



Medical Alumni
BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

Dean's Page

By now you may have heard or read about the newest requirement for our medical students. Members of this year's entering class have begun their medical education in a brand new way. Incoming students have been required to purchase laptop computers to access the school's new electronic learning environment. Students are using their new "MedScholar" computers — specially designed for UNC School of Medicine — both in the classroom and in their community-based rotations throughout the state.

This change is timely. There is no question that one of the major trends in medicine is the growing importance of on-line reference in routine clinical decision-making. Future physicians will have at their fingertips a vast source of information with which to make clinical decisions. Physicians of the future will need to use information from these data sources in order to practice the highest level of medical care.

Making today's students computer literate is not an educational frill or add-on. It is essential that students become comfortable with the tools they will use during their professional lives. They must become experts in using information technology in medical care and learn how they can manage and develop information environments to support them as continuous students and current practitioners.

Another benefit of this new computer requirement centers on issues of pedagogy. Many subjects can be better taught on-line than through traditional laboratories and lectures. And with so many new data resources available on-line, students can more easily study, learn, search for information, make informed diagnostic and therapeutic decisions, communicate with others, and become well informed about current issues and events.

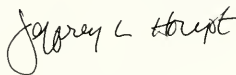
Students are also aided in their coursework by various kinds of software and tutorials. For example, Netters' *Interactive Atlas of Human Anatomy*, a required textbook for gross anatomy, is accessible on-line and allows students to do things that the hard copy textbook does not, such as magnify sections,

search for key words, and set up quizzes. Don't we all wish we had this kind of support during our first years in medical school!

I am proud to say that the School of Medicine is also encouraging faculty to contribute to this new electronic learning environment. Already syllabi for first- and second-year courses are on line, and the Educational Technology Group, headed by Dr. John Loonsk, is developing a multimedia lab to give faculty access to the newest technology and the support to use it.

The computer requirement also serves all of us well in another way. Students in community-based rotations, who use computer resources to successfully complete their rotations, no longer find access to computers and connectivity back to campus problematic. With the MedScholar computer, we are assuring that all first-year students will be able to stay connected to the school even when they are in their community settings.

Our symbols have long been the tools of the trade. Now add one more image to the mix: A physician, white coat, stethoscope in the pocket, a computer in his or her lap.



Jeffrey L. Houpt, MD
Dean



Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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Correction: In the Fall 1997 issue of the Bulletin, in the Faculty Notes section, we reported incorrectly that Ann G. Bailey, MD, associate professor of anesthesiology and pediatrics, was chair of the American Academy of Pediatrics' Task Force on Circumcision. The chair of this committee is actually Carole M. Lannon, MD, MPH, associate professor of pediatrics at UNC-CH.

On the Cover: Cynthia Bradham, a graduate student in biochemistry, works in David Brenner's lab. (Photo by Dan Crawford)

News Briefs

Lineberger cancer center dedicates new building

The UNC Lineberger Comprehensive Cancer Center at the School of Medicine dedicated its new building addition on Friday, Nov. 7.

Dignitaries speaking at the ceremony included Dr. Richard Klausner, director of the National Cancer Institute; Molly Broad, president of the University of North Carolina; Michael Hooker, UNC-CH chancellor; Dr. Jeffrey Houpt, School of Medicine dean; and Bernice McElrath, a cancer survivor and outreach specialist.

The 41,000 sq. ft. addition houses the laboratories of 15 to 20 faculty members, as well as headquarters for the UNC Lineberger Specialized Program of Research Excellence (SPORE) in breast cancer; the center's programs in cancer prevention, control, epidemiology and biostatistics; and cancer center administration.

"The best new science often comes from informal talks in hallways," said H. Shelton Earp III, MD, Lineberger Center director. "We designed our new facility to increase and foster such exchanges among researchers from basic, clinical and public health science in one place for the first time. For North Carolinians concerned about cancer and for cancer patients, it means increased potential for new therapies and screening and prevention strategies."

The center, one of 31 comprehensive cancer centers in the country designated by the National Cancer Institute, includes 190 faculty scientists from 25 departments across UNC-CH.

Funding for the building includes \$8.1 million from a North Carolina bond issue, a \$2.8 million grant from the National Cancer Institute, and private donations from more than 130 individuals, families, businesses and foundations.



Jim Millis (left), chair of The Medical Foundation of North Carolina, Inc. board of directors, and his family dedicate the Millis Pavilion, a four-story office complex which houses Lineberger's SPORE in breast cancer and other cancer programs.



Arthur Clark (second from left) and family help dedicate the Irna M. Parhad director's office in the new Lineberger building addition. The office is named for the late wife of Clark's son, Arthur W. Clark (right). Clark Sr. is a board member of The Medical Foundation, as well as a member of the Lineberger Center's board of visitors.

School of Medicine receives \$6 million from NIH

The School of Medicine will establish the nation's only clinical trials center devoted exclusively to developing and testing new sexually transmitted disease therapies and prevention methods as the result of a five-year, \$6 million contract with the National Institute of Allergy and Infectious Diseases.

Cementing a partnership with the universities of Washington at Seattle and Alabama at Birmingham and Family Health International, the contract will provide the administrative, medical and scientific infrastructure for future coordinated research, said project director Myron S. Cohen, MD, professor of medicine, microbiology and immunology and chief of infectious diseases.

Research will focus on syphilis, gonorrhea, chlamydia and trichomonas, and such ulcerative illnesses as herpes and chancroid.

Cohen can be reached at mscohen@med.unc.edu.

Medical faculty book aids county health departments

Health departments in more than 30 rural North Carolina counties are testing the effectiveness of an educational intervention aimed at reducing cardiovascular disease among low-income women.

As part of the Supplemental Cardiovascular Disease Project, patients with high cholesterol or blood pressure attend educational sessions where health department employees explain about healthy lifestyle choices -- such as the importance of eating a low-fat diet -- and how those choices can lower their risk of heart disease.

To assist them in this task, health department employees are using the book "A New Leaf: Choices for Healthy Living," developed by Alice Ammerman, DrPH, assistant professor of nutrition, and Katherine W. Tawney, PhD, research assistant professor

of physical medicine and rehabilitation.

Since December 1995, nearly 2,500 women have enrolled in the program, which is expected to continue through 2000.

"About one-fourth of all North Carolinians have some form of heart disease, and it accounts for 41 percent of all deaths in the state," said principal investigator Wayne Rosamond, assistant professor of epidemiology. "Statistics show that 70 percent of adults in North Carolina do not get enough physical activity, 30 percent are obese, and 30 percent smoke. These are all factors which contribute to heart disease and yet are largely preventable."

To learn more about the book contact Ammerman at aammerman@sophia.sph.unc.edu or Tawney at ktawney@med.unc.edu.

UNC Hospitals starts home health agency

UNC Hospitals has begun operating its own certified and licensed home health agency.

UNC Home Health, acquired last summer from Staff Builders, Inc., provides a full range of health care services to adults and children, for both chronic illness and follow-up to hospital care.

"This is an important service to provide because we know that with the right kind of support, many patients can recuperate faster and more comfortably in their own homes," said Nancy Schanz, assistant director of operations for UNC Hospitals.

"We also use this time in people's homes to teach patients and their families about how they can help in the recovery process or management of a chronic disease," she added.

The agency currently serves patients in nine counties: Alamance, Chatham, Durham, Johnston, Lee, Moore, Orange, Randolph and Wake.

For more information or to refer a patient, call Tammie Stanton, RN, director, UNC Home Health, at 919-966-4915.

Two students named to research scholars program

Two UNC medical students are currently participating in the 1997-98 class of the Howard Hughes Medical Institute-National Institutes of Health Research Scholars Program (Cloister Program).

Deitra Williams, MSII, and Kevin Roof, MSIII, were chosen from among 206 applicants representing 88 medical schools. The 1997-98 class is the thirteenth group enrolled since the program's inception.

As HHMI-NIH Research Scholars, the students have the opportunity to perform research in an NIH laboratory of their choice for a one-year period.

UNC student serves AMA

At the 1997 annual meeting of the American Medical Association-Medical Student Section (AMA-MSS), a fourth-year student at the UNC School of Medicine was elected to a national leadership position.

Natalie Suzanne Groce was elected to serve as the alternate delegate of the AMA-MSS Governing Council.



Natalie Suzanne Groce

Scholarships awarded through Loyalty Fund

Recipients of the 1997-98 Loyalty Fund Scholarships and Loyalty Fund Merit Awards were honored Nov. 21 at the Fall Medical Alumni Weekend banquet.

Four-year scholarships were awarded to incoming students Charles Stephen Ebert, Lee V. Gray, Latonia E. Roach and Nam Dai Vo. Also receiving four-year scholarships were two first-year students in the MD/PhD program, Carol A. Albright and Michael H. Rosenthal.

In addition, 17 students who were selected as four-year recipients upon matriculation into medical school will continue to receive a scholarship during the 1997-98 academic year. They are: Kimberly R. Clemons, Caroline M. Hoke, Shannon M.

Sawin, Noah Hoffman and Jason Merker, MS IIs; Peggy B. Byun, Latonya B. Thompson, Shaída K. Ryan, Thomas F. Laney and Mark L. Wood, MS IIIs; Don M. Armstrong, Cathleen M. Callahan, Jennifer S. Klenzak, William G. Pittman III, Brian Matthew Shelley, Kimberly Renee Singletary and Stacie Jean Zelman, MS IVs.

One-year Loyalty Fund Scholarships were awarded to Jeffrey E. Brown, Carolyn L. Hess and Charles Toulson, MS IIs; Carrie L. Dul, Ellen M. Flanagan and Marion Louise Mull, MS IIIs; Ted A. Bauman, Caroline M. Corthren, Jonathan E. Fischer, Karolyn Beth Forbes, Nancy W. Knight, Miriam Watson and Adam Zolotar, MS IVs.

The amount of each Loyalty Fund Schol-

arship is \$2,700 for the 1997-98 academic year. Recipients are selected on the basis of academic standing, service to humanity, breadth of personal and educational experience, evidence of financial need and diversity among recipients.

Loyalty Fund Scholarships of \$1,000 each were also awarded to two Medical Allied Health Professions students. This year, the scholarships went to Sally J. Bober, occupational therapy, and Mark Miele, physical therapy.

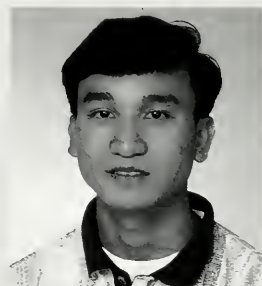
Merit Award recipients for the 1997-98 year include Charles S. Smith and Tracy P. Jackson, MS IIs; Steven Sheppard Dunlevie Jr. and Robert C. Bowen III, MS IIIs; and Karen L. Grogg, MS IV.



Ebert



Gray



Vo



Albright



Roach



Rosenthal

Lineberger fellows selected

Lineberger Fellow awards were presented to graduate students Jonelle K. Drugan, Li-Fen Lee and Irene Zohn in November.

The fellows received a \$3,000 supplementary stipend to recognize the excellence of their research activities. They were selected by the UNC Lineberger Comprehensive Cancer Center's Program Planning Committee and honored at a recent meeting of the center's board of visitors, which started the awards in 1987 to encourage promising new cancer researchers. Program funding comes from Best Distributing Co. in Goldsboro.

Drugan — who works in the lab of Sharon Campbell, PhD, assistant professor of biochemistry and biophysics — studies cell growth and the signals that trigger these normal cellular processes.

Lee is a graduate student in the lab of Jenny Ting, PhD, professor of microbiology and immunology. They are studying Taxol, a drug used to treat ovarian and breast cancers.

Zohn studies a type of cellular receptor, which when not in its typical form can contribute to the development of cancer, in the lab of Channing Der, PhD, professor of pharmacology.

Video addresses psychosocial aspects of growth delay

An educational video for health care providers and others who deal with growth hormone deficiency patients is available from UNC Health Care.

Titled "Who We Are," the award-winning video was created by UNC professors Louis Underwood, MD, a pediatric endocrinologist who treats the physical aspects of growth delay, and Brian Stabler, PhD, MEd, a psychologist who deals with the emotional and social aspects of growth delay.

The problems associated with growth delay range from learning disorders to social isolation. "Psychological testing has

shown that one in three children with delayed growth has a serious psychological or school-related problem in addition to short stature," said Stabler. The video highlights ways to recognize and manage these psychosocial problems.

To receive a copy of the 25-minute video free from UNC Health Care, call Rainbow Productions at 312-525-7701.

New X-ray technique for breast imaging

By creating significantly sharper, more detailed pictures of breast tissue, mice and other objects, a technical advance in radiography could dramatically improve mammography and other medical and materials imaging, new studies suggest. The ultimate goal will be to cut the number of breast cancer deaths by diagnosing tumors earlier.

A team of scientists from UNC-Chapel Hill, along with four other institutions, are developing the new imaging method using a single-energy X-ray source. Such sharply defined pictures have never been produced through conventional X-ray machines.

"Mammography presents difficult imaging problems because the densities of the tissues are similar, and the lack of contrast often masks tumors," said Etta Pisano, MD, associate professor of radiology at UNC and the research team physician.

"With our new method, which we call defraction-enhanced imaging, or DEI, we have produced images showing improved detail of cancerous tumors in human breast tissue," said Pisano. "The detail is just outstanding.

"While much work remains to be done before we can use this with patients, we are absolutely excited about the possibilities," she said. "This has never been done before, and we know of no reason why it couldn't work on other parts of the body as well."

A report on the findings appeared in the November issue of Physics in Medicine and Biology. Pisano can be reached at episano@med.unc.edu.

'Sister burn center' relationships established

In October 1997, Michael D. Peck, MD, professor of surgery and director of the North Carolina Jaycee Burn Center, returned from a trip to Taiwan, Republic of China, carrying signed copies of two Memos of Understanding to create a 'sister burn unit' relationship with prominent burn centers there.

Peck and the burn center staff toured 11 of the country's 30 burn centers and made five presentations. During the tour, Peck identified many areas in which collaboration would be mutually beneficial, including burn prevention programs and burn survivor activities.

Medical school to celebrate partnership with preceptors

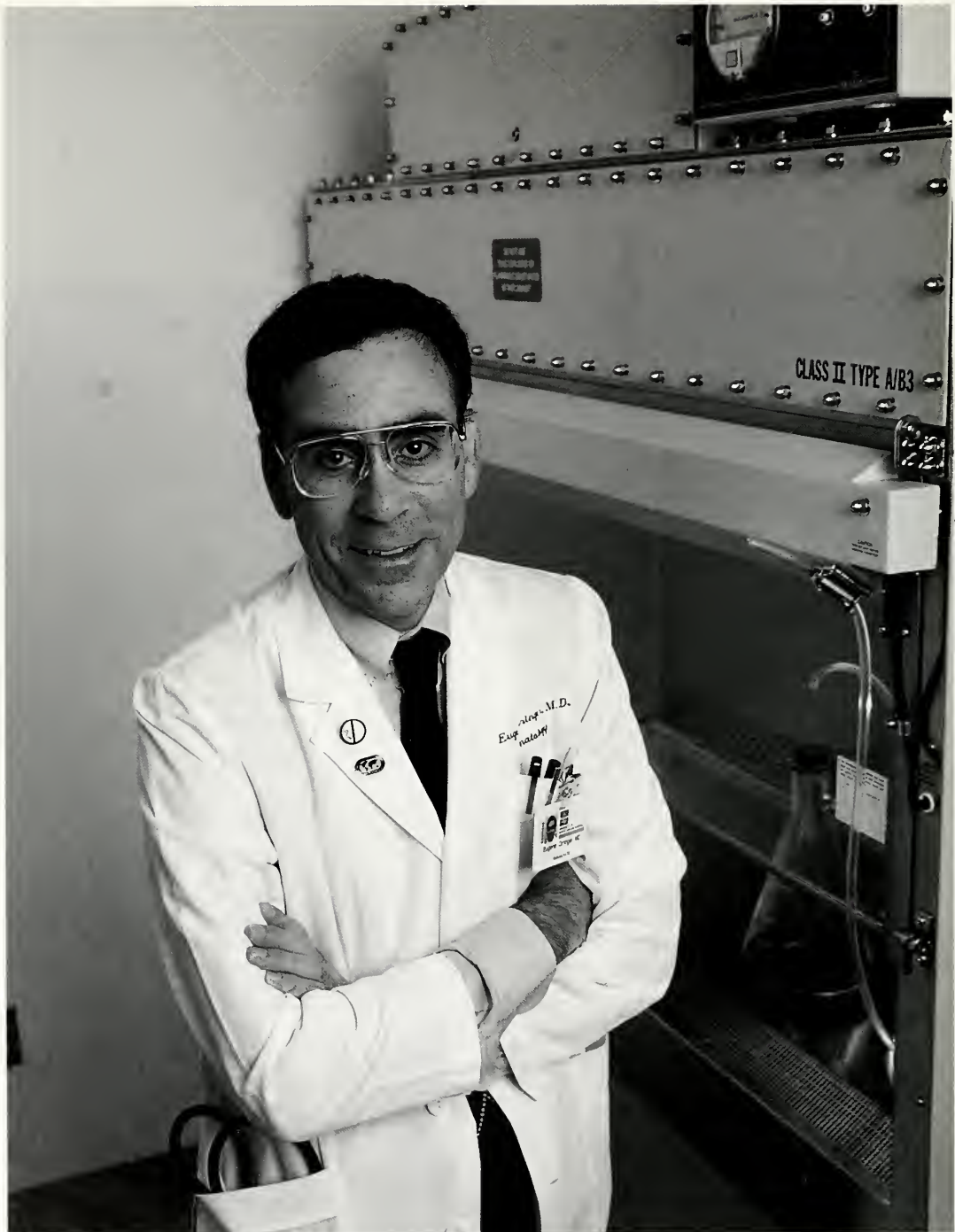
Sports fans should feel right at home at the 1998 Preceptor Celebration, where discussion will focus on coaching and teamwork.

