical pending her alcohol withdrawal. Ultimately he succeeded in persuading his immediate superiors to admit the patient, who, as it turned out, suffered from adrenal insufficiency brought on by HIV/AIDS. After providing basic medical treatment, Dr. El-Sayed arranged for her transfer to a rehabilitation facility that admitted individuals with AIDS. On the day before her discharge she announced that she was going home with her daughter. He urged her to try rehab, but she insisted she would be all right. Two weeks later he found her sleeping on a bench on the subway. Disgusted by an outcome he perceived as a direct function of “systems of failure,” he decided to pull his application for residency and embrace public health.

“The safety net failed her,” he concluded. “She made bad decisions adversely affecting her health, but there are a lot of things that we could have done to put this person into a better decision-making mode. The best you can do at a hospital is to stabilize one patient at a time, but you’re not dealing with big picture problems that are creating the health disparities. I realized that I was a lot more interested in what happens

before a patient gets to the door than what happens in the hospital.” While still a doctor at heart, with a surgeon’s hands-on desire to intercede and make things right, he was determined to have a hand in altering the big picture.

In 2014 Dr. El-Sayed was appointed assistant professor in the Department of Epidemiology at the Mailman School of Public Health. There he pursued studies in prevention science, the social cost of psychopathology and drug use, and the health of Arab-American New Yorkers, among other areas. He taught courses in systems science and population health, systems thinking, and principles of epidemiology. “I wanted to be a researcher,” he says, “because I thought research could move policy.” But he grew disillusioned and frustrated with academia, writing papers, and raising grants with limited tangible results. “What I’m really interested in,” he says, “is building institutions, building ideas, making things happen.”

Michigan-born friends who had returned to take jobs with the newly elected Detroit mayor, Mike Duggan, a former director of the Detroit Medical Center, spoke of the can-do attitude and accomplishments of the new

“There are very few jobs where you actually see the fruit of your labor so quickly.”

administration, including the installation of 62,000 street lights, success in fighting urban blight, and reducing EMS response time from nearly an hour to eight minutes. Hearing that Detroit was looking for a new health director, Dr. El-Sayed decided to apply, and despite his youth and limited experience, he landed the job. Following “a couple of hard conversations” with his wife, Sarah Jukaku’15, then a resident in psychiatry at Cornell, who remained in New York pending her transfer to a psych residency program at UM Ann Arbor, he took the leap, relishing “the opportunity to come back home to help rebuild the collapsed health infrastructure and make it work.”

A “Societal Surgeon” Intent on Redressing Health Disparities

“Sometimes I do wish that the entire field of scope of my job was entirely under my hands,” says Dr. El-Sayed. “And in some ways, my role is to perform societal surgery. We know what we want to accomplish, but the task is far more complex. Rather than digging around in fascia and tissue, you’re digging through the bowels of bureaucracy and social entities, coordinating various perspectives to come up with a workable solution to seek an outcome that sometimes will take a long time to accomplish and sometimes will happen immediately.”

The swift solutions are, of course, the sweetest.

Case in point: When the Marathon Refinery, located in southwest Detroit, sought permission to increase emission of sulfur dioxide, Dr. El-Sayed stepped into action. Southwest Detroit, a heavily industrial part of town and one of the city’s poorest neighborhoods, was already burdened with the public health consequences of pollution. “Mayor Duggan and I recognized that this was an opportunity to advocate for a community that has been largely left in the dust.” With the mayor’s blessing, Dr. El-Sayed

drafted an op-ed piece published on the day of the company's planned public hearing; 500 people turned out for this and a subsequent hearing, at which the mayor and his health director were also present, and testimony was presented about the public health consequences of higher levels of pollution. As a result, Marathon rethought its plan and voluntarily invested \$10 million in an effort to reduce SO₂ emissions. "That came on the back of our efforts, those of the community, the mayor, and myself, and that's pretty incredible," Dr. El-Sayed says.

As a vote of confidence in the importance of public health and the effectiveness of Dr. El-Sayed's efforts, Mayor Duggan's administration added \$4 million in city funding to the health department's budget.

"There are very few jobs where you actually see the fruit of your labor so quickly," he says, but conceded much more remains to be done. "When public health works best, it develops nonstories, nonevents." The introduction and maintenance of clean drinking water, for instance, one of public health's most notable accomplishments in the course of the past century, has had a prodigious effect on promoting wellness. "It's an accomplishment society tends to take for granted."

The Detroit Health Department, under his direction, secured a \$135,000 grant to test for lead in the water in public schools and found high levels. But clean drinking water is only one among many pressing challenges to general wellness in Detroit. Infant mortality, endemic obesity, a staggering incidence of murder and violent crime, and high rates of teen pregnancy, a significant factor in the perpetuation of poverty, continue to plague the inner city.

To address the high rates of teen pregnancy, the Detroit Health Department has now partnered with Wayne State University to support a mentoring program between senior or seasoned mothers and younger pregnant women. In addition, a group prenatal care program also run out of Wayne State, called "Make Your Date," stretches sparse financial resources by having six women meet for consultation and counseling with a single doctor for an hour, instead of having each rush through a 10-minute medical consult. The department is also committed to promoting "whoops proof" methods of contraception. "Preventing teen pregnancy is a way to save two children's lives, that of the unwanted baby and that of the teen who, if she becomes pregnant, is far less likely to finish high school. If we can't diminish teen pregnancy," Dr. El-Sayed says, "then what we're doing is condemning a whole next generation to the poverty that the earlier generation suffered."