The annual event, scheduled for January 17, will be held at the Friday Center in Chapel Hill and will have as its theme "Celebrating Our Partnership."

The days' activities will include a workshop, poster session, student presentations, and a luncheon featuring Dean Jeffrey Houpt as speaker. Participants will be awarded four units of CME credit.

William Scroggs, UNC-CH associate athletic director and former UNC lacrosse coach (1979-1990), will discuss techniques he used in coaching his lacrosse teams to three NCAA championships. Respondents will look at how these techniques can be applied by preceptors.

For more information, contact the Office of Community Medical Education at 919-966-2917.



Gene Orringer, MD, in one of the newly-appointed HAL modules.

Hope for Healing Human Disease

UNC opens gene therapy center

by Melissa Anthony

Imagine getting into your car and fumbling through the glove box to find just the right tape. You pop it in the tape deck and out pours your favorite music.

How does the music get there? It's been digitally recorded onto a ribbon, then put in a plastic cassette. To hear the music, you have to put the cassette into a tape player and press "play."

Increase the complexity a little, says Gene Orringer, MD, director of UNC's Caviness Clinical Research Center, and you've got the perfect analogy for one of medicine's latest weapons in the fight against genetic-related diseases: gene therapy.

Scientists now believe that they can heal illnesses, such as cystic fibrosis and hemophilia, by introducing normal genes into diseased animals and even humans. The theory suggests that by putting a healthy gene (the tape) into a vector (the cassette without a tape in it), doctors can inject the healthy gene into a diseased animal or human (the cassette player). Once inside the body, the vector releases the normal gene and prompts a correction in genetic makeup.

The key, researchers say, is finding the right vector, one the body will accept.

Currently, the most efficient vectors are viruses. Under ordinary circumstances, viruses invade human cells and cause infection. In the past few years, however, scientists have learned to alter viruses so they can still enter cells, but no longer cause damage.

"Over time, viruses have developed very effective means for entering human cells," explained Orringer. "We can take advantage of that and use the modified viruses to smuggle healthy genes into abnormal cells."

To date, gene therapy has primarily been tested in animals, and scientists have produced relatively small amounts of the viral vectors. Several vectors, however, look quite promising and are currently awaiting FDA approval for testing in humans. Once the FDA gives the go-ahead, researchers will

need to produce considerably larger amounts of the approved viruses before human studies can begin.

Enter UNC's brand new Human Applications Lab. Known affectionately as HAL, the state-of-the-art lab is one of only a handful in the United States. Its sole purpose is to produce enough virus to run the number of clinical trials that need to take place before gene therapy can be introduced into mainstream medicine.

How did UNC come to have such a cutting-edge facility? "Three to four years ago, gene therapy was an evolving technology," said Orringer. "Through our work with genetic diseases, we began to recognize how important the clinical application of gene therapy could be. That realization left us with a choice: we could rely on others, like Glaxo, to make the viruses we'd need for full-scale research, or we could make them ourselves."

So Orringer and others in the School of Medicine approached UNC Hospitals about building a gene therapy center. To have a comprehensive operation, they reasoned, a gene therapy center needed to have two things: a developmental lab where viral vectors could be tested in animals (already in place at UNC), and a human applications lab where successful vectors could be replicated and stored.

Hospital administrators responded with enthusiasm to the idea of a human applications lab. "We are very fortunate that UNC Hospitals agreed to support this research effort," Orringer said. "They saw in the HAL a direct link between bench research and clinical application, and an opportunity to show their commitment to and partnership with the School of Medicine." Orringer noted that the vast majority of money for the construction of the HAL came from the hospital.

The commitment for the facility was instrumental in the successful recruitment of Jude Samulski, MD, in 1994, to direct the UNC Gene Therapy Center. Upon joining the faculty, one of his first responsibilities was to identify someone with human gene

therapy experience to run the HAL. He found that experience in Chris Walsh, MD, who had conducted gene transfer studies at the National Institutes of Health. Walsh joined the gene therapy team in 1996, and is now responsible for the day-to-day operations of the HAL.

The 1,400-square-foot modular facility is housed in the Caviness Clinical Research Center, on the third floor of UNC Hospitals. Walk into it, and it's like you've stepped into the scene of a Robin Cook novel. Negative pressure rooms, light and pressure sensors, and special gases and ventilation are just a few of the things that make the lab so remarkable.

The HAL also has four separate chambers, where workers dressed in protective clothing can grow, refrigerate and freeze the viruses that will be used in gene therapy research.

Within the next six to 12 months, Orringer expects to have approval from the FDA and UNC's Internal Review Board for several new clinical trials. And as other viral vectors are discovered in the developmental lab and receive approval for human study, the vector production facility known as HAL will have its work cut out for it.

"We are very proud and fortunate to have a facility like HAL right here on our premises," said Orringer.

"We have high hopes for our research and for what it can mean to people suffering from genetic disease," he adds. "This new therapy may someday be used to treat HIV, cancer and Alzheimer's disease, and those are only a fraction of the potential uses." □

AHEC Celebrates 25 Years

by Karen Stinneford

Dr. Susan Snider always knew she wanted to practice medicine in a small town. After all, she had grown up watching her grandfather and uncle doing just that: healing the sick, comforting the wounded and celebrating the milestones of their patient's lives.

"I learned you could be a doctor and make a difference in the life of a small town," she said.

But the traditional life of a doctor in a small town has its drawbacks. Being on-call days at a time can be exhausting. The local hospital lacks the latest sophisticated equipment found in big-city hospitals. There aren't a lot of other doctors with whom you can "talk shop" or seek a second opinion. Even keeping up-to-date with the recent research in your field can be a struggle.

Now Snider is a family practitioner at Blue Ridge Family Practice in Spruce Pine in the Appalachian mountains of Mitchell County, population 15,000. She said she doesn't experience the typical problems of small-time medicine, thanks to the N.C. Area Health Education Centers program, which celebrated its 25th anniversary this fall.

"I can't imagine practicing medicine in a community like this without AHEC — it would be too far from support," she said.

The concept behind the state's AHEC program is simple enough: If the public wants to encourage people to practice medicine in rural areas — which traditionally suffer from shortages of doctors, nurses and other providers — then the public must make it easier for them to work there.

In North Carolina, the public has done just that, said Thomas Bacon, DrPH, director of AHEC and associate dean at the School of Medicine. "Literally hundreds of towns now have improved access to primary health-care services, thanks to AHEC," he said.

During 25 years of service to the state, AHEC, based at UNC-CH, has made a noticeable difference in the state's health-care delivery system, Bacon said. Among the accomplishments:

- 500 family doctors trained in AHEC-based residency programs have settled in communities across North Carolina.

- 27 of the state's 100 counties are designated as "health profession shortage areas" by the federal government, down from 80 counties in the early 1970s.

- 1,000-plus people have earned bachelor's and master's degrees in social work, public health and nursing at 49 AHEC-supported off-campus programs in North Carolina since 1982.

- 61 percent of AHEC-trained family doctors remain in North Carolina; 40 percent settled in towns with fewer than 10,000 residents.

- 7.5 physicians practice for every 10,000 residents in the state's 75 rural counties, which compares favorably to the national rural average of 5.3 physicians per 10,000 residents.

When looking at North Carolina today, Bacon acknowledged that the state still is divided into the urban "haves" and the rural "have nots." Doctors and other health-care workers still tend to establish their practices along the state's fertile crescent — an arch-shaped corridor between Charlotte and Durham.

But while the shortage of rural health-care professionals still exists, AHEC has made a profound difference for the good of the state's residents, Bacon said.

"In the United States, we can't force people to go into medically underserved areas and make them practice, so we have to use other educational and training schemes to accomplish that," Bacon said. "The more students we put in rural communities, and the more we support existing practices in rural communities, the more attractive and better those practices become."

The AHEC program was born in the early 1970s when the United States was experiencing an acute shortage of health-care professionals: doctors, nurses, dentists, pharmacists and public-health workers. To help solve the problem, the Carnegie Commission on Higher Education offered several recommendations for how colleges and universities might ease the shortage.

"That report had a significant effect on training for health-care professionals," Bacon said. "That's when the concept of Area Health Education Centers was born."

The Carnegie report said that more health-care students needed to learn and train working hand-in-hand with practicing professionals, especially in rural areas. Health-care workers in rural areas also needed professional support and access to new technology and knowledge to avoid burning out.

The national proposal coincided with a growing effort in North Carolina to establish statewide community training for health professionals and to reverse a trend toward shortages and uneven distribution of primary-care physicians in the state's rural areas.

"When we look back at that report written in 1970, it was really quite prophetic," Bacon said. "And it had quite an impact on health education in this state."

In 1972, Congress awarded money to create AHEC programs in 11 states. North Carolina was one of them. Twenty-five years later, 44 states have developed AHEC programs, but North Carolina's remains the largest and most comprehensive.

AHEC's mission is to meet the primary health-care needs of the state by improving the supply, distribution and quality of health-care professionals. The program is supported mainly by state and local dollars. Each of the state's four medical schools at UNC-CH, Duke, Wake Forest and East Carolina are affiliated with one or more of the nine centers in North Carolina. Each AHEC center is governed by a local board of directors, which fosters a university-community partnership, Bacon said.

AHEC encourages students to practice in rural areas by allowing them to work alongside a rural practitioner. Doctors, nurses, pharmacists and dentists working in small rural practices are often asked to serve as "preceptors" — mentors who show students what real life in a rural practice is like. Students who attend UNC-CH's medical or pharmacy schools are required to complete nearly half of their clinical rotations at AHEC sites, and the other health-science

schools use AHEC sites for community-based training, as well.

AHEC also encourages professionals in established practices to remain in medically underserved areas. The truth is that small, rural practices are hard to maintain, Bacon said. Not only do practitioners often earn less money than their urban counterparts, but the demands are greater with less back-up help from other practitioners. And they can feel isolated, Bacon said.

AHEC offers continuing education courses and an extensive library network to help rural practitioners remain on the cutting edge of health care. Last year, AHEC offered 5,000 continuing education programs attended by 140,000 professionals. In AHEC's 25 years of service, more than 2.5 million people have attended AHEC continuing education programs.

"Continuing education is a major part of what we do," Bacon said. "I'll bet that if you talked with a registered nurse in a small hospital in the mountains, she'd tell you that she's taken many AHEC continuing education courses and that they were important to her."

Practitioners also have easy access to an extensive on-line library stocked with current health care journals and textbooks. "Thanks to computers, modems and faxes, health-care practitioners have access to all the medical information they need at their fingertips," he said.

Snider, the family practitioner, agreed. "If there is something we need to find out, someone can get on the phone to Asheville," she said. "The AHEC librarian there has an amazing ability to find out anything."

Another benefit, Snider said, is AHEC's *locum tenens* (Latin for "I hold the place") program, where skilled and seasoned AHEC physicians come work at her private practice so Snider can attend conferences or even take a much-needed vacation.

"My partner and I are both really busy, and so when one of us is gone, the other one is overwhelmed, which makes it pretty tough," she said. "If I'm going to a medical meeting or vacation, I know the practice can be covered."



Speakers at AHEC's 25th anniversary celebration in September included, from left, William Friday, UNC president emeritus, Gov. Jim Hunt, UNC-CH Chancellor Michael Hooker, and AHEC Director Thomas Bacon.

"Students are so idealistic and enthusiastic, and they really want to help people, but they need to see that you can also live a reasonable life," Snider said. "AHEC helps doctors in practice live a reasonable life."

Today, as AHEC celebrates its 25th anniversary in North Carolina, nine regional AHEC centers are working to provide health care to rural residents and encourage students to practice in medically underserved areas:

- Area L AHEC in Rocky Mount serves Edgecombe, Halifax, Nash, Northampton and Wilson counties.
- Charlotte AHEC in Charlotte serves Anson, Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Rutherford, Stanly and Union counties.
- Coastal AHEC in Wilmington serves Brunswick, Columbus, Duplin, Pender and New Hanover counties.
- Eastern AHEC in Greenville (affiliated with East Carolina University) serves Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Greene, Hertford, Hyde, Jones, Lenoir, Martin, Onslow, Pamlico, Pasquotank, Perquimans, Pitt,

Tyrell, Washington and Wayne counties.

- Southern Regional AHEC in Fayetteville (affiliated with Duke University) serves Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson and Scotland counties.

- Greensboro AHEC in Greensboro serves Alamance, Caswell, Chatham, Guilford, Montgomery, Orange, Randolph and Rockingham counties.

- Mountain AHEC in Asheville serves Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania and Yancey counties.

- Northwest AHEC in Winston-Salem (affiliated with Wake Forest University) serves Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Catawba, Davidson, Davie, Forsyth, Iredell, Rowan, Stokes, Surry, Watauga, Wilkes and Yadkin counties.

- Wake AHEC in Raleigh serves Durham, Franklin, Granville, Johnston, Lee, Person, Vance, Wake and Warren counties.

Dean Houpt Appoints Two to Research Posts

by Nancy Kochuk

The research enterprise of the School of Medicine is strong, and Dean Jeffrey Houpt intends to make it even stronger. This fall he created two new positions to support faculty research within the School of Medicine and to strengthen ties with other research units at UNC-CH. William Marzluff, PhD, director of the program in molecular biology and biotechnology and professor of biochemistry and biophysics, has been named associate dean for research, and Dorothea Wilson, previously an assistant vice president for research at the University of Texas Medical Branch in Galveston, is the new assistant dean for research administration.

Marzluff, who is taking on this part-time position while continuing to direct the program in molecular biology and biotechnology, says the time is right to take a look at the entire spectrum of research, clinical as well as basic.

"The very nature of research is changing," he says, pointing to the Human Genome Project as an example. "New research problems no longer fall within a single discipline. Most require a multidisciplinary approach as well as a host of different technologies."

To remain successful and competitive, he says the School of Medicine must begin making conscious decisions now about which projects to take on in the future. "We can't do everything well," he says. "We'll have to be selective. If we take on an area of research, we want to be out in front, just as we are in so many areas now."

To address this new research reality, Marzluff has created a research advisory council

that will meet regularly to tackle the thorny issues ahead. A researcher whose work is supported by two NIH grants himself, Marzluff says having the insights of working scientists with different perspectives will be a valuable resource to the dean.

The council's agenda will address immediate needs, such as core facilities, as well as long-range issues. One issue that will be taken up right away, Marzluff says, is the university's relationships with the biotechnology industry. Dorothea Wilson agrees that the growth of that industry is putting enormous pressure on researchers. "Either we find ways to work with industry to bring the new technologies to market, or industry will simply do it without us," she says.

Another issue, a perennial concern of faculty here and on other campuses around the country, is research funding levels. Although UNC recently advanced to first place overall in the South in terms of research grants from federal and other sources, Marzluff and Wilson both point out that federal support for research could be reduced at any time. For fiscal year 1997, however, the news is good. Grants and contracts awarded to the medical school rose to \$150.8 million, up \$28 million over last year, which is close to a 23 percent increase.

Nationally, support for biomedical research is enjoying an upward climb as well. At the moment, there are bills in both the U.S. House of Representatives and the Senate that would double the National Institute of Health's budget within the next five years. Wilson, who has observed budget battles on Capitol Hill for many years, is optimistic that some increased support will be forthcoming.

But there's another research issue that is

coming to the fore, according to Wilson. There is growing concern within the federal government that the dwindling number of clinicians choosing careers in research will have a dramatic effect on future health care in this country. The issue is getting some attention in Congress, she adds. Hearings are underway to determine what can be done to reverse this trend, while other Congressional inquiries center on the proper definition of clinical research, whether federal funding should be in proportion to the incidence of disease, and the ongoing questions of whether clinical investigators are receiving a fair share of NIH research dollars.

The issues largely revolve around money, Wilson adds. "The payback cost for medical education and lack of funding for clinical research are two big drawbacks," she says. "Then add in the increased patient-care demands brought about by health care reform, and it's easy to see how young clinicians are discouraged from entering the field of research."

Marzluff agrees. "Addressing the concerns of the clinical investigator is a nationwide problem and one that the research advisory council will be addressing in the coming months," he says.

In the race to position the university for the research opportunities ahead, both Marzluff and Wilson hope that faculty will play up one of this institution's strongest suits — its penchant for collegiality. They see a natural inclination for more bench-to-bedside collaboration here at UNC, and elsewhere. "That's the advantage we have in academic medical centers," Wilson says. "We are in a unique position to blend our strengths in order to solve complex public health problems." □



William Marzluff, PhD, and Dorothea Wilson

Research Advisory Council

Chair: William F. Marzluff, PhD, Associate Dean for Research; Professor of Biochemistry and Biophysics; Director, Program in Molecular Biology and Biotechnology

Richard C. Boucher Jr, MD, Professor and Chief of Pulmonary Medicine; Director, Cystic Fibrosis Center

Sharon Campbell, PhD, Assistant Professor of Biochemistry and Biophysics

Shelton Earp III, MD, Lineberger Professor of Cancer Research; Director, Lineberger Comprehensive Cancer Center

Stanley C. Froehner, PhD, Professor and Chair of Physiology

Robert N. Golden, MD, Professor and Chair of Psychiatry

T. Kendall Harden, PhD, Professor of Pharmacology

Robert E. Johnston, PhD, Professor of Microbiology and Immunology

David Lee, PhD, Professor of Microbiology and Immunology; Program Leader, Lineberger Comprehensive Cancer Center

Beverly S. Mitchell, MD, Welcome Distinguished Professor of Cancer Research; Division Chief of Hematology-Oncology

Eugene P. Orringer, MD, The Dr. Verne S. Caviness Professor of Investigative Medicine; Director, UNC Comprehensive Sickle Cell Program

Philip Frederick Sparling, MD, J. Herbert Bate Professor and Chair of Medicine; Professor of Microbiology and Immunology

Dorothea Wilson, Assistant Dean for Research Administration, *ex officio*

Two UNC Scientists Achieve National Honors

Roland Tisch, PhD, assistant professor of microbiology and immunology, and Westley H. Reeves, MD, associate professor of medicine, and of microbiology and immunology, have been recognized with national awards.



Tisch

Tisch has won a Presidential Early Career Award, the highest honor bestowed by the U.S. government on scientists and engineers beginning their independent research careers.

He received the award Nov. 3 during a White House ceremony.

Given by the National Science and Technology Council, The Presidential Early Career Awards recognize scientists and engineers who show exceptional leadership potential. To be eligible, researchers must be independent of mentors, have less than five years of research experience since completing postdoctoral training, and never have been the principal investigator on any NIH-supported research project other than small grants.

Tisch's research deals with the role of a protein in insulin-dependent, or Type I, diabetes, an autoimmune disease in which the body becomes unable to make insulin. When this happens, sugar and fats remain in the bloodstream and, in time, damage the body's

vital organs.

In his research, Tisch is looking at how a particular protein acts as an "on-off" switch in the body, triggering the immune system to turn "on" its inappropriate diabetic response.

"An essential property of the immune system is knowing the difference between antigens expressed in the body and antigens expressed by an invading organism," he said. "In autoimmune diseases such as insulin-dependent diabetes, the development and activity of autoreactive cells proceed unimpeded. The focus of our laboratory is to investigate the mechanisms of these cells."

Thwarting a body's diabetic response would have numerous benefits — diabetes might be prevented altogether in people at risk for the disease, and pancreatic transplants used to "cure" diabetic people may become more successful. Currently, a major reason why pancreatic transplants are rejected is that the autoimmune response is still functional in these patients, leading to the destruction of the transplant.

Tisch and his colleagues have successfully prevented diabetes in mice; however, testing in humans is still years away, he said.

Reeves has been given the Henry Kunkel Young Investigator Award from the American College of Rheumatology.

He received the award Nov. 11 at the college's annual national scientific meeting in Washington, DC.

The Henry Kunkel Young Investigator Award is given each year to a scientist under the age of 45 who has made important scientific contributions to the field of rheumatology. The award is named after Dr. Henry Kunkel, who helped train and mentor numerous investigators in rheumatic diseases.

Reeves is a researcher at UNC's Thurston Arthritis Research Center, where he studies the causes of lupus, a chronic and largely genetic autoimmune disease that inflames various parts of the body, especially the skin, joints, blood and kidneys.



Reeves

Lupus, like other autoimmune diseases, occurs when the body's defense system goes awry. Normally, the body's immune system makes antibodies to protect itself against foreign invaders, or antigens, such as viruses, bacteria and other materials.

In lupus, the body loses its ability to distinguish between antigens and its own cells and tissues. It makes antibodies directed against itself, called auto-antibodies.

Reeves co-discovered the Ku protein, which is recognized by auto-antibodies found in the blood of some lupus patients, and was a key investigator in defining the structure and function of DNA-PK, a complex of proteins essential for repairing damaged DNA.

Reeves and his colleagues also study the chemical induction of lupus in mice using pristane, a chemical found in mineral oil.

Currently, doctors treat lupus with potent drugs such as steroids and cytotoxic drugs, Reeves said, and so a better understanding of the immune abnormalities in lupus may lead to better treatments.

"Right now, we hit the immune system of a lupus patient with a sledge hammer," he said. "It would be nice if we could use the smart-bomb approach instead."

Research Briefs

A sampling of research activity from the UNC medical center. Further details are available from the investigator. E-mail addresses are listed when available, otherwise, all researchers can be reached through the Carolina Consultation Center, 800-862-6264.

Cholesterol-lowering medications are underused

Many more people with coronary heart disease could benefit from cholesterol-lowering drugs than are receiving them, according to a study by UNC researchers.

Study results suggested that more consistent measurement of blood cholesterol levels could help increase the ranks of those who get appropriate medications.

"Despite a series of landmark clinical trials demonstrating the long-term medical benefits of lowering cholesterol, we still have far to go in translating these benefits into everyday clinical practice," said Sidney C. Smith Jr., MD, professor and chief of cardiology and co-author of the study.

Chart reviews found that just 39 percent of patients who might benefit from cholesterol-lowering drugs actually were prescribed them, possibly because their LDL-C levels were not measured and recorded as recommended.

Study investigators, including UNC-CH faculty Carla Sueta, MD, principal investigator, and Ross J. Simpson Jr., MD, project coordinator, reviewed 48,807 charts of patients with some form of coronary heart disease, including a history of heart attack or bypass surgery.

Smith presented this research at the American Heart Association Annual Scientific Sessions in November. For more information contact Sueta at sueta.cards@mhs.unc.edu or Simpson at rsimpson@gibbs.oit.unc.edu.

Tomato sauce can protect against heart attack

People looking for a good guilt-free rea-

son to eat pizza might relish results of a major study that took place in nine European countries.

The study involved analyzing fat samples taken from 1,379 men who suffered heart attacks and comparing them with fat samples from healthy control subjects. Researchers found that an antioxidant compound called lycopene appeared to have a protective effect against heart attacks.

The chief source of lycopene in the average diet is tomato sauce, and the food many Americans get most of their tomato sauce from is pizza.

"Based on our findings, and other research showing lycopene can be an excellent antioxidant, we recommend that people eat tomato-based cooked foods," said Lenore Kohlmeier, PhD, professor of nutrition and epidemiology. "Tomato sauce on grains or pasta would be better than pizza, however, because cheese can carry a lot of fat."

The apparent protective effect of lycopene — or another unknown nutrient closely associated with it — was greatest among non-smokers, the study showed.

A report on the research appears in the Oct. 15 issue of the American Journal of Epidemiology. Kohlmeier can be reached at lkohlmeier@sophia.sph.unc.edu.

NF-kappa B protein may help in cancer control

A natural, normal beneficial protein called NF-kappa B teams up with a cancer gene to prevent cells in the body from killing themselves as they are supposed to after turning cancerous, researchers have discovered.

Using new drugs or other therapy, physicians might be able to prevent or control certain tumors by turning off or neutralizing that protein, School of Medicine scientists say.

"Our data show that activation of NF-kappa B suppresses activation of cell death that begins when a tumor gets started," said Albert S. Baldwin Jr., PhD, associate professor of biology at the Lineberger Comprehensive Cancer Center and senior investigator. "Programmed cell death is a natural defense

against cancer. NF-kappa B prevents cells in some tumor types from dying from this protective mechanism."

A report on the study appears in the Dec. 5 issue of the journal Science. For more information contact Dianne Shaw, communications director for Lineberger, at dgs@med.unc.edu.

Talking to teens

Promising and maintaining confidentiality would allow U.S. doctors and other health-care providers to gain more complete information from teen-age patients and treat and advise them more successfully, a new study shows.

Adolescents assured their words will not be repeated are more likely than other teens to talk about smoking, drinking and drug use, sexual behavior and their mental state. They also are more likely to return for follow-up doctor visits.

"These findings are important because some adolescents don't go for health care or talk openly with doctors because they are afraid their parents will find out things they don't want them to know," said principal investigator Carol A. Ford, MD, assistant professor of pediatrics and medicine.

This study was published in the Sept. 24 issue of the Journal of the American Medical Association. Ford can be reached at caf@med.unc.edu.



1-800-862-6264

Taking Calculated Risks

by Catherine Pritchard

The approach of his ninth decade didn't stop Joseph Baggett from planning an ambitious business project.

Nor did the fact that many people had long since given up on the location he had in mind — downtown Fayetteville.

"I've always been one to take a calculated risk," Baggett said. "You want to do your homework but at some point you just have to go ahead with it. If you do the hard work, if you do what it takes, it should work out."

Out of his conviction that downtown was ready to make a comeback came the project that kicked off the latest wave of private investment there — the planned redevelopment of two Hay Street buildings into offices, stores and apartments. The project's first phase — a brewpub — opened last summer and has been drawing crowds ever since. Work on other phases has followed.

Baggett says he feels good about the project's prospects.

It is the latest in a long line of calculated business risks by Baggett, who mixed those interests with a full-time career as an OB/GYN physician.

Hotel projects

In the late '60s, he persuaded two med-school friends, John Dennis and the late James McNinch, to partner with him on what turned into a handful of hotel projects.

"Back in 1965 or so he wanted to be partners in some land in Boone," said Dennis, a retired radiologist in Maryland.

Baggett didn't know then exactly what the partners would do with the land, but Dennis figured his friend was pretty smart, so he invested. Together with McNinch, they ended up building a Holiday Inn there that the group still owns.

Later, they built a second Holiday Inn in Lenoir, also still in their stable.

And when the owners of nearby Beech Mountain threatened to close the ski area to residents only, the partners bought two small



Joseph Baggett, MD, class of 1944, has been willing to invest in development projects during a long career that has mixed business interests with a practice as a physician. He recently opened a brewpub in downtown Fayetteville.

inns on the mountain to give access to the guests at their other hotels.

In the mid-1970s, Baggett shifted his sights from the mountains to the beach. Business was slumping at the Blockade Runner at Wrightsville Beach, and it was up for sale. Baggett saw possibilities, and the partners bought it, put money into it and turned it around. Two of Baggett's four children help manage the hotel today.

Baggett wasn't averse to investing in his hometown either. He was one of the investors who ponied up money to reopen the Prince Charles after the downtown hotel was sidelined by bankruptcy.

Downtown project

He already had a financial stake downtown through his wife's family, which had owned the two Huske buildings on Hay Street for decades. Several Huske family members originally owned shares of the buildings, but they sold out to Baggett and his brother-in-law, John Huske, in the '80s when downtown's future looked bleak.

But Baggett said he never thought the investment was a loser. Instead, he and Huske dreamed of doing something with the buildings that would bring them back.

"They talked a lot about opening a hamburger place like Melvin's in Elizabethtown," said Robin Kelly Legg, executive director of Fayetteville Partnership, which promotes downtown redevelopment.

Huske died before they got any plans off the ground. Baggett bought out his share in the buildings and waited for the right time and the right idea to do something with them.

The time came in 1994 when downtown boosters and local government hired South Carolina consultant Robert Marvin to come up with a vision and a plan for revitalizing downtown.

"He felt like the city had finally gone in the right direction, actually hiring someone who was a professional," said Joseph Baggett Jr., Baggett's son and partner in the Huske buildings project. "He just had a sense that down-

town had dropped as low as it was going to drop and that it was the trend in the United States for downtowns to come back. He was very perceptive."

Father wins day

Back when Baggett first started enthusing about doing something large-scale with the buildings, his son wasn't so sure the time was right to make a big investment downtown. His father won the day.

"All things being equal, I probably would have said wait for the (Marvin) program to go forward a little more, wait another year," Joe Jr. said. "He thought it was time to move."

In retrospect, though the Marvin plan isn't yet a certainty, and though the Huske buildings project is far from over, Joe Jr. has come to believe his father was right.

"I think interest in downtown will only continue to grow," he said. "By being up in front, people will come to us and say, 'Well, I want an office space, ya'll are already there and you've done a quality project and I want to be part of it.'"

Still active

Now 80, Baggett has slowed some. He gave up delivering babies several years ago and now visits his medical office just one morning a week. Managers at the hotels handle day-to-day business there.

But he's still fit enough to wear out the ladies on the dance floor at any party he goes to. He's still as eager to argue the merits of Carolina's basketball program over Maryland's with longtime friend and partner Dennis any day. He's still stylish enough to wear a Carolina blue seersucker suit and wide-brimmed straw hat to meet someone for lunch at the brewpub.

And he's still plenty involved in his businesses.

"He knows where every penny goes," said Joe Baggett Jr. "We have to sit down and justify things we spend money on. He's fully in

touch with the business part."

Joe Jr. can't imagine it being any other way. "I think he draws his energy off working," he said. "Actually, he can make me get tired."

'Go-go man'

Dennis said that's how Baggett is. "Joe is an entrepreneur and a go-go man, and he's got to have something going all the time," he said. "He's pretty shrewd. And he may not be done expanding in the motel business yet. He's talked to me about some possibilities."

Baggett said he never worried about his business investments.

"I always said, if you have good credit you should use it," he said.

Going into debt never bothered him — as long as he could make the payments if the business failed.

"I didn't overreach," he said. "Maybe I should have. I would have been more successful." □

[Reprinted from the Fayetteville (NC) Observer-Times with permission from the publisher.]

Faculty Notes

Louis C. Almekinders, MD, associate professor of orthopaedics, has been invited to become a member of the editorial board of *The American Journal of Sports Medicine* for a five-year term. He previously served as a member of the journal's reviewer panel.

Stephen Aylward, PhD, research assistant professor of radiology and adjunct assistant professor of computer science, received an honorable mention for the Erbsmann Award at the 1997 Information Processing and Medical Imaging conference.

Aylward developed VTree 3D, a semi-automated system for extracting three-dimensional representations of medical images such as vessels, bones or airways and displaying them from any point of view. VTree 3D is useful for neurosurgical planning, and can be run on standard personal computers rather than bigger, more expensive computers.

Robert E. Cross, PhD, professor of pathology and laboratory medicine, was honored with the Philip M. Blatt Award for commitment and excellence in resident teaching of clinical pathology at the university and



Cross

UNC Hospitals. The award was established in 1982 in honor of Blatt, medical director of the Coagulation Laboratory from 1974 to 1982.

J. Wilbert Edgerton, PhD, professor emeritus of psychiatry, was presented the Harold M. Hildreth Award for Distinguished Public Service by the Psychologists in Public Service division of the American Psychological Association at its annual convention in Chicago in August.

Charles Hackenbrock, PhD, professor and chair of the Department of Cell Biology and Anatomy, was reappointed as department chair for a two-year term effective June 1, 1997.

A faculty member for 20 years, Hacken-

brock specializes in cell biology, membrane biology, mitochondrial bioenergetics and molecular diffusion. He has chaired the department and directed the Laboratories for Cell Biology since 1977.

Gail E. Henderson, PhD, associate professor of social medicine and medicine, has taken a leave of absence to research the privatization of health care in China.

William D. Huffines, MD, professor emeritus of pathology and laboratory medicine, received the Frederic B. Askin Award for unparalleled dedication and excellence in resident teaching of anatomic pathology at

the university and UNC Hospitals. This award for post-graduate medical education was established in 1991 by the department's resident physicians and honors Huffines for his 40 years on the faculty. Huffines served from 1957 to 1997.

William W. McLendon, MD, professor emeritus of pathology and laboratory medicine, was named a Pathologist of the Year by the College of American Pathologists (CAP) at their fall meeting in Philadelphia on Sept. 22.

The award is given to a College leader for outstanding contributions to the field of pathology and to programs and activities of CAP. McLendon's contributions to the advancement of the science and knowledge of pathology during his 14 years as editor of the *Archives of Pathology and Laboratory Medicine* have had significant impact on his colleagues and their practice of medicine.

George F. Sheldon, MD, Zack D. Owens distinguished professor and chair of surgery, was presented with the William T. Fitts Jr. Medallion by the American Association for the Surgery of Trauma in September. In conjunction with this honor, Sheldon delivered the Fitts Lecture, an annual address on a trauma-related topic.

Sheldon also was named president-elect of the American College of Surgeons at their Annual Meeting of Fellows and Initiates in October.

Anthony A. Meyer, MD, professor and chief of general surgery, presided over the first joint meeting of the American Association for the Surgery of Trauma and the Japanese Association for Acute Medicine in September. More than 600 registrants, including 91 from Japan, heard Meyer speak on "Death and Disability from Injury: A Global Challenge."



Meyer

Harold C. Pillsbury III, MD, Thomas J. Dark distinguished professor of surgery and chief of otolaryngology/head and neck surgery, has been chosen president-elect of the American Academy of Otolaryngology-Head and Neck Surgery, Inc. (AAO-HNS).

Pillsbury's election was announced September 7 at the 101st annual meeting of the AAO-HNS Foundation. As president-elect, he will chair the academy's Health Policy Commission, meet with other specialty organizations involved with otolaryngology, and serve on the AAO-HNS's board of directors.

Judith Tintinalli, MD, professor and chair of the Department of Emergency Medicine, was reappointed as department chair for a four-year term effective Dec. 1, 1996.

Tintinalli has chaired the department and served as residency program director since she came



Tintinalli

to the University in 1991. She recently was elected to the Institute of Medicine in honor of her professional achievement.

Keith Wailoo, PhD, assistant professor of social medicine, is one of four 1997 recipients of the Philip and Ruth Hettleman Prizes for Artistic and Scholarly Achievement by Young Faculty. He received a \$5,000 stipend and was honored by Chancellor Michael Hooker at a UNC-CH Faculty Council meeting in September.



Wailoo

Wailoo, who holds joint appointments in the departments of Social Medicine and History, is regarded as one of the nation's preeminent medical historians. His research looks at the role technology plays in 20th century medicine. His first book, "Drawing Blood: Technology and Disease Identity in Twentieth-Century America," won the American Public Health Association's Arthur Visel tear Prize.

The Hettleman Prize, founded by the late Philip Hettleman, a New York investment broker and Carolina alumnus, recognizes

achievement by junior tenure-track professors or recently tenured professors. Award recipients will deliver free lectures about their research during the year.