Another key priority is the social reintegration of seniors. "We have a large trove of wisdom that doesn't get put to good use, because we in many ways have cut off our seniors, rather than value and tap them for their store of knowledge and experience."

Toward the Ideal of the "20 Minute Neighborhood"

While obesity plagues many parts of the country, the sprawling size of Detroit—a city built around car culture but with little car access for many in its low density, low income, inner city population—aggravates the issue. The problem, says Dr. El-Sayed, is "how to foster walkable and safe access to healthy food. We're really thinking about how you can move green leafy vegetables, the kinds of foods that are part of a healthy

diet, into and around the city." The department is working closely with sustainable urban farms in Metro Detroit, but the challenge remains: "How do you transport healthy food to where the people are, how do you engage local food providers to be more thoughtful about the range of foods they offer, and how do you make it affordable?" Rather than blame people for "bad food choices," Dr. El-Sayed prefers to help foster opportunities for good choices.

"Our city is starting to coalesce around a vision of what we call a '20 minute neighborhood,' that is, a neighborhood in which your daily and even weekly needs are found within 20 minutes of where you live," he explains. "That's a walkable neighborhood with immediate access to healthy food, social cohesion, and community activities."

"We might disagree about how we go about promoting wellness, but nobody is fine with the fact that some people are really sick."

At the peak of the 1960s, Detroit's health department was run out of one central location. But Dr. El-Sayed believes in "moving public health into the neighborhoods where Detroiters live, work, and play. The solutions must come from the community. We're going to have to use the challenges we face, to build them into the way Detroit rebuilds itself." Among the government vehicles set in place by Mayor Duggan to facilitate a productive dialogue is a district manager program, in which locally based district managers appointed by the mayor—individuals with roots in the community—act as a direct liaison to the people.

Dr. El-Sayed also sees great promise in a departmental initiative, a health fair, at which health-related problems are aired and discussed and solutions sought at the community level.

Reshaping the Way the People of Detroit Think About their Health Department

He is proudest of his behind-the-scenes role in building a team of committed experts and programs to address such pressing issues as asthma, lead exposure, infant mortality, teen pregnancy, and chronic disease, particularly among the elderly, and of his efforts to "rebrand and reshape the way the people of Detroit think about their health department." Though the task remains daunting and the department is still underfinanced, his job, as he sees it, "is to make sure that health is thought through as a value when government makes decisions in a way that allows for the best possible equitable and sustainable health outcomes."

An attentive reader, inveterate coffee drinker, and avid sports fan, Dr. El-Sayed works out regularly: "Can't be preaching something you don't practice. Health is uniquely something that everybody can appreciate. We all know the pain of either suffering bad health ourselves or having somebody we love suffer. We might disagree about how we go about promoting wellness, but nobody is fine with the fact that some people are really sick. And so public health creates a great spear to foster reflection about how we ought to live as a society."



Dorothy Warburton



Peter Beck '47



Alfred G. Knudson '47



Robert W. Crecca '48



Lucian Fletcher Jr. '48

FACULTY

Anthony Donn, MD, the Edward S. Harkness Professor Emeritus of Ophthalmology and longtime chair of ophthalmology at P&S, died April 22, 2016. After graduating from P&S he spent most of his career at Columbia, joining the faculty in 1957. He was named chair of ophthalmology and director of the Edward S. Harkness Eye Institute in 1989, serving in both roles until his retirement in 1995. He specialized in diseases of the cornea, and his corneal research program attracted funding from the NIH in 1964 to develop a corneal research and clinical center, which he directed. The Anthony Donn Professorship in Ophthalmic Science was endowed in his honor following his retirement to recognize his 50-year association with Columbia. See more in Alumni In Memoriam, Class of 1951.

Other Faculty Deaths

John Edsall, MD, clinical professor emeritus of medicine, died July 2, 2016.

Takeo Iwamoto, MD, PhD, former faculty member in ophthalmology, died June 28, 2016.

John (Jack) M. Pellock, MD, former faculty member in neurology, died May 6, 2016.

Abraham Spector, PhD, retired professor of ophthalmology, died April 19, 2016.

Dorothy Warburton, MD, professor emerita of clinical genetics & development (in pediatrics), died April 26, 2016.

ALUMNI 1944

John H. Van Landingham, a retired neurosurgeon, died Dec. 19, 2013. Dr. Van Landingham served as a captain in the U.S. Army Medical Corps during World War II and practiced neurosurgery for more than half a century while affiliated with Rockford Memorial Hospital in Rockford, Ill. Preceded in death by his wife, Jean, he is survived by five daughters, 10 grandchildren, and 10 great-grandchildren.

1947

Peter Beck, a retired ophthalmologist, died May 11, 2016, at age 92. Dr. Beck earned a second MD degree from the University of Bern in Switzerland. He served for a time as a ship's doctor on cruise ships sailing out of

New York City. He is survived by his wife, Nancy.

Alfred G. Knudson, a renowned cancer researcher, died July 10, 2016, at age 93. Dr. Knudson, Fox Chase Cancer Center Distinguished Scientist, received many honors in the course of his career, including the Medal of Honor of the American Cancer Society, the Kyoto Prize, the Albert Lasker Medical Research Award, the Bristol-Myers Squibb "Freedom to Discover" Award for Distinguished Achievement in Cancer Research, and the 2002 P&S Alumni Gold Medal for Distinguished Achievements in Medicine. He was best known for his "two-hit model" explaining how cancer develops in the wake of damage to tumor-suppressor genes. His model has since become an accepted paradigm for understanding inherited cancer syndromes. Working with hereditary and non-hereditary retinoblastoma, Dr. Knudson reasoned that cancer can occur because of loss or inactivation of both alleles of genes that regulate growth. He and his colleagues later localized the retinoblastoma gene, the first gene to be cloned. A disturbance in its function appears to be present in many can-

cers. His insights into the mechanisms that govern cancer growth spawned a new line of research into the genetic basis of cancer. Survivors include his wife, Dr. Anna T. Meadows, professor of pediatrics at the University of Pennsylvania, three daughters, three stepchildren, 10 grandchildren and step-grandchildren, and two great-grandchildren.

1948

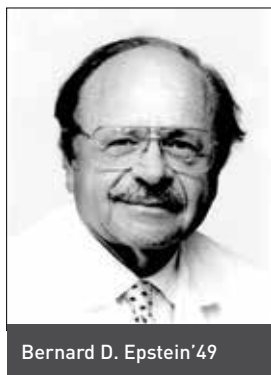
Robert W. Crecca, a retired general surgeon, died July 19, 2016. Dr. Crecca served in the U.S. Army and was based at the General Hospital in Stuttgart, Germany. After the service he pursued a private surgical practice in Newport Beach, Calif., maintaining affiliations with Hoag Hospital in Newport Beach and South Coast Hospital in South Laguna. He left private practice to join the Joint Commission on Accreditation of Hospitals. He also volunteered with Project Hope in St. Lucia, Nicaragua, and Honduras and on the Navajo Reservation. He was preceded in death by his wife, Nicki.

Lucian Fletcher Jr., a retired internist, died Aug. 10, 2016. He served in the U.S. Navy in the V-12 Program, attaining the rank of lieutenant.

ant. Later, during the Korean conflict he enlisted with the U.S. Air Force and was posted to Iwo Jima, Guam, and Okinawa. He later served as chief of medicine at the U.S. Air Force hospital in Tachikawa, Japan. Returning to civilian life, Dr. Fletcher joined a group practice in cardiology and internal medicine in Newton, N.J. He directed construction of the first ICU unit at Newton Memorial Hospital and was founding director of the Karen Ann Quinlan Hospice. He also served as director of the New Jersey Mosquito Commission and as president of the New Jersey Chapter of the American Heart Association. In his free time Dr. Fletcher was an accomplished pilot and enjoyed sailing. Preceded in death by his first wife, Constance, he is survived by his second wife, Dorothy, two daughters, two sons, a stepdaughter, a stepson, and nine grandchildren.

1949

Bernard D. Epstein, a retired internist, died March 5, 2016. He was 93. Dr. Epstein, who specialized in diagnostic and preventive medicine and was also interested in aviation medicine, pursued a private practice for many years in Cleveland,



Bernard D. Epstein '49



John MacIver '49



Irving M. Ader '50

Ohio. He was a former president of the staff at Delray Hospital in Delray Beach, Fla., and a past president of the staff at Mount Sinai Hospital in Cleveland. Dr. Epstein was a loyal alumnus who served for years as co-class chair of the annual fund. He is survived by his wife, Hilda, a daughter, five sons, and four grandsons.

John MacIver, a retired psychiatrist also involved in occupational medicine, died of pulmonary disease on June 8, 2016. Following his retirement from full-time practice, he continued to see patients once a week at a clinic in Hyannis, Mass., and remained active in the Massachusetts Psychiatric Society. He served for more than a decade as assistant medical director of U.S. Steel, was a past chief of psychiatry at Cape Cod Hospital, and at various times in his career taught on the faculties of the University of Pittsburgh and Harvard. A devoted alumnus, Dr. MacIver served for many years as annual fund chairman of his class and was a longtime member of the P&S Alumni Regional Representatives Committee. Ever thoughtful to the end, ever eager to help foster a better world, he once quoted

a line from Oscar Wilde in a missive to the Alumni Association: "A map of the world that does not include Utopia is worth not even a glance." Preceded in death by his wife, Dr. Shirley R. MacIver, he is survived by two sons.

1950

Irving M. Ader, a retired family practitioner and former member of the faculty in the Department of Medicine at Albert Einstein College of Medicine, died April 29, 2016. He was 95. A former member of the Bronx County Medical Society, Dr. Ader was honored with Einstein's 50-year service award. Preceded in death by his wife, Lillian, he is survived by a daughter, a son, and a grandchild.

1951

Anthony Donn, the Harkness Professor Emeritus, former chairman of the Department of Ophthalmology at P&S, and former director of the Edward S. Harkness Eye Institute, died April 22, 2016, at age 90. Dr. Donn was renowned for his treatment of diseases of the cornea. In the course of his career he developed revolutionary techniques, notably intraocular lens implantation following cata-

ract surgery and specular microscopy to monitor the endothelial cells lining the back of the cornea. He was honored upon his retirement with the endowment of a professorship in ophthalmic science in his name at P&S. Survivors include his wife, Linda, a daughter, two sons, and five grandchildren.