James A. Bryan II, MD, professor of medicine, and **William W. McLendon, MD**, professor emeritus of pathology and laboratory medicine, spent much of June 1997 in the west African country of Niger, working and observing at the hospital and clinics of Galmi, a small community in the southern part of the country not far from the northern border of Nigeria.

Bryan wrote that "the experience provided both a look backwards into medical his-

tory and a glimpse forward to a frightening medical future if nothing is done by the global community here and throughout Africa about the rapid spread of AIDS and other emerging and reemerging microbial threats."

Bryan saw his first case of acute poliomyelitis since the early 1960s, when it was ushered out of developed countries by the introduction of polio vaccines. Since his trip, Bryan said, five new cases have been reported in the Galmi area and the World Health Organization is now involved.



Drs. Bryan (left) and McLendon took a break from the hospital to help celebrate a wedding.

Carl W. Gottschalk, MD, distinguished research professor of medicine and physiology, died in October. He was 75.

One of the world's foremost kidney researchers, Gottschalk's career was highlighted by membership in such prominent scientific organizations as the American Academy of Arts and Sciences (1970), the Institute of Medicine (1973), and the National Academy of Sciences (1975).

Gottschalk received his medical degree from the University of Virginia, where he began pursuing a life-long interest in the kidney's ability to produce and control body fluids.

His research career at the UNC

School of Medicine began in 1952 with a small lab, a \$500 research grant and no technical assistance. He believed that micro-puncture techniques, if properly developed, could reveal much about how the kidney worked.

His contributions to the field of nephrology contributed to other fields. The American Heart Association named him a career investigator, assuring him lifetime support for his work.

In 1978, Gottschalk received the O. Max Gardner Award, the only statewide honor given by the UNC Board of Governors, honoring a faculty member who made the greatest contribution to mankind during the school year.

In 1969, the University named him Kenan professor of medicine and physiology, a title he retained until his retirement in 1992. From that time on, he served as distinguished research professor of medicine and physiology.

Memorial contributions may be sent to the Health Sciences Library, UNC-Chapel Hill, CB# 7585, Chapel Hill, NC 27599-7585.



Gottschalk

3-D 'Map' of Brain to Aid Neurosurgery

by Pavi Sandhu

Consider navigating without a road map in an unfamiliar city with a complex maze of streets. That's what neurosurgeons do when they operate on the brain's complicated bundle of more than a hundred blood vessels.

For years, medical images of those blood vessels have been crude and inadequate, like a map with many streets missing or blurred. But because of an advance made by two researchers at UNC-Chapel Hill, doctors soon should have an easier time finding their way.

The new technology — developed by Dr. Liz Bullitt, a neurosurgeon at the UNC medical school, and Dr. Steve Pizer, a computer scientist — combines two existing techniques to produce three-dimensional images that are the sharpest and clearest that doctors have yet seen.

Once it becomes widely available, the new imaging technique will help physicians plan new surgical remedies and improve their understanding of the brain's structure.

For instance, doctors will be able to more easily identify aneurysms — swelling in the brain's blood vessels — and find the best path for treating them.

"Navigation in the brain is hard enough," says Tony Bell, MD '84, a neurosurgeon at Presbyterian Hospital in Charlotte. "Having a 3-D representation to guide us is really going to be great. That takes all the guesswork out of it."

Bullitt's work with Pizer is an example of the unusual collaborations that can form at research universities. Professors at UNC-CH and other research campuses can readily team up with researchers in other disciplines, often gaining an expertise in fields they had never considered.

Six years ago, for example, Bullitt was a computer novice. She then started tooling around at her terminal, and her hobby turned

into an obsession. Before long, she was writing her own computer code, taking courses in differential geometry and spending hours in front of the screen.

"I realized it was taking up too much of my time. I wasn't sleeping," Bullitt recalls. "I decided I had to integrate it into my real life or I would get into trouble."

Hoping to apply her computer skills to her work, Bullitt approached Pizer in 1992 with the idea of developing a 3-D medical imaging method for the brain.

Pizer, head of the university's display and image processing group, previously had collaborated with doctors in many different fields. He was uncertain at first whether the brain project would work, but Bullitt was not easily dissuaded.

"She pounded on my door until she got my attention," Pizer says. "I said it's a pretty damn hard problem. She said 'I don't care. I want to solve it.'"

Working together, the two scientists started writing software that would combine two common imaging techniques — X-ray angiography and magnetic resonance imaging (MRI). In recent decades, both techniques have helped doctors visualize the brain's network of blood vessels, but both have limitations.

Widely used by doctors, X-ray angiography involves injecting a radioactive tracer into the patient's blood. The tracer shows up as a dark stain when exposed to X-rays, producing very sharp, detailed pictures with even the smallest vessels clearly resolved.

But the image is limited to two dimensions, forcing doctors to estimate the spatial relationships of the blood vessels. Making such estimates, Bullitt said, is like trying to reconstruct the branches of a tree by looking at its shadow.

Compared to angiography, MRI is simpler and faster, but it produces 3-D images with relatively poor resolution, making it hard to

detect the smallest blood vessels. Approximately 20 percent of the aneurysms in a patient's brain can be missed by an MRI scan.

To combine the advantages of both techniques, Bullitt's and Pizer's method starts with the three-dimensional MRI image, then converts it into two dimensions. The flat, blurry image is then enhanced by using the X-ray image, which has much higher resolution. Information from the two scans is then combined to construct a final image that contains complete 3-D information of even the smallest blood vessels.

An added advantage is that the software is simple enough to be run on a desktop computer. Previous imaging techniques required much more powerful workstations that can cost as much as \$100,000.

Surgeons can manipulate the image in several ways. Different sections of the brain's network can be highlighted in different colors, in order to focus on the target area.

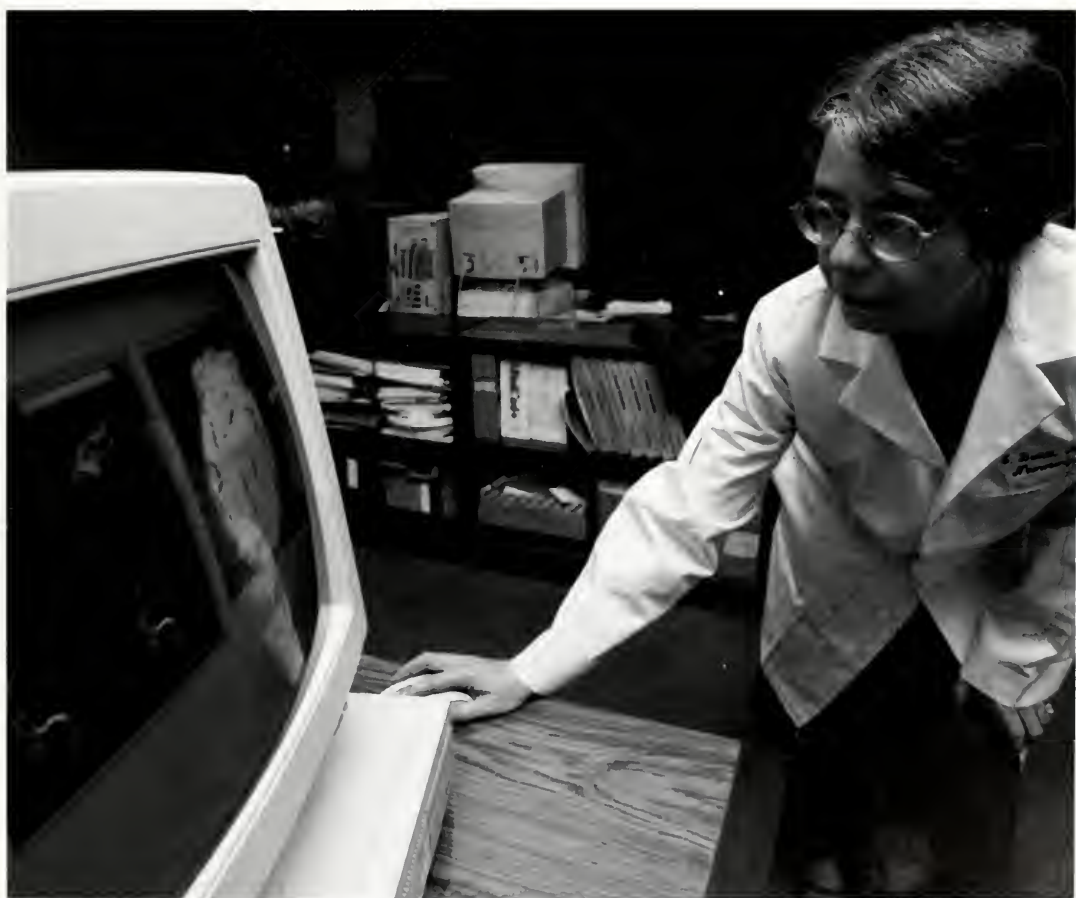
Bell, the Charlotte surgeon, said the 3-D imaging capability will be especially useful in endovascular surgery, a novel method in which a thin tube is inserted into the blood vessels to reach the aneurysm. This approach requires a much smaller incision and is less invasive than conventional brain surgery.

After overcoming some technical hurdles, Bullitt and Pizer hope to have their technique ready for clinical applications in a few years. In the meantime, the two scientists are being forced to think about marketing issues.

Bullitt said she has mixed feelings about patenting and licensing the technology. Royalty payments would help her continue her research, but they also would limit how quickly the software could be widely available.

"I hate talking to lawyers," she says. "I just want to play with my computer." □

[Reprinted with permission of the Raleigh (NC) News & Observer.]



Combining two existing techniques, Elizabeth Bullitt, MD, associate professor in the Division of Neurosurgery, uses a computer to construct sharp 3-D images of the brain.

Report to Donors


Dear Medical School Alumnus:

On this page begins a list of the alumni who contributed to the Loyalty Fund during the period July 1, 1996 through June 30, 1997. The Loyalty Fund is the unrestricted giving program for alumni of the UNC-CH School of Medicine. During this past fiscal year, more than 400 alumni volunteered and assisted National Chair John W. Foust, MD '55, in setting a new record of gifts received—\$575,000. During the year 36 percent of alumni made one or more gifts to the Loyalty Fund and 326 individuals made gifts of \$1,000 or more, qualifying them for recognition as Loyalty Fund associates.

The Loyalty Fund provides support for student scholarships, student programs, additions to the Medical Alumni Endowment, creation of an alumni teaching professorship, and a number of other programs helpful to continuing the excellence of opportunities and programs here in Chapel Hill. This listing is published as a way of once again saying thank you for your annual gift support.

Although the Loyalty Fund is the central focus of our alumni giving program, we receive gifts from alumni for many other restricted purposes. Last year nearly 2,000 alumni contributed a total of \$1.91 million. These gifts provided for lectureships, scholarships, research, departmental funds, and center programs in arthritis, cancer, alcohol studies, burn treatment, and children's and women's programs, to name but a few. The Medical Foundation Donor Report includes recognition of all alumni who made gifts during the 1996-97 fiscal year.

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20

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Number in class: 51
Percent donors: 53%
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Number in class: 52
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Family members of first-year students tour the medical campus during Family Day in October.

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Percent donors: 29%
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 Charles P. Graham, Jr., M.D., Topeka, KS
Robert I. Grubb, Jr., M.D., Glendale, MO
 Alexander C. Hattaway, III, M.D., Raleigh, NC
 Howard Holderness, Jr., M.D., Greensboro, NC
Joe P. Hurt, M.D., Ph.D., Sylva, NC
 Robert T. Kindley, M.D., Fort Walton Beach, FL
 Sue M. Kirkpatrick, M.D., Scotts Valley, CA
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 Peter A. Modrow, M.D., Raleigh, NC
William F. Sayers, M.D., Winston-Salem, NC
 Evin H. Sides, III, M.D., Raleigh, NC
 Williamson B. Strum, M.D., La Jolla, CA

CLASS OF 1966

Number in class: 60
Percent donors: 58%
 J. Curtis Abell, M.D., Statesville, NC
 Robert P. Barringer, M.D., Gastonia, NC
Robert H. Bilbro, M.D., Raleigh, NC
 Paul L. Burroughs, Jr., M.D., Raleigh, NC
 Timothy E. Cloninger, M.D., Charlotte, NC
George W. Cox, M.D., Atlanta, GA
 John R. Crawford, III, M.D., Salisbury, NC
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 Cyrus L. Gray, III, M.D., Hiwassee, GA
George T. Grigsby, Jr., M.D., Holly Springs, NC
 Carol H. Hackett, M.D., Mercer Island, WA
Lawrence D. Henry, M.D., Jefferson City, MO
 Howard T. Hinshaw, M.D., Charlotte, NC
 N. Neil Howell, M.D., Charlotte, NC
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Thomas J. Koontz, M.D., Winston-Salem, NC
 Jacob A. Lohr, M.D., Chapel Hill, NC
Hugh A. McAllister, Jr., M.D., Houston, TX
Edgar M. McGee, M.D., Lexington, KY
 Peter L. Morris, M.D., Santa Barbara, CA
 Duncan Morton, Jr., M.D., Charlotte, NC
Hugh G. Murray, Jr., M.D., Atlanta, GA
 R. Kenneth Pons, M.D., Medford, OR
 James A. Pressly, M.D., Charlotte, NC
 Surry P. Roberts, M.D., Raleigh, NC
Robert E. Sevier, M.D., Greensboro, NC
 J. Lewis Sigmon, Jr., M.D., Davidson, NC
 H. Lee Smyre, M.D., Greer, SC
 E. Walker Stevens, Jr., M.D., Greensboro, NC
 Donald A. Thomas, M.D., Hendersonville, NC
 W. Hunter Vaughan, M.D., Scubenville, OH
 James H. Whicker, M.D., Raleigh, NC
 James A. Yount, M.D., Charlotte, NC

CLASS OF 1967

Number in class: 67
Percent donors: 76%
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George R. Avant, M.D., Nashville, TN
 F. Walton Avery, M.D., Chapel Hill, NC
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 Gerald W. Blake, M.D., Raleigh, NC
Thomas W. Bundy, M.D., Chambersburg, PA
 Brenda M. Cruikshank, M.D., Iowa City, IA
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 David A. Evans, M.D., Monroe, NC
 M. Wayne Flye, M.D., St. Louis, MO
 R. Donald Garrison, M.D., Jacksonville, FL
Jeremy W. Greene, M.D., San Antonio, TX
 Robert V. Hale, M.D., Chapel Hill, NC
 Harvey J. Hamrick, M.D., Chapel Hill, NC
 E. Franklin Hart, Jr., M.D., Morgantown, NC
 Howard D. Homesley, M.D., Winston-Salem, NC
 L. Fuller Honeycutt, Jr., M.D., Raleigh, NC
 Allen W. Huffman, Jr., M.D., Hickory, NC

James D. Hundley, M.D., Wilmington, NC
 Linda H. Jackson, M.D., Arden, NC
William H. Jarman, Jr., M.D., Gastonia, NC
Scott G. Kleiman, M.D., Marietta, GA
 James R. Lane, Jr., M.D., Tampa, FL
 Frank W. Leak, Sr., M.D., Clinton, NC
 Hugh T. Lefler, Jr., M.D., Fort Worth, TX
 Clifford T. Lewis, Jr., M.D., Wilmington, NC
 John Z. Little, M.D., Springfield, OH
Robert W. Madry, Jr., M.D., Corpus Christi, TX
 W. Jason McDaniel, Jr., M.D., Raleigh, NC
 James N. McLamb, M.D., Orange Park, FL
Joseph T. McLamb, M.D., Goldsboro, NC
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 Donald H. McQueen, III, M.D., Rock Hill, SC
 Rudolph I. Mintz, Jr., M.D., Kinston, NC
Harold B. Owens, M.D., Danville, VA
 H. Richard Parker, Jr., M.D., Greensboro, NC
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Gerald Pelletier, Jr., M.D., New Bern, NC
 Bruce A. Phillips, Jr., M.D., Elizabethtown, NC
Albert L. Roper, II, M.D., Norfolk, VA
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 Walter R. Sabiston, M.D., Kinston, NC
James H. Spruill, M.D., Jackson, TN
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Jay R. Tuttle, M.D., Vincennes, IN
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 Benjamin K. Ward, Jr., M.D., Florence, SC
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Rhoderick T. Williams, Jr., M.D., Roanoke Rapids, NC

CLASS OF 1968

Number in class: 59
Percent donors: 42%
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Lucius Blanchard, Jr., M.D., Las Vegas, NV
 I. Alan Craig, M.D., Kinston, NC
Alan Davidson, III, M.D., Greensboro, NC
 Terry D. Golden, M.D., Atlanta, GA
 Theodora L. Gongaware, M.D., Savannah, GA
Joseph W. Griffin, Jr., M.D., Augusta, GA
 W. Franklin Hancock, Jr., M.D., Burlington, NC
Thomas L. Henley, M.D., Solano Beach, CA
 William O. Kearsse, Jr., M.D., Lubbock, TX
 John L. Kirkland, III, M.D., Houston, TX
 Edward W. Kouri, M.D., Charlotte, NC
 Jerold E. Lancourt, M.D., Dallas, TX
 R. Frank Lowry, Jr., M.D., Raleigh, NC
 Patrick T. Malone, M.D., Roswell, GA
 David J. Reese, II, M.D., Alexandria, VA
David M. Rubin, M.D., Greensboro, NC
 Carole W. Samuelson, M.D., Birmingham, AL
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William S. Teachey, M.D., Virginia Beach, VA
 F. Charles Tuckey, Jr., M.D., Gulf Breeze, FL
 Robert C. Vanderberry, Jr., M.D., Raleigh, NC
 Jack G. Wall, M.D., Graham, NC
 J. Allen Whitaker, III, M.D., Wilson, NC
 Jerry C. Woodard, M.D., Wilson, NC