1951 and 1952

Burton Combes '51 died Nov. 23, 2013, and his wife, **Mollie Allensworth Combes '52**, died Oct. 26, 2012. Burton was professor emeritus of internal medicine at the University of Texas Southwestern School of Medicine in Dallas, where a lectureship was established in his name. Well-known for his research in hepatology, he focused initially on the metabolism and transport of various forms of bromosulphophthalein as a marker of membrane transport. In his clinical studies he defined prognostic factors in acute liver failure and described various hepatic disorders observed in pregnancy and therapies for primary biliary cirrhosis. He established—and directed for more than 40 years—the liver unit at UT Southwestern. Among other honors, he received a research career development

award from the U.S. Public Health Service, was elected to the American Society for Clinical Investigation and to the Association of American Physicians, and capped off his career with the Distinguished Service Award of the American Association for the Study of Liver Disease, of which he was a past president. He was instrumental in developing the guiding principles for collaboration between academic medicine and the public in promoting research in liver disease. Mollie, a retired pediatrician, was chief of the pediatric and neonatal nurseries at Parkland Memorial Hospital, a UT Southwestern affiliate, for many years. She is credited with detecting sciatic nerve injury in some prematurely born infants. Thanks to her intercession, injections of tetracycline previously administered in the buttocks were administered to the thigh to avoid sciatic nerve injury. The thigh muscle of neonates subsequently became the routine site for administering injections. She pursued a private pediatric practice in Dallas and also served as a member of the student health service at SMU and later at North Texas State University in Denton. She served for a

number of years as secretary of the Southern Pediatric Society. They are survived by a daughter, two sons, and two grandchildren.

1953

Howard H. Stone, retired clinical professor of ophthalmology at UCLA Medical Center, died April 21, 2016. Dr. Stone was a native of Frankfurt, Germany. In 1932 he fled Nazi persecution with his family to Palestine and later to the United States. Volunteering to serve as a member in the British 8th Army during World War II, and later in the Jewish Brigade, he saw action in the Italian campaign. He published more than two dozen professional papers. At UCLA he was a member of the Human Subjects Protection Committee. In the course of his professional career he visited more than 70 countries on four continents, lecturing on diabetes, glaucoma, and retinal surgery. Dr. Stone pursued a private ophthalmology practice in Los Angeles. He is survived by a daughter, three sons, and three grandsons.

1954

Retired obstetrician/gynecologist **Walter A. Bonney** died April 18, 2015. Dr. Bonney



Anthony Donn'51



Howard H. Stone'53



Marguerite J. Gates'54



George H. Hogle'54



Joseph P. Zawadsky'55

served as a captain in the U.S. Army, based in Landstuhl, West Germany. As chairman of the Department of Ob/Gyn at Vanderbilt University in Nashville, he helped desegregate the medical center. He later served as professor and chairman of the Department of Ob/Gyn at West Virginia University in Morgantown. He also had a private practice and later served as chief of surgery at Monongalia General Hospital. He delivered more than 5,000 babies in the course of his career. Preceded in death by two daughters, he is survived by his wife, Virginia, a daughter, and a grandson.

Eugene J. Feeley, a retired pathologist, died June 27, 2016, at age 86. Dr. Feeley served in the U.S. Army. He worked for many years at Western Laboratories in Oakland, Calif., and later was chief pathologist at Washington Hospital. He is survived by his wife, Shirley, a daughter, two sons, six grandchildren, and one great-grandchild.

Marguerite J. Gates, a retired pediatrician and former member of the P&S clinical pediatrics faculty, died July 20, 2016. She specialized in caring for

children with developmental and rehabilitative issues, maintaining affiliations with Presbyterian Hospital and Helen Hayes Hospital. She served as project director for an NIH Collaborative Perinatal Study with 15 partner institutions searching for causes of cerebral palsy. She is survived by two nephews.

George H. Hogle died Nov. 28, 2015. A longtime member of the American Friends Service Committee, as a young man he engaged in relief work in the bombed-out German city of Koblenz. While in Europe he traveled to Switzerland to meet Dr. Carl Jung. Inspired by Jung, Dr. Hogle decided to become a psychiatrist. Pursuing his residency in psychiatry at Stanford, Dr. Hogle subsequently pursued a private practice in Palo Alto, specializing in individual and couple therapy and Jungian analysis, and served as a member of the clinical faculty in the Department of Psychiatry at Stanford. A past president and former member of the board of governors of the C.G. Jung Institute of San Francisco, he also volunteered with the American Friends Service Committee-Prison Committee, supported Native American

youth education programs, and continued throughout his life to be active in various progressive political causes, including anti-war protests. A loyal alumnus, he supported a Class of 1954 Scholarship Fund. Dr. Hogle is survived by his second wife, Ann, a daughter, two sons, three stepchildren, six grandchildren, and three great-grandchildren.

Charles L. Schocket, a retired oncologist, died Nov. 8, 2012, at age 82. Dr. Schocket served in the U.S. Army. A member of the faculty in the Department of Medicine at Mount Sinai Hospital, he was for many years director of medicine at Peninsula Hospital Center in Far Rockaway, N.Y. Preceded in death by a son, he is survived by his wife, Lorraine, three daughters, and a granddaughter.

1955

Joseph P. Zawadsky, a retired orthopedist and former academic chair of the Department of Orthopedics at the University of Medicine and Dentistry of New Jersey, died June 25, 2016. He was a former vice president of the American Orthopedic Association. He served as a captain in the U.S. Air Force.

Starting out in general medical practice, he subsequently specialized in orthopedic surgery and founded University Orthopaedic Associates in New Brunswick, N.J. Dr. Zawadsky performed the first hip replacement in New Jersey. A longtime orthopedic consultant to Princeton University, he also served as team doctor for Rutgers University's football team. He is survived by his wife, Lynn, three daughters, three sons, and 15 grandchildren.

1956

David L. Andrews, a longtime member of the faculty in the Department of Orthopedic Surgery at P&S, died Aug. 25, 2016. Dr. Andrews served as chief of the orthopedic trauma service at Presbyterian Hospital. His other great passions in life were gardening and the collection of rare books about botany. Dr. Andrews was a board member of the New York Botanical Garden, board member and president of the Bonsai Society of Greater New York, and an active member of the New York Hortus Club. In 2005 he received the Medal of Honor from the Garden Club of New York in recognition of his contributions to horticulture. As a collector

he was particularly interested in books and ephemera on the natural sciences in the Colonial era. He was a loyal alumnus and staunch supporter of the medical school. Preceded in death by a son, his survivors include his wife, Nancy, a daughter, a son, five grandchildren, and a great-grandchild.

Frederick Bruce Lewis, a retired hematologist-oncologist and former clinical professor of medicine at the University of Minnesota, died July 19, 2016, at age 85. Dr. Lewis served as a captain in the U.S. Army, stationed at Walter Reed Hospital in Washington, D.C. He later moved to Minnesota and practiced with Minnesota Oncology Hematology, P.A., and was affiliated with United Hospital in St. Paul. In response to an alumni questionnaire, he once wrote: "So much of what we learned is now obsolete, but the drive to excellence and the compassion for patients is never out of date." Having been named for the composer and piano virtuoso Frederic Chopin, Dr. Lewis, who had been something of a child prodigy, continued to play piano throughout his life. Active with many arts

groups, he served tenures as a board member of the Guthrie Theater and the Minnesota Orchestra. He is survived by his wife, Diana, three daughters, a son, and 13 grandchildren.

L. Arne Skilbred, an orthopedic surgeon, died Sept. 6, 2013. A native of Norway, he came to the United States at age 16. He served as a captain in the U.S. Army Medical Corps, assigned to the Orthopedic Service at the 34th General Hospital in France. A past president of the Essex County Medical Society and the New Jersey Orthopedic Society, he practiced first in Montclair, N.J., then in North Haven, N.Y., subsequently serving as medical director of Southampton Hospital in Southampton, N.Y., where he also was a member of the Performance Improvement Joint Conference Committee. Dr. Skilbred returned to Norway on several occasions to lecture on traumatic and orthopedic surgery at the University of Bergen. He served on the board of directors of the finance committee of Medical Liability Mutual Insurance Co. Survivors include his wife, Dianne, three daughters, three sons, and seven grandchildren.

1957

Mayo Johnson, a retired general surgeon, died Aug. 24, 2016. Following completion of his medical training he joined the Grenfell Mission, an organization devoted to medical services in Labrador and northern Newfoundland. He subsequently served as a captain in the U.S. Army Medical Corps based at the 31st Field Hospital in Korat, Thailand, where he also volunteered to care for civilians. Upon his return to the States, he moved to Beverly, Mass., where he remained associated for more than 45 years with the Beverly Hospital, serving terms as president of the medical staff, chief of surgery, and president of Beverly Surgical Associates. He was honored with the hospital's Pride of Practice Award. Also active in the community, he served on the Citizens Advisory Committee for the City of Beverly and the Beverly Conservation Commission. He loved to fish for striped bass and bluefish. He is survived by his wife, Julia, a daughter, a son, and three grandchildren.

Alan W. Osborne, a retired radiologist, died April 6, 2016. He served in the U.S. Air Force. For many years Dr. Osborne practiced radi-

ology at Rahway Hospital, now Robert Wood Johnson Hospital, and Children's Specialized Hospital. Preceded in death by his wife, Bernice, he is survived by two daughters, five sons, and five grandchildren.

Lyman A. Page, a retired pediatric endocrinologist and emeritus professor of pediatrics at the University of Connecticut in Waterbury, died July 3, 2016. He was 84. Dr. Page served in the U.S. Public Health Service. Practicing first in Saco, then in Portland, and finally in Kennebunk, he was the first board-certified pediatric endocrinologist in Maine. After joining the faculty in the Department of Pediatrics at Yale, he helped found a Yale program at the King Faisal Hospital in Riyadh, Saudi Arabia. He also served as a pediatrician for the Mission Evangélique Bapliste in Bethesda, Haiti. Survivors include his wife, Gillet, a daughter, two sons, and five grandchildren.

Ruth E. Triedman, a retired dermatologist, died Aug. 15, 2016. She spent more than three decades in private dermatology practice and served on the staff of Miriam Hospital in Providence, R.I.



L. Arne Skilbred '56



Mayo Johnson '57

Dr. Triedman also taught on the clinical dermatology faculty at Brown University. She served for many years on the board of the Miriam Hospital Women's Association, which honored her with its Lifetime Achievement Award. Preceded in death by her husband, M. Howard Triedman '56, she is survived by two daughters, a son, and six grandchildren.

1958

Glen E. Gresham, professor emeritus and former chairman of the Department of Rehabilitation Medicine at the State University of New York at Buffalo, died Feb. 24, 2016. A founding fellow of the American Rheumatism Association, he served as director of rehabilitation medicine and director of the Spinal Cord Injury Unit at the Erie County Medical Center in Buffalo, where he continued in retirement to officiate as a member of the honorary staff. He was co-author of the book "Functional Assessment in Rehabilitation Medicine." He also received the Dean's Award and the Walter B. Cooke Award from SUNY Buffalo, where a visiting professorship in rehabilitation medicine was established in his name. In retirement he

served as a member of the Dean's Advisory Council at SUNY Buffalo. Survivors include his wife, Phyllis, two daughters, two sons, and five grandchildren.