CLASS OF 1969

Number in class: 63
Percent donors: 35%
H. Wallace Baird, M.D., Greensboro, NC
J. Hugh Bryan, M.D., Fayetteville, NC
Don C. Chaplin, M.D., Burlington, NC
Andrew Davidson, M.D., New Bern, NC
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H. Harris Pittman, M.D., Cave Springs, GA
Joseph D. Russell, M.D., Wilson, NC

J. Franklin Sanderson, Jr., M.D., Hampton, VA
James W. Snyder, M.D., Wilmington, NC
Karen Campbell Sorrels, M.D., Midlothian, VA
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 William C. Allsbrook, Jr., M.D., Martinez, GA

CLASS OF 1970

Number in class: 69
Percent donors: 46%
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Jerry C. Bernstein, M.D., Raleigh, NC
Robert G. Blair, Jr., M.D., New Bern, NC
William E. Byrd, M.D., Roanoke Rapids, NC
Harold H. Cameron, M.D., New Bern, NC
Daniel L. Crocker, Jr., M.D., Rocky Mount, NC
Charles E. Crumley, M.D., Lincolnton, NC
H. Shelton Earp, III, M.D., Chapel Hill, NC
Richard M. Freeman, M.D., Opelika, AL
James O. Goodwin, M.D., Henderson, NC
Joseph M. Harmon, M.D., Sullivan Island, SC
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CLASS OF 1971

Number in class: 73
Percent donors: 36%
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Bertram C. Finch, III, M.D., Charleston, SC
Jane M. Foy, M.D., Oak Ridge, NC
James S. Fulghum, III, M.D., Raleigh, NC
Mary Susan Fulghum, M.D., Raleigh, NC
Joe E. Gaddy, Jr., M.D., Winston-Salem, NC
W. Randolph Grigg, M.D., Chapel Hill, NC
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Michael R. Knowles, M.D., Chapel Hill, NC
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Donald V. Lewis, M.D., Cooperstown, NY
Douglas J. Little, M.D., Sanford, NC
James S. McFadden, M.D., Pinchurst, NC
Frederick S. Neuer, M.D., Emporia, KS
William B. Pittman, M.D., Rocky Mount, NC
R. Randolph Powell, M.D., Fox Point, WI
John O. Reynolds, Jr., M.D., Salisbury, NC
V.O. Roberson, III, M.D., High Point, NC
William D. Sasser, M.D., Fredericksburg, VA
J. Allison Shivers, M.D., Asheville, NC
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John P. Surratt, M.D., Clinton, NC
Dwight W. Wait, III, M.D., Charlotte, NC

CLASS OF 1972

Number in class: 70
Percent donors: 53%
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J. McNeill Gibson, M.D., Davidson, NC
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Gregory F. Hayden, M.D., Charlottesville, VA
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Jon D. Hodgin, M.D., Oviedo, FL
William B. Horn, M.D., Boone, NC
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Howard S. Kroop, M.D., Woodbury, NJ
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John R. Lurain, III, M.D., Oak Park, IL
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James S. Reed, M.D., Gig Harbor, WA
William J. Simons, M.D., Weaverville, NC
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William C. Tate, III, M.D., Banner Elk, NC
J. Barry Whitney, III, M.D., North Augusta, SC
G. Dean Wilson, Jr., M.D., Johnson City, TN
J. Richard Young, M.D., Sherborn, MA

CLASS OF 1973

Number in class: 79
Percent donors: 25%
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Frederic F. Bahnson, III, M.D., Bozeman, MT
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Nady M. Cates, III, M.D., Chapel Hill, NC
Frank E. Davis, III, M.D., Roanoke Rapids, NC
Charles H. Edwards, II, M.D., Charlotte, NC
J. Robert Forstner, M.D., Southport, NC
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J. Blake Goslen, III, M.D., Charlotte, NC
J. Michael Harper, M.D., Charlotte, NC

Colin D. Jones, M.D., Winston, NC
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S. Tynus Maynard, Jr., M.D., Asheville, NC
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David R. Patterson, M.D., Greensboro, NC
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Hugh G. Shearin, Jr., M.D., Raleigh, NC
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CLASS OF 1974

Number in class: 94
Percent donors: 39%
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Douglas C. Brewer, M.D., Wilson, NC
Donald C. Brown, M.D., Cary, NC
David R. Clemmons, M.D., Chapel Hill, NC
Charles D. Collins, M.D., Rockingham, NC
Paul M. Deaton, Jr., M.D., Charleston, SC
M. Catherine Dobbins, M.D., Hillsborough, CA
Thomas H. Dukes, III, M.D., Charleston, SC
Donna E. Frick, M.D., Chapel Hill, NC
Martha F. Goetsch, M.D., Portland, OR
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C. Norman Hurwitz, M.D., Fairfield, OH
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Joseph M. Jenkins, M.D., Fayetteville, NC
William H. Katz, M.D., Auburn, ME
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William D. Lee, Jr., M.D., Raleigh, NC
Clarence E. Lloyd, Jr., M.D., Greensboro, NC
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Thomas W. Powell, M.D., Concord, NC
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David A. Rockwell, M.D., Goldsboro, NC
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Charles D. Yoder, M.D., Asheville, NC

CLASS OF 1975

Number in class: 106
Percent donors: 34%



The Family Day luncheon in the student commons area gave families the chance to visit before the White Coat Ceremony.

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 Benjamin Douglas, M.D., Dillsboro, NC
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 Robert H. Lester, M.D., Gastonia, NC
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 Michael W. Meriwether, M.D., Sarasota, FL
 S. Gill Minor, M.D., Wilmington, NC
 Frank H. Moretz, M.D., Asheville, NC
Wade H. Moser, Jr., M.D., Raleigh, NC
Dan A. Myers, M.D., Kinston, NC
W. Ronald Neal, M.D., Greensboro, NC
 Henry N. Nelson, III, M.D., Indianafont, FL
 Lanning R. Newell, M.D., Raleigh, NC
Marshall H. Odom, M.D., Boone, NC
 Henry E. Parfitt, Jr., M.D., Fayetteville, NC
Charles J. Parker, M.D., Salt Lake City, UT
 James E. Peacock, Jr., M.D., Winston-Salem, NC
Hoke D. Pollock, M.D., Wilmington, NC
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 W. Paul Sawyer, M.D., Tallahassee, FL
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 E. Brooks Wilkins, M.D., Raleigh, NC
 James W. Winslow, M.D., Tarboro, NC
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 Geraldine N. Wu, M.D., Cincinnati, OH
 Michael H. Young, M.D., Asheville, NC

CLASS OF 1976

Number in class: 120
 Percent donors: 31%

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 Susan T. Edwards, M.D., Norwich, VT
William H. Gamble, M.D., Greensboro, NC
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 Robert H. Hutchins, M.D., Wilmington, NC
 Walker A. Long, M.D., Chapel Hill, NC
 Ross D. Lynch, M.D., Columbia, SC
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Douglas C. Privette, M.D., Greenville, NC
 Sheldon M. Retchin, M.D., Midlothian, VA
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 Grady M. Stone, M.D., High Point, NC
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 Richard L. Wing, M.D., Charlotte, NC
Solomon G. Zerden, M.D., Savannah, GA

CLASS OF 1977

Number in class: 121

Percent donors: 28%
 Michael L. Barringer, M.D., Shelby, NC
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Francis S. Collins, M.D., Rockville, MD
 W. Sidney Comer, Jr., M.D., Raleigh, NC
 Joseph E. Craft, M.D., Guilford, CT
Meyer E. Dworsky, M.D., Huntsville, AL
 Joseph C. Fesperman, Jr., M.D., North Wilkesboro, NC
 William B. Harden, M.D., Bluefield, WV
 Charles H. Hoover, III, M.D., Monroe, NC
 C. Frederick Irons, III, M.D., Chapel Hill, NC
 William L. Isley, M.D., Overland Park, KS
 Judith M. Kramer, M.D., Chapel Hill, NC
 Ann D. Latimer, M.D., Raleigh, NC
 Frederick H. Mabry, M.D., Laurinburg, NC
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William H. Ryan, III, M.D., Dallas, TX
D. Gretchen Sampson, M.D., Los Angeles, CA
 Samuel T. Selden, M.D., Chesapeake, VA
 Howard J. Stang, M.D., Stillwater, MN
 J. Herbert Stanley, Jr., M.D., Wilmington, NC
 Richard H. Weisler, M.D., Raleigh, NC
 Michael S. Wheeler, M.D., Rutherfordton, NC
Wayne G. Woods, M.D., Greensboro, NC

CLASS OF 1978

Number in class: 121
 Percent donors: 18%

John D. Benson, M.D., Cary, NC
 Jean W. Carter, M.D., Raleigh, NC
 Cynthia D. Conrad, M.D., Ph.D., Branford, CT
 Paul W. F. Coughlin, M.D., High Point, NC
 Martha L. Elks, M.D., Lubbock, TX
 Susan D. Foreman, M.D., Greenville, NC
 Michael D. Holland, M.D., Rocky Mount, NC
 Allison D. Malter, M.D., Charlotte, NC
 Jeffrey A. Margolis, M.D., Tappahannock, VA
 Mark D. Monson, M.D., Spartanburg, SC
 Thomas L. Pope, Jr., M.D., Isle of Palms, SC
 Donna L. Prather, M.D., Carboro, NC
 John V. Pruitt, III, M.D., Boston, MA
 Richard L. Rumley, M.D., Greenville, NC
Susan T. Snider, M.D., Spruce Pine, NC
 Robert W. Surratt, M.D., Concord, NC
Nancy L. Teaff, M.D., Charlotte, NC
 Barry H. Teasley, M.D., Goldsboro, NC
 William A. Walker, M.D., Charlotte, NC
Ralph L. Wall, Jr., M.D., Winston-Salem, NC
J. Byron Walthall, Jr., M.D., Charlotte, NC
Richard C. Worf, M.D., Winston-Salem, NC

CLASS OF 1979

Number in class: 120
 Percent donors: 23%

Andrew H. Balder, M.D., Longmeadow, MA
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 Walter E. Daniel, Jr., M.D., Raleigh, NC
 Douglas M. DeLong, M.D., Ladysmith, WI
Elizabeth A. Eagle, M.D., Greensboro, NC
 Allen R. Edwards, M.D., Statesville, NC
 R. Thad Goodwin, M.D., Fort Myers, FL
 Patricia K. Hill, M.D., Statesville, NC
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 John C. Keifer, M.D., Hershey, PA
 Roger K. Kerley, M.D., Mount Airy, NC
David W. Kohl, M.D., St. Petersburg, FL

Steven Krumholz, M.D., West Palm Beach, FL
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 John M. Westafer, M.D., Gulf Breeze, FL
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 Leonard S. Wojnowich, M.D., Savannah, GA

CLASS OF 1980

Number in class: 156
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CLASS OF 1994

Number in class: 147

Percent donors: 29%

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 Jeffrey C. Johnson, M.D., Chapel Hill, NC
 Kent W. Kercher, M.D., Charlotte, NC
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CLASS OF 1995

Number in class: 158

Percent donors: 25%

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CLASS OF 1996

Number in class: 147

Percent donors: 23%

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 William T. Smith, IV, M.D., Boston, MA
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CLASS OF 1997

Number in class: 160

Percent donors: 6%

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Debbie A. Daniel, Three Bridges, NJ
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Pamela Penny-Davis, Mocksville, NC
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Steven L. Kovach, M.D., Asheville, NC
Jonathan S. Krauss, M.D., Augusta, GA
Randolph L. Lee, M.D., Apex, NC
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Stephen B. Schuster, M.D., Greensboro, NC
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Michael C. Sharp, M.D., Chapel Hill, NC
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Nakhleh P. Zazrar, M.D., Raleigh, NC
Thomas A. Zirkler, M.D., Greensboro, NC

Ph.D. Graduates

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Phyllis G. Andrews, Ph.D., Durham, NC
Mary S. Baker, Ph.D., Seattle, WA
Linda M. Boland, Ph.D., Woodbury, MN
Wei Cao, Ph.D., San Diego, CA
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Nadia Carrell, Ph.D., Bethesda, MD
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Development Notes



Meehan

Corporate committee names new chair

Peter Meehan, president of The Greenwood Group in Raleigh, has been named the new chair of the Corporate Committee of The Medical Foundation of North Carolina, Inc.

The Greenwood Group owns and operates the Manpower Temporary Services franchise for eastern North Carolina. Meehan, a member of the committee last year, will help to build on a newly established base of corporate support for the School of Medicine.

The Corporate Committee, primarily concentrated in the Triangle area, is beginning its third year. Past chairs are Jim Talton, partner with KPMG Peat Marwick in Raleigh, and Ernie Roessler, president of CCB in Durham and a member of the Medical Foundation board of directors.

Comprised of corporate Triangle leaders, the committee will call on area businesses in Spring 1998 to raise money for the Medical Foundation Excellence Fund. This fund receives unrestricted dollars for student scholarships, preceptor support, medical education and operational support. Corporations will be invited to attend breakfast with Dean Jeffrey Houpt to learn more about the UNC School of Medicine and the importance of corporate support for medical student education.

For more information on this committee, contact Anne Hager-Blunk, The Medical Foundation of North Carolina, Inc., at 800-962-2543, or hagerblu@email.unc.edu.

Loyalty fund dollars at work

The generous giving of alumni to the Loyalty Fund contributes to the overall excellence of the School of Medicine in many ways. From scholarships to research grants to technology support, Loyalty Fund dollars reach out to students, faculty and housestaff throughout the medical center, helping to fund projects and create opportunities that might not otherwise be possible.

Following are some specific examples of the many achievements being accomplished in part by programs of the Loyalty Fund.

- Work by **Stan Beyler, PhD**, clinical assistant professor in the Division of Reproductive Endocrinology, will be published in the *Journal of Assisted Reproduction and Genetics* and the journal *Human Reproduction*.

The publications result from Beyler's research on the embryotoxic effect of hydrosalpingeal fluid, a portion of which was supported by a Medical Alumni Endowment Fund grant. The fund is credited in the journals.

- **David R. Jones, MD**, chief resident in the Division of Cardiothoracic Surgery, was published in the *Journal of Surgical Research* based on work supported by a Medical Alumni Endowment Fund grant. Titled "Reduced Ischemia—Reperfusion Injury with Isoproterenol in Non-Heart-Beating

Donor Lungs," the research was also presented at the annual meeting of the Association for Academic Surgery in Chicago, November 1996.

- **Jennifer Klenzak, MS IV**, gave an oral presentation at the American College of Gastroenterology's 62nd Annual Meeting in Chicago, November 1997, thanks to the John B. Graham Student Research Travel Fund, a program of the Loyalty Fund. Her presentation, "Esophagitis: Clinical Correlates with Disease and Symptom Reporting," was selected for oral presentation even though its submission was for poster presentation consideration only. The College's educational affairs committee deemed the submission to be of such high quality that it was worthy of a place in the Plenary Session.

- **Nam Pai, MS IV**, completed a project which was accepted by the American Academy of Otolaryngology—Head and Neck Surgery Foundation for slide presentation at their annual conference in San Francisco, September 1997. Pai's paper was also selected to receive a Student Research Award, which was presented at the conference. The travel funds for this presentation and award were made possible by the John B. Graham Student Research Travel Fund.

These four are among the many who thank all School of Medicine alumni for helping our physicians, scientists and students advance the work of medicine and medical education.



Students by day, fund-raisers by night

Carolina medical students (from left) Serina Floyd, Angie Silvera, Jennifer Yates, Susan George and Ariel Vincen were among the 11 future physicians who participated in the Loyalty Fund Phone-a-thon over a three-day period in early November. More than \$30,000 was pledged by alumni during the campaign. Volunteers not pictured include Henry Bridges, George Brinson, Ellen Flanagan, May Ling Mah, Sydney Partin and Adam Zanation.

Alumni Notes

50s

Robert A. Farmer, MD '56, plans to ride his bicycle in the GTE Big Ride Across America. The 3000-mile course runs from Seattle, Wash., to Washington, DC, and will take place June 15 through August 1, 1998. The ride will raise money for the American Lung Association. To pledge your support, contact Dr. Farmer at 707-446-8470, or 550 Wellington Way, Vacaville, CA 95688.

60s

Dave M. Davis, MD '63, is director of the Piedmont Psychiatric Clinic in Atlanta. He enjoyed a weekend in November with **John Foust, MD '55**, and **Carl Hartrampf, MD**. The three looked at old Cherokee relics and American Indian tools in Highlands, NC.

James G. White, MD '63, a pediatrician in Ormond Beach, Fla., was elected chair of the Florida Physicians Insurance Company and chair of the American Medical Association Political Action Committee. Both terms are from 1997 to 1999.

Takey Crist, MD '65, was recently named honorary consul for the country of Cyprus. Crist, an obstetrician-gynecologist in Jacksonville, NC, is a first-generation Cypriot American whose parents, Irene and Harry Crist, came to the United States in 1928.

Crist was interviewed by Cyprus television in August regarding his perspective on the status of talks between Cyprus and Turkey, and has been influential in the establishment and maintenance of the Cyprus Museum in Jacksonville.

Carol Hedden Hackett, MD '66, a family practitioner in Bellevue, Wash., is president-elect of the King County Academy of Family Practice. She is also a clinical assistant professor at the University of Washington medical school.

Ronald Turco, MD '67, based in Beaver-



ton, Ore., announces the publication of a new book, "Closely Watched Shadows," published by Bookpartners, Inc., PO Box 922, Wilsonville, OR 97070.

70s

Bryson Bateman, MD '76, was elected president of the medical staff of Wayne Memorial Hospital in Goldsboro, NC. He will serve his term in 1998.

Deb Boyd, MD '77, is a general/vascular surgeon in Wilson, NC. She and her husband, Tom, have two sons, Brian, 6, and Kevin, 5.