1960

William H. Brownlee, a former instructor in psychiatry at P&S and chief of the psychiatric outpatient department at Roosevelt Hospital, died March 14, 2016. He was 81. Dr. Brownlee served as a captain in the U.S. Army. A specialist in addiction medicine and occupational psychiatry, he co-founded Brownlee Dolan Stein Associates, a pioneering employee assistance program, and volunteered to coach first-time job interviewees and to assist refugees in English conversational skills. He is survived by his husband, Marvin Koenig.

Richard S. Milligan, a retired general surgeon, died Feb. 18, 2016. He was a former president of the Stanislaus County Medical Society and the Stanislaus Preferred Provider Organization in Modesto, Calif. His avocations in life included singing tenor in a church choir, captaining the houseboat he kept on Lake Powell, sailing, skiing, antique car collect-



Lyman A. Page '57



Glen E. Gresham '58



Robert B. Gollance '62



William J. Schneider '63



Jon A. Kay '69

ing, and photography. He is survived by his wife, Patricia, three daughters, and a son.

1961

William Y. Duncan, a retired urologist, died April 16, 2016. Having served in the U.S. Navy and the U.S. Navy Reserve, he was buried in Arlington National Cemetery. In the course of his career he practiced urology in Washington, Alaska, Hawaii, and Idaho. When not practicing medicine he loved hunting, fishing, tennis, sailing, and piloting his own plane. He is survived by three daughters, a son, five grandchildren, and four great-grandchildren.

1962

Robert B. Gollance, an ophthalmologist specializing in cataracts and refractive surgery formerly affiliated with New York Eye and Ear, died Jan. 20, 2016. Dr. Gollance was stationed with the U.S. Army Medical Corps in Korea from 1966 to 1968, where he founded that country's first eye bank. He was an accomplished photographer in his free time. Preceded in death by his wife, Carmen, he is survived by a son, Stephen Gollance, MD, who will continue his ophthalmological practice.

James D.S. Kim, a retired dermatologist and cosmetic surgeon, died Aug. 14, 2016. Born in South Korea, he grew up under strained circumstances before arriving in the United States. After medical school he joined the U.S. Air Force and was stationed at Hahn Air Force Base in Germany. Returning to civilian life, he took up private practice in Lodi, Calif., where he was affiliated with Lodi Memorial Hospital. He also taught at various times at UC Davis, UCSF, and the Village Bella Clinic in Salo, Italy. He is survived by his wife, Yoshiko, a daughter, a son, and two grandchildren.

1963

William J. Schneider, a specialist in occupational medicine, died Aug. 11, 2016. Dr. Schneider also held an MPH degree from the Mailman School of Public Health. He served for many years as medical director and managing director of health care services at JP Morgan Chase. He also worked in employee health at Memorial Sloan Kettering Cancer Center. He taught at various times at Albert Einstein College of Medicine, Weill Cornell Medical College, and Mount Sinai School of Medicine. He is survived by his wife,

Joan, three sons, and three grandsons.

Frederick W. Tiley, a retired orthopedic surgeon, died Feb. 20, 2016. He served in the U.S. Army, stationed at Chanute Air Force Base in Rantoul, Ill., during the Vietnam War. A former member of the clinical faculty in the Department of Orthopedics at the University of Oregon, Dr. Tiley was affiliated with Salem Hospital in Salem, Ore. Survivors include his wife, Candace, a daughter, and two sons.

1967

Roger T. DeAngelis, a retired surgeon, died May 4, 2016. Dr. DeAngelis served as lieutenant commander in the U.S. Navy. A past president of the Westchester Surgical Society, he joined his father in private practice and maintained an affiliation with St. John's Riverside Hospital, where he served for a decade as chief of surgery. He is survived by his wife, Barbara, three daughters, two sons, two stepdaughters, a stepson, and five grandchildren.

1969

Jon A. Kay died Aug. 10, 2016, at age 74 of Alzheimer's disease. He served as a physician in the Indian

Health Service based at the Crow Agency in Montana before starting his own family practice and later joining a group practice in Canton, N.Y. He also served as a physician at St. Lawrence University, the Clarkson school system, and at nursing homes in Potsdam, N.Y. As Alzheimer's advanced, he found some solace in playing the trumpet. Survivors include his wife, Shereen, two sons, two stepsons, and four grandchildren.

1970

John P. Hoche, a cardiologist, died June 4, 2016. A lieutenant in the U.S. Navy Reserve, Dr. Hoche later served as head of the vestibular physiology branch of the Naval Aerospace Medical Research Laboratory in Pensacola, Fla. A talented drummer, he won numerous first prizes in percussion in Florida state band contests. At the Naval Aerospace Medical Research Laboratory he pursued research for NASA on partial earth gravity, publishing a widely read paper, "The Value of Exercise at One-Half Earth Gravity in Preventing Adaptation to Simulated Weightlessness." He developed motion sickness pills for astronauts and was a leading expert on the lower body

negative pressure machine that enabled astronauts to maintain strong heart muscle while weightless. Dr. Hoche later joined the P&S Department of Medicine faculty in St. Petersburg, Fla., where he introduced Florida's first nuclear cardiology imaging in a doctor's office. Survivors include his wife, Marilyn, a daughter, and a granddaughter.

1974

Samuel Z.C. Westerfield died Nov. 25, 2015. Survivors include his former wife, Leah, and a son.

1978

James L. Jordan, a specialist in sports medicine, died June 6, 2016, of cancer. Dr. Jordan began his career as a specialist in emergency medicine, affiliated with Rutland Hospital, now the Rutland Regional Medical Center, in Rutland, Vt. He later shifted specialization to sports medicine. In 1980 he was one of the co-founders of the Killington Medical Clinic at the base of Killington Mountain; the clinic was devoted to sports and rehabilitation medicine. He also served as medical adviser to the Killington Ski Patrol. He is survived by his wife, Nan.

P&S Welcomes Class of 2020

In August 2016, P&S welcomed new students in the Class of 2020. Several events during orientation week helped new students make the transition to medical school while becoming acclimated to the medical center campus and the Washington Heights community. The week began with the always memorable White Coat Ceremony and a reception that followed in the new Vagelos Education Center with family and friends in attendance.

Other activities during the week included a gross anatomy lab, academic and administrative overviews, a welcome expo, and social events.

At Field Day in Central Park, students divided into teams to demonstrate their physical prowess, competing in classic events such as wheelbarrow race and tug of war. Students also went to the Broadway show “Kinky Boots” and enjoyed the annual orientation boat cruise on the Hudson River. Highlight of orientation week was



enjoying the new spaces at the Vagelos Education Center, which opened during Orientation Week.

Orientation activities wrapped up with the annual club fair, which introduced the new students to more than 70 student organizations that make up the P&S Club.

— Rosemarie Scilipoti, director of student activities and P&S Club

Bard Hall Players Marks a Milestone

Since its first production of “Threepenny Opera” in 1966, Bard Hall Players has provided a creative outlet for students with a talent for acting, an ear for music, an eye for art, or even just a passing interest in trying something new. BHP celebrated its 50th anniversary with a November 2016 production of “Cabaret,” a spectacle befitting the occasion and a uniquely poignant show whose political undercurrents are appropriate for the election season.

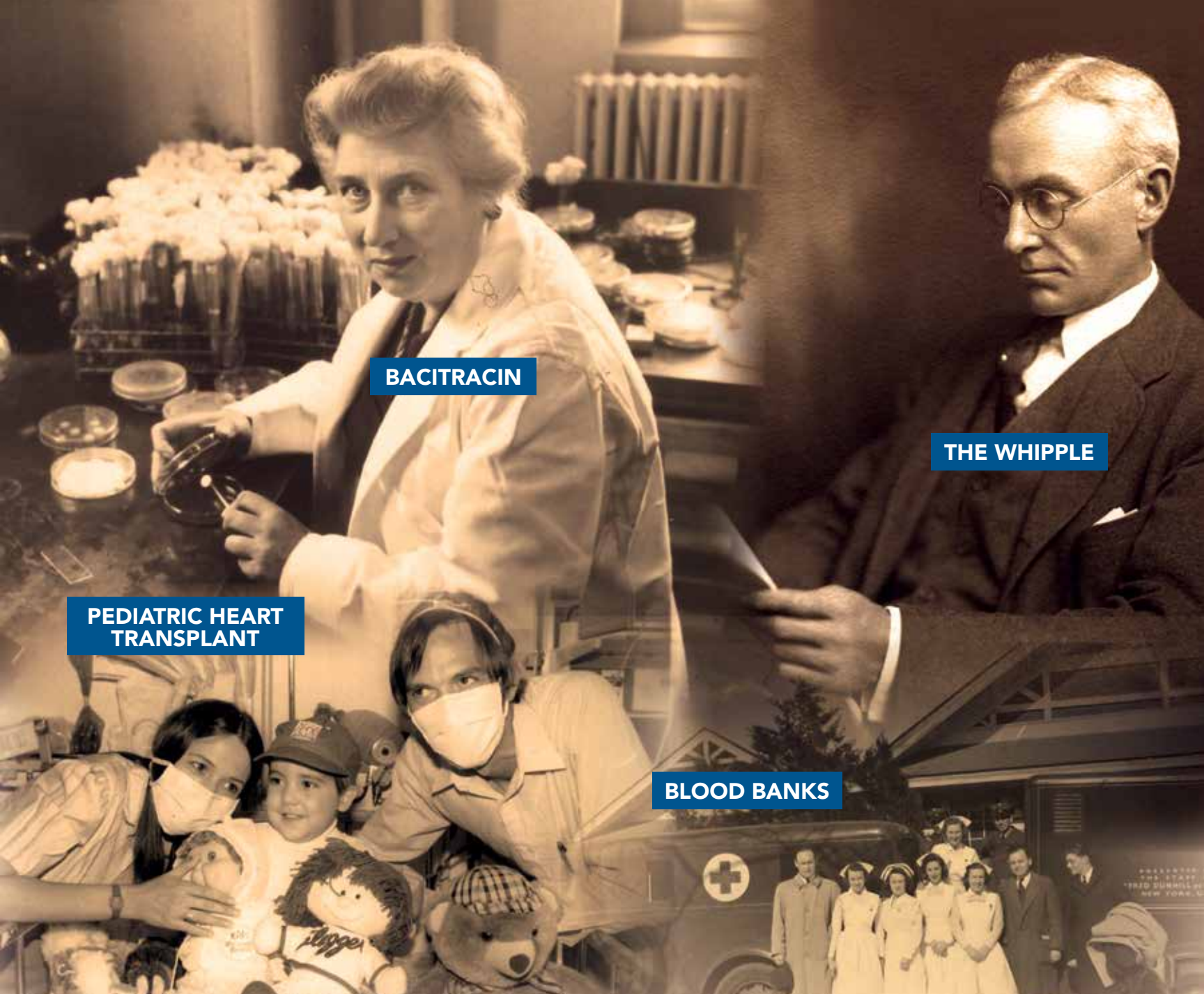
Although BHP prides itself on putting on high quality productions, at its heart is the goal of fostering relationships within the medical center community and encouraging students to expand into those lateral dimensions of art and performance that might otherwise go unattended in medical school. Recent productions of “Urinetown” (2013), “The

Music Man” (2014), “The Tempest” (2015), and “Cyrano de Bergerac” (2016) not only cast a wide net in terms of student involvement, but also gave our student actors, musicians, directors, and tech teams the opportunity to leave their creative stamp on shows ranging from Shakespeare to Sondheim.