Francis Collins, MD '77, is head of the Human Genome Project at the National Institutes of Health. His daughter Margaret, 27, is a second-year resident in internal medicine at UNC.

Joe Fesperman, MD '77, practices family medicine in North Wilkesboro, NC. He and his wife, Sarah, have three daughters, Carrie, 17, Rachel, 15, and Mary, 12.

William B. Harden, MD '77, practices internal medicine in Bluefield, WV. He travels to Uganda yearly on medical mission trips, and is interested in practicing there full-time.

George M. Johnson, MD '77, is a pediatric infectious disease specialist at the Medical University of South Carolina. He is director of the Pediatric Residency Program, and was elected to the executive committee of Pediatric AIDS Clinical Trial Group this spring.

He traveled to Romania in 1991 to adopt two boys from an orphanage, and today has five children — Derek, 12, Scott, 12, Ivy, 8, Matthew, 7, and Michael, 5.

William H. Marsh, MD '77, is a gastroenterologist living in Isle of Palms, SC. He and his wife, Pamela, have a 7-year-old daughter, Courtney.

Warren Moore, MD '77, practices nuclear medicine and internal medicine and lives in Sugarland, TX. He and his wife, Jo Beth, have two children, Kathryn, 13, and Robert, 12.

Melinda Paul, MD '77, is a pediatrician in Greensboro. She is married to **Vincent Paul, MD '76**, and they have two children, Adam, 18, and Kirsten, 15.

Duncan Postma, MD '77, is an otolaryngologist. He lives in Tallahassee, Fla., and

has three children. Tom, 10, Audrey, 7, and Galen, 2.

Keith M. Ramsey, MD '77, is an infectious disease specialist in Mobile, Ala. He and his wife, Beth, have an 11-year-old son, Grant.

Catherine M. Radovich, MD '77, practices internal medicine in Gallup, NM, where she enjoys hiking, mountain biking, and "raising more dogs than kids." She and her husband, Vincent Tom, have an 8-year-old child, Natani.

Ellen Blair Smith, MD '77, practices gynecologic oncology in Austin, Tex. She and her husband, Alan Campion, have two children, Blair Austin, 5, and Alison Elizabeth, 3-1/2.

Howard Stang, MD '77, is a pediatrician and lives in Stillwater, Minn., with his wife, Jill, and children Becky, 15, Erik, 13, and Danny, 11. He notes that his spare time is "consumed by my three children, their sports and extra-curricular activities, leaving little time for woodworking."

Anthony H. Wheeler, MD '77, practices neurology and pain medicine at the Charlotte Spine Center. He and his wife, Joyce, have two children, Ian, 14, and Jill, 6.

Mike Wheeler, MD '77, is a pathologist who lives in Rutherfordton, NC, with his wife, Camille, and their children Patrick, 16, Anna, 13, and Eric, 10.

Elsie Winstead, MD '77, is an internist who is currently "not practicing anything except motherhood." Her husband, Thomas Pohlman, is a nephrologist, and they have four children — Emily, 13, Sarah, 10, Katie, 9, and Will, 5. They live in St. Louis, Mo.

Larry Hooper, MD '79, is an active duty flight surgeon at Whiteman Air Force Base in Missouri, having left a position as a faculty pediatrician with the Texas Tech University system in August 1996. He reports that he is "still doing some pediatrics, treating air crew, and serving as medical officer for the base. I am flying jets all around."

He and his wife, the former Diane Joy Parkhurst from Oregon, have three children ranging in age from 1 to 12 years. They bought a large old Civil War-era house in Windsor, Mo., a small town with a large Amish community, and welcome all visitors. His e-mail address is hooperl@whitsg01.mednet.af.mil.

80s

Ernest Eason, MD '80, lost his wife of 28 years to heart disease on June 21, 1997.

Walter E. Egerton, MD '80, became commander of the health facility at Aberdeen Proving Grounds in the summer of 1997. He is awaiting promotion to the rank of colonel in June 1998. Egerton received a Meritorious Service Medal for his work as chief of staff at Keller Army Hospital at West Point, NY, his previous assignment. His e-mail address is wegerton@kusahe.amedd.army.mil.

Jonathan P. Tolins, MD '80, resigned his position as associate professor of medicine at the University of Minnesota on January 1, 1998. He has joined InterMed consultants, a nephrology and critical care practice in Minneapolis. He was remarried in January 1997 to Milana Tolins, and they have a new baby, Anthony, who joins siblings Jackson, 10, Molly, 10, and Andrei, 5.

Craig Charles, MD '88, and his wife, Martha, and 2-year-old son, Jackson, announce the birth of Samuel Bennett Charles on August 22.

Chuck Forster, MD '89, has been working in family practice at the Yakima Valley Farm Worker's Clinic since 1992. In December, he completed a two-year term as chair of the family practice department of Yakima's two hospitals. He and his spouse, Joan Jacobs, have two sons, Riley, 4, and Carson, 1. He can be reached at piplyp@wolfenet.com.

Dan Goulson, MD '89, is an assistant professor of anesthesiology at the University of Kentucky in Lexington.

Mary Frances (Casey) Moody, MD '89, is an obstetrician-gynecologist in private practice. She and her husband, Howard, and their daughter Michaela, welcomed twin boys on November 24, Matthew and Michael. The family lives in Raleigh.

90s

Paige Walend, MD '93, completed a family practice residency in 1996 and is currently in private practice in Ahwatukee, Ariz. She

married Larry Tamburro, MD, also a family practitioner, in July 1997. They live in Phoenix.

Mark W. White, MD '95, is a resident in general surgery in Orlando, Fla. His e-mail address is mwhite@orhs.org.

Deaths

Theodore Pollock, MD '37
Franz W. Rosa, MD '46
Calvin Chamers Mitchener, MD '47
C. Richard Fleming, MD '69

James E. Davis, MD, c-med '42, died on October 27 of an apparent heart attack.

A longtime Durham surgeon and community leader, Davis was the only North Carolinian to be elected president of the American Medical Association in its 150-year history. He was best known in the Triangle as the man who in 1981 refashioned the image of Durham from a tobacco town into an internationally recognized medical mecca — a City of Medicine. He continued to serve as chair of the City of Medicine program until his death.

Davis attended UNC as an undergraduate, obtaining his BS in chemistry in 1940. After two years at UNC's medical school, he completed his MD at the University of Pennsylvania in 1943.

"Although Dr. Davis was one of the university's most distinguished graduates, what I appreciated most about him was the time he took to show me the ropes when I first became involved in the AMA as an alternate delegate," said Darlyne Menscer, MD, president of the UNC-CH Medical Alumni Association. "He had a dry wit which tempered his unflinching knowledge of procedure. His book "Rules of Order" remains the official parliamentary authority of the AMA and the N.C. Medical Association. I will miss his wise counsel."

Davis received a Distinguished Service Award from the UNC School of Medicine in 1960, and another from the UNC General Alumni Association in 1988. The N.C. Hos-

pital Association honored him in 1997 with its Trustee Merit Award.

In addition to his AMA presidency (1988), Davis served as president of the N.C. Medical Society (1975), the Greater Durham Chamber of Commerce (1983), and the American Society of General Surgeons (1992). He also served as a trustee of Durham County Hospital Corp. (1991-97) and the North Carolina School of Science & Mathematics (1995).

"In spite of his many achievements in his profession, I instead remember my father as a down-to-earth, decent person who cared deeply about his family and his community," said Kenneth R. Davis, the physician's eldest son and a Chapel Hill restaurateur.

Davis is also survived by his wife, Margaret Royall Davis of Durham; another son, George Harrison Davis of Athens, Ga.; and one sister, Martha Harrison Davis Schofield of Chapel Hill.

Memorials may be made to the James E. and Carolyn B. Davis Memorial Scholarship Fund, UNC School of Law, External Relations CB-NO3380, Chapel Hill NC 27599-3308. The fund was established in honor of Davis' son, James Evans Davis Jr., who died in 1980.

President's Letter

The Norma Berryhill Distinguished Lecture, given in October, was quite compelling. For School of Medicine alumni, it also was an opportunity to gather and share a warm feeling for what our alma mater has achieved and the people who made it happen.

The truly distinguished lecturer, Joseph S. Pagano, MD, told of the "Chapel Hill Odyssey," 1965 to 1997. Dr. Pagano, Lineberger Professor of Cancer Research and Director Emeritus of the Lineberger Comprehensive Cancer Center, is one of the people who have made our School of Medicine great.

So is Norma Berryhill. She and members of her family sat in the front row at the annual event named for her. She was honored for her role as "first lady" of the School of Medicine during the years her husband, Dr. Reece Berryhill, served as faculty member and dean.

The lectureship was conceived by Dean Stuart Bondurant and senior members of the faculty and began in 1985. Those who deliver the lectures are honored as the School of Medicine's most distinguished scientists and scholars. It is also an academic convocation for welcoming new faculty to the medical school family.

We alumni are likely to remember Dr. Pagano as a teacher of the curriculum in genetics and molecular biology. His lectures on the Epstein-Barr virus and its links to cancer were delivered with enthusiasm and humor that distinguished him from most other speakers.

A faculty member since 1965, he has received many honors, including the 1996 North Carolina Award for Science.

Most of the medical students Dr. Pagano taught did not follow him into research or academics. But his skill as a teacher and his brilliance as a scientist and researcher helped to make us better practicing physicians. His enthusiasm for learning is infectious and inspires the lifetime commitment to scholarship that is needed to stay current in any field of medicine.

Although I remember Dr. Pagano quite clearly from my student days in the '70s, I did not know at that time that he already had an international reputation. In fact, I was ignorant of the well-recognized excellence of many others of our faculty.

Recently, as a member of the dean's search committee, I had a chance to look at our medical school relative to others. For the first time, I came to appreciate the rarity of our school's achieving excellence in both scientific investigation and preparing clinical medical practitioners, including those in primary care.

North Carolina supports our medical school generously in comparison to most states, but still supplies less than a third of the funds needed to support our operations. For the School of Medicine to continue to thrive, it must have the ability to compete for NIH and other grants, as well as gain managed care contracts and other patient referrals.

Alumni support is essential, not only in direct contributions, but also in advocacy with our many constituencies, some of which may understand only a piece of our mission.

Those of us in direct patient care are glad to offer the breakthroughs of modern science to our patients and can be an essential link to testing many hypotheses in the clinical arena.

It was good to be back in Chapel Hill on that beautiful autumn day. It will be lovely in the spring, as well, when our alumni meeting will feature Distinguished Service Awards. Come see old friends, meet new ones, and celebrate the many facets of a great medical school. The one whose name hangs on your wall. You might find it's better than you remember.



Darlyne Menscer, MD '79



CME/Alumni Calendar

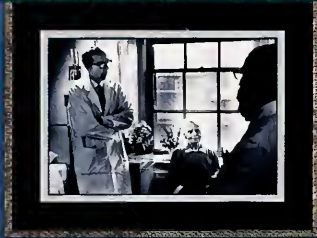
Medical Alumni Activities		
January 13	Guilford County Loyalty Fund Campaign Steering Committee Meeting	Greensboro
January 15	Durham County Loyalty Fund Campaign Steering Committee Meeting	Durham
January 15-16	Challenges in Geriatric Practice	Chapel Hill
January 22	Wake County Loyalty Fund Campaign Steering Committee Meeting	Raleigh
January 27	Guilford County Alumni/Dean's Reception	Greensboro
January 28-30	TEACCH Winter Inservice Training (for teachers of autistic children)	Chapel Hill
February 3	Durham County Alumni/Dean's Reception	Durham
February 6-8	Working with the Family in Pediatrics: Clinical Techniques for Primary Care	Chapel Hill
February 10	Wake County Alumni/Dean's Reception	Raleigh
February 12	Forsyth County Loyalty Fund Campaign Steering Committee Meeting	Winston-Salem
February 23	HIV Care 1998	Chapel Hill
February 25	Mecklenburg County Alumni/Dean's Reception	Charlotte
March 3, 10, 18, 24, 31	Mini Medical School	Raleigh
March 10	Forsyth County Alumni/Dean's Reception	Winston-Salem
March 25-29	Holistic Medicine Conference	Chapel Hill
April 1-3	22nd Annual Internal Medicine Conference	Chapel Hill
April 24-25	Spring Medical Alumni Weekend	Chapel Hill

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

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Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



DR. STUART BENELLANT
Born 1929 - 1977
Innovative Doctor, 1990-97

Robert B. Benellant, M.D., President
American College of Ophthalmology Association
1991-1992
In Springs Grande
Colorado Springs
October 1990



The **Frank Wachtel Center**
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- Nephrology
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- Ophthalmology
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- Pediatrics
- Plastic Surgery
- Pulmonary Medicine
- Radiation Oncology
- Rheumatology
- Sports Medicine
- Toxicology
- Urology
- Vascular Medicine
- Veterinary Medicine
- Women's Health
- Workforce Development
- Writing



Dean's Page

Many of you have heard me say that one of the things which attracted me most to the UNC School of Medicine was its commitment to improving the health of the people of North Carolina. This commitment is grounded in being a part of the oldest public university in the nation. A university that, in the words of Frank Porter Graham, was created to "open its doors in the name of the people."

Our medical school powerfully embodies this notion in the work of the North Carolina Area Health Education Centers program. It is most appropriate to recognize this program now, in its 25th anniversary year, and to consider how it might be as successful 25 years from now as it is today.

First, the past.

AHEC is essentially a series of partnerships among academic medical centers and community providers that offers an extensive array of educational programs to improve the distribution, quality and retention of health care professionals in North Carolina.

In partnership with colleagues at the other UNC health sciences schools and with the Wake Forest, Duke and East Carolina schools of medicine, and with community hospitals and other agencies across the state, we have created in AHEC a decentralized system for improving the health of all the people of North Carolina. And, it really works.

Statewide, nearly 500 family physicians have completed training at one of the AHECs, and about two-thirds of those graduates have remained in North Carolina. In addition, numerous communities across the state are served by general internists, pediatricians, obstetricians and general surgeons trained in one of the AHEC residency programs.

AHEC offers continuing education programs in every county in the state, frequently using our faculty or those from other academic health centers. These programs, along with AHEC's regional health sciences libraries, have improved the quality of health care and the practice environment for

all health practitioners.

UNC has made substantial contributions to these successes. We have produced 23 percent of the practicing physicians in North Carolina, and 50 percent of the physicians in the 10 counties with the fewest physicians.

As proud as we are of these accomplishments, the question remains: what about the future? It would be a terrible tragedy to stand still, to be sedated by prior successes. I suggest that we begin to think about AHEC in a different way.

For example, as we continue our commitment to the basic AHEC mission, we might give special consideration to the use of distance learning — computers and the Internet — to bring health education to communities in different ways. Why not connect electronically with our preceptors? Other educational systems? Community health educational programs? Perhaps, more importantly, we should consider contributing to North Carolina's secondary schools curricula. Maybe even prospect for future health professionals in middle schools and high schools. In short, we might begin to look at AHEC as a pipeline, or human network, for different kinds of community outreach.

A fine example of this concept is embodied in ECU's School-Based Telehealth Project, a telemedicine program which provides health education to 9th graders in rural public schools and encourages an interest in health care careers. The technology inherent in such a system affords tremendous opportunities to expand AHEC's reach and role in secondary schools.

For instance, Dean Jim Hallock of ECU tells us many schools can teach algebra and geometry but little beyond. Our resources could be used for strengthening the science and math curricula in those schools, giving students in small rural towns the same academic opportunities that students in larger urban school systems have.

At University Day in October, UNC President Molly Broad noted that "the noble work our predecessors started is far from



done. The question before us today is 'How do we translate the strength and foresight embodied in our history into the capacity to meet the challenges of the future?'

That's a good question. We look forward to pursuing answers with you as AHEC enters its second quarter century.

A handwritten signature in dark ink that reads "Jeffrey L. Houpt". The signature is written in a cursive style.

Jeffrey L. Houpt, MD
Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: Stuart Bondurant, MD, dean of the School of Medicine from 1979 to 1994, and interim dean from 1996 to 1997, was honored March 24 at a reception marking the unveiling of his portrait. The *Bulletin* cover features Bondurant's shadowbox, which hangs in the Dean's Conference Room in MacNider Hall along with those of the deans who served before him. The shadowboxes were created by Pat Steinway of the Steinway Gallery in Chapel Hill. A miniature reproduction of Bondurant's portrait is included among the mementos displayed in the shadowbox. (Photo by Jay Mangum)

News Briefs

UNC lung cancer team first in state to use new detection device

For physicians at UNC Lineberger Comprehensive Cancer Center, LIFE comes in shades of red and green. And for cancer patients throughout North Carolina, these colors mean improved lung cancer detection rates and, perhaps, a better chance of surviving some forms of cancer.

LIFE — which stands for Lung Imaging Fluorescence Endoscope — is a new device that uses clearly detectable red or green light waves to detect pre-malignant lung cancer more accurately and earlier than conventional X-rays or sputum tests. Physicians at UNC have been using the tool, created by XILLIX, for the past few months. UNC is the only medical center in the state with the LIFE device.

"It's 50 percent more sensitive than the traditional white-light bronchoscopy for precancerous lesions," said M. Patricia Rivera, MD, clinical assistant professor in the Division of Pulmonary Medicine and a member of the Multidisciplinary Thoracic Oncology Program. "It is a good tool because it can detect pre-malignant lesions and allows us to follow them over time."

Finding lesions early may improve a patient's chance of survival. Last year, lung cancer was the second most prevalent cancer in the United States, and the leading cause of cancer deaths in North Carolina.

Traditionally, physicians relied on white-light illumination to diagnose lung cancer. This method, now used with the LIFE device, left some pre-malignant lesions undiagnosed, Rivera said.

"With the white-light method, even an experienced bronchoscopist can miss a lesion," she said. "Because LIFE uses a different wavelength from the white-light illumination method, areas of normal cells appear as bright green, and all areas that are abnormal appear red or brown-red."

When physicians use white-light illumination followed by the LIFE procedure, patients receive the most accurate detection and diagnosis of lung cancer medicine can offer.

"LIFE really allows you to diagnose lung cancer at an early stage," Rivera said. "By catching tumors that are pre-cancerous, we can make interventions and also encourage patients to stop smoking. We know that some pre-malignant lesions may regress if patients stop smoking."

Currently, the LIFE device is used most often in patients at high risk for having lung cancer, including patients with family histories of lung cancer, patients who had lung, head and neck cancers, and patients who cough up blood.

Although Rivera is quick to admit that LIFE isn't flawless, she said the device is opening doors for physicians at UNC and select facilities across the country.

To refer patients or for more information, Rivera can be reached through the Carolina Consultation Center, 800-862-6264.

New book available from pediatric specialists

A pediatrician in a small community hospital needs to treat a newborn with unexplained respiratory distress and a most unusual chest X-ray. She knows the case is serious, but she's not sure what to do.

Now the physician can consult a new book, "Critical Care of the Surgical Newborn," written by School of Medicine physicians who specialize in birth and babies.

"Here at UNC, because we are a major referral center, we see serious anomalies more frequently than our colleagues in more rural areas do," said editor Don Nakayama, MD, Colin G. Thomas distinguished professor and chief of pediatric surgery. "This book is a guide for practitioners in critical care units, including residents and nurses, who don't see these anomalies nearly as often."

The work outlines management priorities — steps that have to be taken immediately. If a baby is going to be transferred to a major medical center for surgery, doctors and nurses need to know what precautions to take before the baby leaves.

Other groups the book targets are perinatologists and obstetricians who sometimes make diagnoses while a baby is still in the womb, Nakayama said.

"We have entire sections for each diagnosis in terms of what features to look for in prenatal ultrasounds and what these portend for the baby," he said. Included are descriptions of problems involving the lungs, trachea, esophagus, gastrointestinal tract, abdominal wall, brain and spinal column, as well as genital and urinary anomalies.

Contributing physicians from UNC include Carl Bose, MD, professor and chief of neonatology; Nancy Chescheir, MD, associate professor of obstetrics and gynecology and director of prenatal diagnosis; and Robert Valley, MD, associate professor of anesthesiology and director of pediatric anesthesia.

Haupt named president of American College of Psychiatrists

Jeffrey L. Haupt, MD, dean of the UNC School of Medicine and vice chancellor for medical affairs, was named president of the American College of Psychiatrists at the organization's 35th annual meeting in February.

Membership in the college is limited to leaders in the field of psychiatry, and currently includes nearly 600 members and fellows.

The traditional mission of the college is

the continuing education of its members, as well as setting, enforcing and facilitating standards of education for people who practice psychiatry. During Haupt's tenure, the college will look at how it might become more proactive in mental health policy discussions in the United States.

Haupt was elected to membership in the college in 1982, and became a fellow in 1986.



1998 recipients of the Michiko Kano Award at Student Research Day were (from left) Kevin Thomas, Andrew Haputa, Patrick Hines and Paul Armistead.

Student Research Day

Fifty-one students presented research projects on January 21 at the School of Medicine's 30th annual Student Research Day.

Sponsored by the John B. Graham Research Society and the Whitehead Medical Society, the event recognizes the important role of research in medical education. This year, faculty judges presented awards to four students:

- Paul Armistead, a third-year MD/PhD student from Waynesville, NC, for his project "Rapid Electrochemical Detection of the RAK and FAK Oncogenes."

- Patrick Hines, a second-year MD/PhD

student from Elizabeth City, NC, for his project "Identification of an Adhesive Region of Laminin to Red Blood Cells of Sickle Cell Anemics."

- Kevin Thomas, a fourth-year student from Fort Washington, MD, for his project "The cloning and expression of A protective antigen homolog in *Haemophilus ducreyi*."

- Andrew Haputa.

At the awards banquet that evening, the annual Ralph R. Landes Lecture was presented by Dr. Robert Lefkowitz, James B. Duke professor of medicine at the Duke University School of Medicine and investigator of the Howard Hughes Medical Institute Research Laboratory.

New center opens for pregnant women with substance abuse problems

Hope Meadow, a new residential center for substance-abusing pregnant women and their children, opened its doors in January. Centrally located in Chatham County, the facility serves women from throughout North Carolina.

The brainchild of Horizons, a perinatal substance-abuse program at UNC's department of obstetrics and gynecology, Hope Meadow will offer women numerous services, including prenatal care, substance abuse treatment, and basic parenting skills.

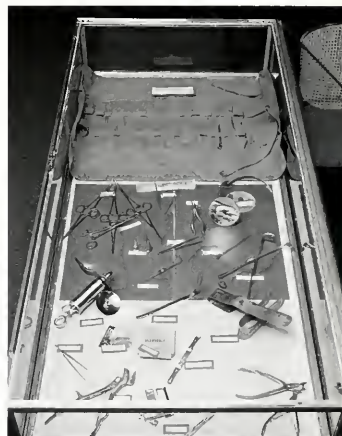
"The site is unique because it allows women to live in their own apartments but also have staff available 24 hours a day," said Marcia Mandel, a clinical psychologist and executive director of Family Wellness and Recovery Services, which operates Hope Meadow.

Remembering Things Past

Today, Colin G. Thomas Jr., MD, is the Byah Thomason Doxey-Sanford Doxey distinguished professor and former chair of surgery at the UNC School of Medicine. But in 1946, just three years after receiving his medical degree from the University of Chicago, he was called to military duty and stationed at Camp Breckenridge, where he acquired a battalion surgeon's kit, pictured below.

"These kits were probably declared surplus that year, which is how I came to be in possession of one," says Thomas. "Apparently the concept originated during the Revolutionary War; kits were used by battalion surgeons to stabilize patients."

The kit was on display in UNC's Health Sciences Library earlier this year, and selected instruments may be used this Spring in a "Medicine Through the Ages" display in Raleigh.



"Most residential programs require that women share rooms in a house with other women and their children," said Connie Renz, Horizons director. "Also, this is the only residential program in the state where women can bring their children over the age of 5."

Hope Meadow is an affiliate agency of the Orange-Person-Chatham Mental Health Center. Women can be referred to Hope Meadow from anywhere in the state and can remain at the center for up to one year.

For more information, Renz can be reached at Horizons, 800-862-4050.



Second-year student Anuja Antony (center) was the recipient of the Scott-Neil Schwirk Fellowship Award at Student Research Day. She is pictured here with Peter Gilligan, PhD, associate professor of microbiology and immunology, and of pathology and laboratory medicine, and Noelle Granger, PhD, assistant dean for student affairs.

School marks Community Service Day, Preceptor Celebration

Preceptors from across North Carolina came to Chapel Hill on Saturday, Jan. 17, to participate in the 1998 Preceptor Celebration, sponsored by the Office of Community Medical Education.

The day's activities began with a workshop led by preceptor Susan Ayccock, MD, of Elizabethtown, and William Scroggs, UNC-CH associate athletic director and former lacrosse coach (1979-1990). The topic was "Coaching as a Strategy for Teaching Medical Students." Scroggs discussed techniques he used in coaching his teams to three NCAA championships, and respondents looked at how these techniques can be applied by preceptors.

Following the workshop, preceptors had the opportunity to view poster presentations of community service projects by medical students newly selected for membership in the Eugene S. Mayer Community Service Honor Society, and to attend audiovisual presentations by three of the students. At noon, students and preceptors gathered for an induction luncheon, featuring an address by Dean Jeffrey Houpt, who spoke on "Social Capital."



Preceptors Philip Mann, MD (left), R. Brooks Peters IV, MD '80, (center)

and Wayne Ghans, MD (right), learn how to apply athletic coaching techniques to medical student precepting.

Alumnus and preceptor Ernest Eason, MD '80, of Burlington, learns from medical students (left to right) Tamara Green, Yewande Johnson and Tyhimba Hunt about the "Sister to Sister" community service project.



Katz

Yale professor delivers Merrimon Lecture

Dr. Jay Katz, Elizabeth K. Dollard professor emeritus of law, medicine and psychiatry, and the Harvey L. Karp professorial lecturer in law and psychoanalysis at Yale University, presented "Reflections on Informed Consent 40 Years After Its Birth" at the School of Medicine's annual Merrimon Lecture on Nov. 13.

Katz has written extensively on law and medicine during his 39-year

tenure at Yale.

The Merrimon Lecture, established in 1966 by the late Dr. Louise Merrimon Perry in memory of her father, brings a distinguished lecturer to the medical school each fall. It was Perry's wish that the lectures be concerned with the origins, traditions, history and ethics of the medical profession, as well as its ethical philosophy.

UNC Home Health expands operations

UNC Home Health, the division of UNC Hospitals which began providing home health services in the Triangle last summer, has acquired Home Health of Chatham County.

"Our patients and nursing staff both will benefit from this agreement," said Charlie Horne, manager of the new Chatham County office. "Becoming part of UNC Hospitals gives our patients access to top-notch physicians and other health care providers, and it provides more professional development and advancement opportunities for our staff."

UNC Home Health provides a full range of services for both chronic illness and follow-up to hospital care. The agency now serves adults and children in Alamance, Caswell, Chatham, Durham, Granville, Harnett, Lee, Moore, Orange, Person, Randolph and Wake counties, as well as parts of Cumberland, Franklin, Guilford, Hoke, Johnston, Montgomery and Vance counties. *To refer a patient to UNC Home Health or for more information, call Tammie Stanton, RN, director, at 919-966-4915.*

Research Briefs

Excess body weight unsafe at any age

New research from a UNC nutrition expert shows the best weight for a 60-year-old is the same as for a 30-year old.

June Stevens, PhD, associate professor of nutrition and epidemiology, was principal investigator for one of the largest, most definitive studies ever done on obesity's impact on survival.

"Our new study, which involved almost a third of a million subjects, showed that excess body weight increased the risk of death from heart disease and other causes up until late life, and there was no change in the weight associated with the best survival until age 75," Stevens said.

Researchers analyzed deaths among healthy white women and men who had participated in an American Cancer Society study. None of the subjects had ever smoked, or had a history of heart disease, stroke, cancer, or recent unintentional weight loss. Researchers controlled for age, education, physical activity and alcohol use.

A report on the findings appeared in the Jan. 1 issue of the New England Journal of Medicine. Stevens can be reached at june_stevens@mc.edu.

Social support aids disadvantaged children

A new study of children at risk of abuse or neglect shows that support from family, neighbors and community can go a long way toward protecting such disadvantaged children.

"The bottom line is that the old African saying, 'It takes a village to raise a child,' is true," said Desmond K. Runyan, MD, professor of social medicine and pediatrics. "We found that the more social supports surround a child, even in imperfect circumstances, the less likely he or she is to have trouble with emotional, behavioral or developmental problems."

Researchers created a scale — a way of measuring support — by assigning points to such conditions as two parents or parent figures at home, help available for the mother,

a maximum of two children at home, neighborhood support and regular church attendance. Scores were compiled for each of the 667 2- to 5-year-old children in the study, and then compared with their results on standard, widely used tests of behavioral, emotional and developmental difficulties.

Overall, only 13 percent of the youngsters were classified as "doing well." Analysis showed clear correlations between church membership, perception of personal support and neighborhood ties. The presence of any such "social capital" indicator increased the odds of doing well by 29 percent; this increased to 66 percent if two such indicators were present.

A report on the findings appeared in the Jan. 6 issue of Pediatrics. Runyan can be reached at drunyan@med.unc.edu.

Research in progress

■ School of Medicine researchers are seeking post-menopausal women ages 45 to 70 to participate in a pilot study of the effects of a low-dose, plant-based estrogen replacement drug on the cardiovascular system.

"There is evidence that Estratab — a plant-based estrogen which is prescribed in lower doses than the standard animal-based estrogen — protects against bone loss and also improves cholesterol levels," said Susan Girdler, PhD, assistant professor of psychiatry and co-investigator in the study. "So we're looking at whether Estratab has a positive effect on cardiovascular functioning: blood pressure and heart rate."

"Several studies suggest that standard estrogen replacement therapy helps prevent osteoporosis and cardiovascular disease in post-menopausal women, but the therapy can cause several side effects," said William Meyer, MD, principal investigator and assistant professor of obstetrics and gynecology. "If low-dose estrogen causes fewer side effects, women might be willing to take it longer."

The researchers are looking for women not currently taking post-menopausal estrogen, who have not had a menstrual period in at least nine months and have not had breast cancer. The pilot study is non-invasive and will test the effects of estrogen on heart function both at rest and during stress.

Participants will receive a free gynecological evaluation, six months of free hormones and \$300. *For more information, contact Meyer through the Carolina Consultation Center, or at wmeyer.obgyn@mhs.unc.edu.*

■ Women ages 20 to 45 with strong premenstrual symptoms can earn \$150 and learn more about their bodies by participating in a study of stress-related hormones in premenstrual syndrome.

A severe form of PMS, called premenstrual dysphoric disorder (PDD), leaves some women describing themselves as Jekyll-and-Hyde types, says Susan Girdler, PhD, principal investigator and assistant professor of psychiatry.

"Half the month they're high functioning, happy and symptom-free," Girdler said. "But the other half they feel out of control and unable — even though they know it's coming — to do anything about their depression, inability to control their emotions and anxiety."

As Girdler enters the fourth and final year of her study, she wants to recruit more black women.

"So far our results suggest that premenstrual symptom patterns may be very different for African-Americans than for Caucasians," Girdler said.

"However, more African-American women are needed to test this hypothesis scientifically. If we find an ethnic difference, that would be something physicians should consider in evaluating and treating the disorder."

Study volunteers undergo extensive screening, including interviews and keeping a diary of symptoms for two months to determine if they have PDD. Once identified, women undergo non-invasive laboratory tests.

For more information, Girdler can be reached through the Consultation Center.





Above and left, vascular surgeon Enrique Criado, assisted by his colleague, William Marston, MD, prepares to demonstrate the endovascular repair procedure for the PBS television series Breakthrough. Below, Criado uses tubs of warm and cold water to illustrate how the graft expands once exposed to warm temperatures. Breakthrough is a television journal featuring stories on science and medicine. The story on endovascular repair will air on WUNC-TV on Sunday, June 7, from 6:30 to 7 p.m. Outside the Chapel Hill viewing area, check your local PBS listings.



UNC Tests Endovascular Repair Graft

by Carol Henderson

Elsie Taylor's 50th wedding anniversary was only two weeks away. In the meantime, however, Elsie, 68, needed surgery. She had a dangerously enlarged blood vessel called an aortic aneurysm that threatened to rupture at any time.

Thanks to a new procedure and a new product being tested by surgeons at UNC, Elsie had surgery and was back home with her husband a week before their anniversary.

"With this new procedure, called endovascular repair, we make one small incision in an artery in the groin," says Enrique Criado, MD, associate professor of surgery. "We then thread a state-of-the-art graft, which resembles a tiny piece of metal-lined tubing, up to the diseased area and attach it inside the damaged vessel."

Patients usually go home in three days, Criado says. Conventional surgery, which produces the same results, involves making a long incision in the abdomen and then clamping off and replacing the diseased vessel.

"Patients spend roughly 10 days in the hospital and go home with a large, painful incision," he says. "Full recovery takes six to eight weeks."

Elsie Taylor had surgery on a Wednesday and went home to Roseboro, N.C., that Saturday. "I'm walking all around the house and the yard every day," she said a week after surgery. "Generally, I feel pretty good. And I was so glad to be at home in time for my anniversary."

"With this new endovascular surgery, patients need less anesthesia, spend less time in intensive care and generally experience much less anxiety and few complications," Criado says. "Surgeons have been working on perfecting this complicated surgery for several years."

UNC is one of 15 U.S. medical centers — and the only one in North Carolina — participating in an FDA-approved trial to test the new graft, called Vanguard. It is produced by



The Vanguard endovascular aortic graft.

Boston Scientific and is only available in this country through the FDA trial.

"This graft is made out of Dacron with metal on the inside which keeps it open," says Criado. "The metal expands and has little barbs that stick to the aorta and hold the graft in place."

Also participating in the study are William A. Marston, MD, assistant professor of surgery, and Matthew A. Mauro, MD, professor of radiology and surgery.

"The endovascular procedure is technically demanding, and we rely heavily on X-ray imaging," Criado says. "Only about a third

of patients with aortic aneurysms are candidates for this surgery at this time. The shape and the location of the aneurysm determine eligibility."

The endovascular approach will be a big advance for some patients, Criado says. "It will be used more and more for other types of surgeries as well. There's certainly a lot less risk and the recovery time is so much shorter." □

Teaching Alcohol and Drug Abuse Prevention on the Web

by Freb Hunt-Bull and Linda L. Powell

Efforts at UNC-Chapel Hill to discourage alcohol and drug abuse among students went on-line this fall with a new substance abuse prevention site on the World Wide Web. The UNC Bowles Center for Alcohol Studies designed the site to help students at Carolina and people throughout the state learn how to stop alcohol and drug problems.

Although students are a major target and topic of the web project, the substance abuse prevention information is designed to be useful to anyone. Topics include wellness, managing stress, healthy drinking choices, safety and health risk factors, definitions of alcohol abuse and alcoholism, signs of problem drinking, and sources for help in communities throughout North Carolina. There also is an overview of North Carolina's alcohol laws.