To commemorate the BHP 50th anniversary, the group designed hoodies, tank tops, and white coat pins. These offer members of Bard Hall Players, past and present, a chance to show their pride in an organization unique to Columbia and take a memento of their BHP commitment with them upon graduating. Questions should be directed to bardhallplayers@columbia.edu.

— Sean Marinelli'19





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Visit the P&S anniversary website to learn more about the individuals and events that changed medical care during the first 250 years of P&S, test your knowledge of our history, and see a gallery of images from throughout the years: ps.columbia.edu/250.



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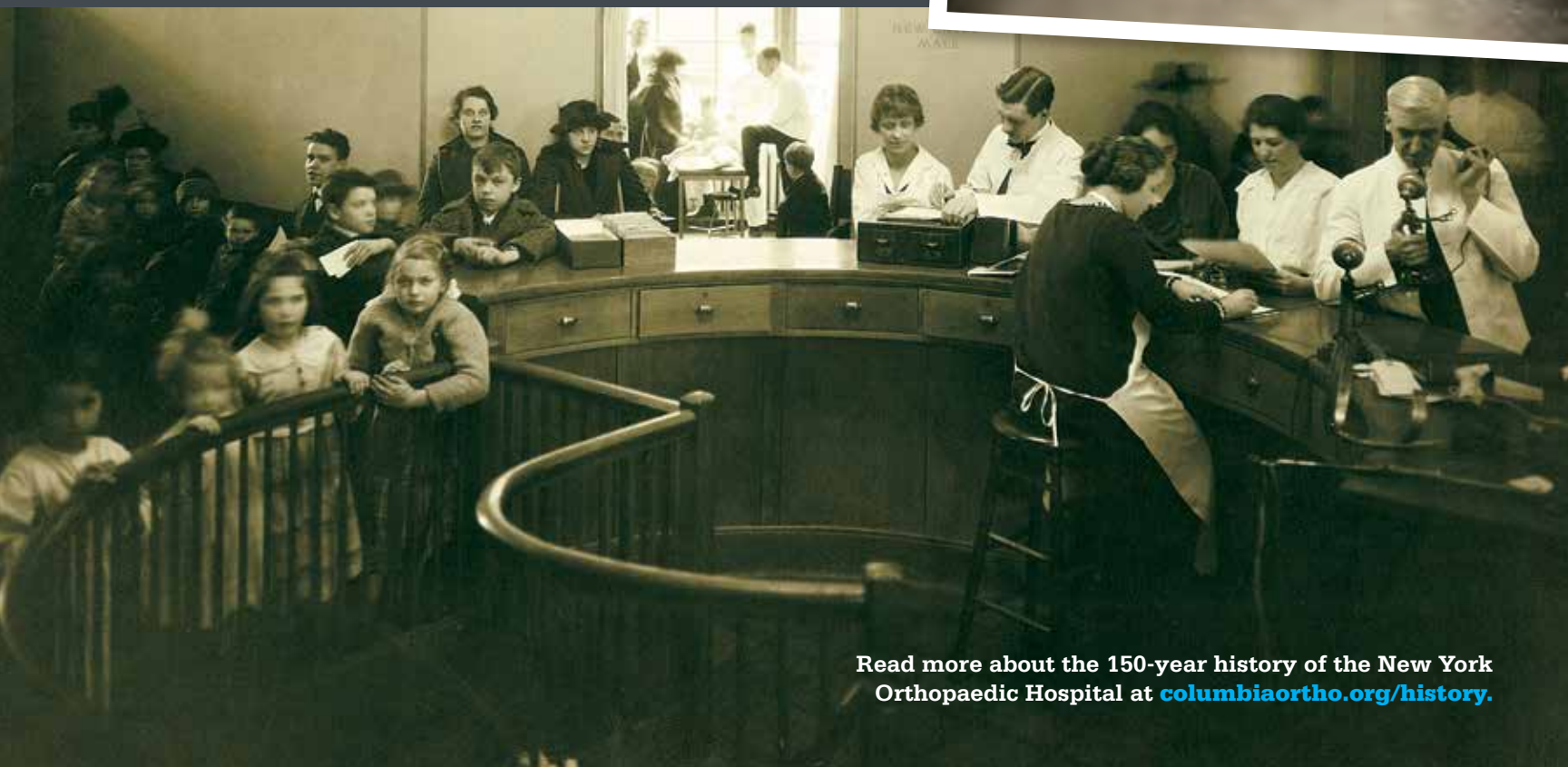
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Orthopedics Milestone

“It has been a privilege to spend my entire career at Columbia and the New York Orthopaedic Hospital. The merger with Columbia in 1950 established a wonderful partnership that helped NYOH become a true academic institution. Together, NYOH and Columbia have advanced the standard of patient care, trained future orthopedic leaders, and supported groundbreaking research in the field of orthopedics.”

— **Louis U. Bigliani, MD**, orthopedic surgery resident and fellow (1974-1978) and chair, Department of Orthopedic Surgery (1998-2014)



Read more about the 150-year history of the New York Orthopaedic Hospital at columbiaortho.org/history.