Funded by one of UNC Chancellor Michael Hooker's Instructional Technology Grants, the web site is the first product of an initiative to use the World Wide Web for substance abuse education. Matthew Sullivan, coordinator of UNC Student Health Services' Substance Abuse Programs, was a key collaborator in the project. Much of the information he teaches students in health education classes was integrated into the prevention site.

"This project is exciting in many ways," explains Sullivan. "The information is important. It will be useful to students and anyone else who is interested. Our audience reach is worldwide."

"The Center for Alcohol Studies was fortunate to get funds from the Chancellor's grant to put prevention and education items in a medium familiar to youth," says Fulton T. Crews, PhD, director of the Bowles center and a member of UNC-CH's Substance

Bowles Center for Alcohol Studies; University of North Carolina at Chapel Hill

Alcohol & Drug Abuse Prevention

Students, Alcohol, and Drugs

Effects of Abuse

Problem Signs

Healthy Choices

Getting Help

Test your knowledge of alcohol

Questions on the prevention or treatment of drug or alcohol abuse can be sent to Matt Sullivan, Coordinator of Substance Programs, UNC Student Health Services.

This web site is presented by the Bowles Center for Alcohol Studies to educate people, particularly students, about alcohol and drug abuse, how to avoid it, and how to get help for it.

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Updated July 3, 1997

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Credits

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Please [contact the web director](#) for more information.

Abuse Task Force.

"We hope this site will be read by large numbers of students and contribute to educating them about risks, resources for treatment, and prevention ideas."

The center's web coordinator, Freb Hunt-Bull, is hopeful that the anonymity with which web information can be accessed will encourage those who want to obtain prevention information confidentially. "Substance abuse is a problem that's difficult to discuss. We hope that by putting this information on the World Wide Web, more people will be able to reach out for help."

Substance abuse prevention information is the newest section at the Bowles center's larger web site. The center's mission, research activities, newsletter, and links to other state and national alcohol and drug resources are part of the site.

The home page for the Bowles Center for Alcohol Studies is located at www.med.unc.edu/alcohol/. To go directly to the alcohol and drug abuse prevention web site, visit www.med.unc.edu/alcohol/prevention/. □

surf these WEB SITES

... On your Health

Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill

Alcohol

Alcohol gets directly into the bloodstream, physically affecting the whole body. Some illnesses and health problems are caused by alcohol include:

- **Rampant disease:** malaria, meningitis, chills and pain all result from drinking too much. Drinking to the point of drunkenness makes you sick.
- **High blood pressure:** Alcohol not only appears to raise blood pressure, it also makes that pressure high more likely to cause a heart attack.
- **High blood pressure:** Along with being overweight, high blood pressure is associated with many common health problems.
- **Depressed immune system:** Alcohol consumption makes you more likely to contract and catch infections.
- **Cancer:** 2-4% of all cancer cases are related to alcohol. Upper digestive tract cancers are common, hitting the esophagus, mouth, larynx, and pharynx. Women who drink get more likely to develop breast cancer. Your risk of skin cancer doubles if you drink a lot. "Necklace rash" - Some studies implicate alcohol in cancer, rheumatoid arthritis, and not forgetting the liver.
- **Liver disease:** Heavy drinking can cause fatty liver, hepatitis, cirrhosis and cancer of the liver. The liver is the down alcohol of the body if you drink too much.
- **Alcohol poisoning:** Drinking large amounts can result in alcohol poisoning, which can cause unconsciousness and even death. Breathing is slow, and the skin becomes cold and may be less blue. Don't let a person in this condition "sleep it off." Call 911.
- **Heart or respiratory failure:** Excessive drinking can have a serious result: heart or respiratory failure.

Other health effects of heavy alcohol use include loss of appetite, vitamin deficiencies, loss of bone density, loss of memory, loss of vision, loss of hearing, loss of coordination, and loss of judgment.

Finally, let's not forget alcoholism: Alcoholism is a disease to which some people seem predisposed to contract. There are drinking too much, where and of alcoholism addicts crave alcohol, and it can harm your life by more than 10 ways. Alcoholism can be cured, but through education, treatment, and self-help programs, all people can learn to live alcohol-free.

But I heard drinkers will need for my health!

Many of the above links are provided through the Cent for Substance Abuse Research, University of Maryland, and Healthcare on Alcohol Abuse and Addiction (HAAAB).

Drugs

Like many prescription drugs, "recreational" drugs come with potentially harmful side effects and long-term effects on your health.

<http://www.med.unc.edu/alcohol/prevention/health.html>

Healthy Choices for Partying

Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill

Part of having a good party is ensuring your guests' comfort. That includes suggesting guests who don't want to drink alcohol and encouraging moderation in those who do. The following ideas for hosting parties come from Party Ideas, created by the Council on Alcoholism and Drug Dependence in Durham.

Healthy Choices: Drinking, Moderation, and Abstinence

"Health" is about increasing healthy habits and reducing unhealthy ones. Many people say that one alcohol problem drug to the "good" List considers some reasons we may have for drinking, and for not drinking.

Positive aspects of drinking	Negative aspects of drinking
<ul style="list-style-type: none"> ● relaxing ● making ● fitting in ● having fun 	<ul style="list-style-type: none"> ● losing control ● getting ill ● gaining weight ● having an accident

Choosing not to drink

There are many good reasons to choose not to drink.

Most folks benefit from drinking to much. How much is too much? That varies with age, sex, size, how fast we are, and what we've had to eat, previous drinking experience, and genetics.

One common guideline is to limit yourself to one drink an hour, because that is the average rate at which our bodies absorb alcohol. However, people who weigh less or are unaccustomed to drinking are more likely to be negatively impacted even when drinking at this rate. When we start to feel light-headed, dizzy, or feel coordinated, we are already impaired and at risk of injuring ourselves or others.

Here are some ways to enjoy a drink without its negative effects:

- eat first (not just while drinking), foods with protein work best
- drink slowly, alternating with non-alcoholic drinks
- establish your own rate limit and stick to it

The U.S. Department of Agriculture and the U.S. Department of Health and Human Services, looking into the potential benefits of alcohol, recommend that those who are safely drink not drink more than

- one drink a day for women and people over 60
- two drinks a day for men

A "drink" is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor. These are all within the same amount of alcohol—your brain can't tell the difference between a beer and a shot.



<http://www.med.unc.edu/alcohol/prevention/moderation.html>

Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill

Healthy Choices for Partying

Don't drink on an empty stomach. Drink on the go, because combination foods (alcohol, salty, and acidic) drink for those who want them—(including drinks) and amounts, not from open containers like 12 oz. cans. To encourage guests to not have more than one drink an hour, reduce atmosphere—let your party go quiet at 10:00, not 10:30. Be in a room with some music that is cool, but not too loud. Have a drink and of the party, let your guests have two hours to allow alcohol to leave before you leave your house.

Get Your Guests to Stay Sober

Don't let anyone drive home. Arrange for taxis or let people stay the night. You can be held legally responsible for injuries to guests you have served alcohol to.

Great Non-Alcoholic Party Recipes

Recipe	Ingredients
Mai Tai	<ul style="list-style-type: none"> ● 6 cubes ● 1/2 cup pineapple juice ● 1/4 cup club soda ● 1/2 lime juice ● 1/2 cream of coconut
Shake or stir to blend and add crushed ice to serve	
Fruit Sangria	<ul style="list-style-type: none"> ● For each drink, put one cup crushed ice in blender with a teaspoon of sugar and 1/2 cup of fruit. Fresh fruit works best, but be sure it's ripe.
Vanilla Coffee	<ul style="list-style-type: none"> ● 1/4 cup whipping cream ● 1/2 tsp. grated orange peel ● 1/2 powdered sugar ● 1/2 tsp. vanilla extract ● 4 ounces coffee ● 2 cups strong coffee (decaf fine)

<http://www.med.unc.edu/alcohol/prevention/party.html>

Center for Alcohol Studies receives \$8.2 million NIH grant

A multidisciplinary team of researchers from the UNC Bowles Center for Alcohol Studies will spend the next five years piecing together possible answers to the puzzling issues of alcoholism, thanks to an \$8.2 million grant from the National Institutes of Health.

"The idea behind our proposal was to bring researchers together from pharmacology, psychiatry, cell biology and anatomy, and medicine to try to understand the key steps in alcohol-related disease," said Fulton Crews, PhD, professor of pharmacology and director of the Bowles Center for Alcohol Studies. "We will be using modern molecular techniques, gene delivery and imaging to attack all of the pathologies of alcoholism."

The grant will fund six specific re-

search projects on molecular pathology in alcoholism.

Three grant projects will focus on different aspects of the brain, particularly what is involved in the development, progression and sustaining aspects of alcohol dependence. Researchers will use gene delivery to test what causes alcoholic dependence, studying what parts of the brain are important for negative consequences of drinking and determining the mechanisms of tolerance for alcohol.

Two research teams will study the genes involved in alcoholic liver disease. Since it takes about 15 years for cirrhosis of the liver to develop in humans, scientists believe that in the future, gene delivery may effectively prevent the disease from developing.

The sixth project will center on fetal

alcohol syndrome, a group of birth defects that includes slow growth before and after birth, deficient intellectual and social performance often associated with juvenile delinquency, and a consistent pattern of minor facial abnormalities. The studies will use modern molecular approaches to decrease the birth defects.

Faculty members who will work on the new federal grant include George R. Breese, PhD, A. Leslie Morrow, PhD, and David H. Overstreet, PhD, from psychiatry; David A. Brenner, MD, and Richard A. Rippe, PhD, from digestive diseases; John J. Lemasters, MD, PhD, and Kathleen K. Sulik, PhD, from cell biology and anatomy; and Richard Jude Samulski, PhD, and Ronald G. Thurman, PhD, from pharmacology.

His Patients, His Poets

by Nancy L. Kochuk

Eleven-year-old boys can be passionate about many different things. Rollerblading. Ice hockey. NBA basketball. Horror films. Nintendo.

But when David Hill, MD, was that age, he remembers a different kind of passion. Even back then he considered himself a rabid fan of National Public Radio and its news programs.

"It's been a dream of mine to be a contributor to NPR since the sixth grade when my dad would drive me to school listening to public radio," he says. "Even back then I was thinking 'now *that* would be an accomplishment.' I've always thought of NPR as the pinnacle of achievement, similar to the *New York Times* or the *New Yorker*."

Finally, on the day before he turned 29, Hill, a fourth-year resident in internal medicine and pediatrics at UNC, got his wish. He recorded an essay, *My Patients as Poets*, for a national listening audience. The inspiration for this piece came out of his experiences with the farmworkers, millhands and grandparents who were his patients.

"I kept a notepad in my pocket so when I heard an interesting turn of phrase, I could write it down," he says, adding that all of the colloquialisms embedded in the essay came directly from his patients.

Hill believes writing what you know is essential to literary success. In his case, it has only been in the last few years that he feels he has learned enough about the practice of medicine to write about it. "I tried submitting a piece once when I was in medical

school," he confesses, but the piece was turned down. "Back then, I really didn't have that much to say."

But rejection slips didn't deter him. And they still don't. He considers this journalistic

“It’s been a dream
of mine to be a
contributor to NPR
since the sixth grade
when my dad would
drive me to school
listening to
public radio.”

urge an important dimension in his life. "It reminds me there is something in me other than medicine," he says.

In addition to his national placement, Hill has had 17 essays air on WUNC radio, and he's also written editorials that have appeared on the op-ed pages of the *Raleigh News & Observer*. Topics have ranged from

advance directives to violence in children's television.

He attributes his success as a writer to an intense scrutiny of each word that goes down on paper. To him, less is definitely more.

"Writing these short, 250-word pieces forces me to pick very carefully which words and images to use," he says. He points to NPR commentator Bailey White, the Georgia school teacher with the quaver in her voice, as one of his literary role models. "She packs so much into a single story," he says admiringly.

Before Hill submits any piece for publication, it must pass muster at the highest levels — he reads it over the phone to his mother. The two of them have been editorial collaborators since elementary school days, when she would mark up his papers with red ink.

"She's the best editor I've ever had," he says. "When I start reading something to her, she'll say, 'Stop right there. That phrase. What did you mean?' She's got a good ear for what makes good language."

One of Hill's most personal essays, about the death of a young patient (see *Learning to Cry*), obviously touched a nerve with his friends and colleagues at the medical center. "People in the hospital told me that they cried with me," he says. "For any writer, that's the highest compliment, for someone to say 'I laughed at that' or 'I cried at that.'" □

My Patients as Poets

Ever since I started medical school I've dreamed of becoming the next William Carlos Williams. After all, I won the big poetry contest in high school with a set of poems about sacking groceries. Now, like Williams, I could draw on the drama of birth, illness, and death. But since starting my residency in North Carolina I've been frustrated by a startling discovery; my patients are better poets than I am.

The problem is not just that Chapel Hill and Durham are full of great authors and literature grad students. They don't come to my clinic. I'm being outdone every day by the farmers, millworkers and grandparents who account for most of my patients. Just last week I was still trying to decide whether an IV pole looms like an aluminum altar or strains its stainless steel spine skyward when the man beside the pole told me about his stomach pain. "Doc, I

feel like as to run my hand down my throat, get it by the roots, and throw it out." I crumpled my poem into a tiny basketball and made the free-throw.

I remember Mrs. Nesbitt in ninth grade English. She told us that sparsity of language is key in poetry. But how can I do better than the road grader who told me why he liked his work. "The air," he said, "being outside, and knowing that I made a good road." Nothing there to add or strike out. I send my haiku, where I refer to EKGs as tiny mountain ranges, flying into the recycling bin.

I can't even escape by going to the cafeteria. Violet the cashier steps out to give me a badly needed hug, and she says, "Boy, you hug so good it makes my liver curl!" I always wondered what that feeling was.

I thought about writing fiction, but even there my patients get away with things I could

never pull off. How about a story whose hero is a child born prematurely to a young, impoverished Southern woman. She names him "Hardtimes" and the name proves prophetic. It's too contrived, too Tobacco Road for a young writer to submit, and I hold a tiny literary grudge every time they come to the clinic and I see the name on his chart.

I think that I am beginning to see in North Carolina what Williams noticed in New Jersey. He taught it to Robert Coles on their rounds together, and for all I know Coles passed it on to Peri Klass as she was writing her way through residency. If you're a doctor, you don't need to be a great poet. If you keep your ears open and a notepad in your pocket, the patients will write the poetry for you.

—David Hill, MD



Fourth-year resident David Hill inherited passions for both literature and medicine from his father, a St. Louis, Mo., pediatrician.

Learning to Cry

As a little boy I was fascinated by the idea of my father crying. I had never seen it happen, and I couldn't believe that it ever had. I knew that I cried if I was hurt or frustrated or sad, and I supposed that he must have cried for the same reasons. But I had seen him sprain his ankle, damage the car, even attend a funeral, all without a single tear.

I remember asking Dad if he cried, and I was astonished when he said yes. He told me that as a pediatrician he would sometimes cry when one of his patients died or got real sick. Growing up, I tried to picture this scene a hundred different ways, but still I could never see it.

As I progressed through medical school I remained fascinated by this image of my father crying. I had long since learned how to keep my composure through pain, frustration, and loss. I had witnessed a couple of deaths and seen some people receive very bad news, but somehow I felt removed from it all. In fact, as my professors and classmates told stories about their own episodes of grief, I started to worry that perhaps I wouldn't be able to cry, even when it was appropriate. What if a patient or a family was expecting me to cry, and I couldn't do it? Could I fake it? Was I simply lacking the empathy that everyone says is so important to being a good doctor?

I finished medical school without a tear, and as my residency progressed I no longer had time to worry about my empathy or lack of it. For example, when Sean, a 16-year-old boy with heart failure, came into the ICU, I was busy trying to fix him. Each day a new card would appear on his wall: often they were handmade. I knew



Hill test-runs an essay with his long-distance, long-time editor, his mom.

that looking at them too closely would distract me from the vital signs and monitor readings that were my business. I saw his steady climb up the heart transplant list as a good thing, not a tragedy. After all, how else would he get a workable heart? The fear that I sometimes glimpsed in his mother's eyes didn't affect me, because I knew that we could sustain him like other patients I had seen, passing months of their lives in ICU beds awaiting transplants. My elderly patients might die, and premature babies might die, but with all the machines and drugs we had there was no way I would waste energy imagining a pleasant 16-year-old boy dying.

I was at lunch one day when I got the page. The "911" on my beeper meant that someone was in trouble, and I hoped it

wasn't Sean. I surprised myself by dropping my sandwich and dashing up the stairs. After all, with the attending physician and other residents upstairs, I had little to add to the efforts to save his life. I stumbled, panting, into the ICU to see my fear confirmed. The "code blue" was still going on, but it was clear this one wouldn't succeed.

Since Sean was my patient, my duty was to stay calm, put on a pair of gloves, and join the code team. But I couldn't seem to control my chin, and my eyes were swimming. I turned and walked out, and I didn't stop until I was in the call room where no one, no one would see.

—David Hill, MD



Teaching Beyond the Textbook

by Nancy L. Kochuk

Do you remember the first time you had to take a sexual history of a patient? Or the first time a patient cried in your office? Do you recall how you learned about the business side of private practice? Or when you first noticed how very much the social, economic and cultural factors of the community affect the health of your patients?

First- and second-year medical students in the School of Medicine are getting help in all of these areas and more through the Medical Practice and the Community course. MPAC introduces students to a broad range of clinical skills as well as those essential to working effectively in a community. Now in its third year, the course has proved to be popular not only with students, but also with the faculty members who teach it.

Julie Grubb, MD, a clinical assistant professor of family medicine, is one of 33 faculty members — all of them in either internal medicine, pediatrics, OB-GYN or family medicine — who work with MPAC students. She has been meeting with her group of 10 second-year students since they first entered medical school, and it's clear she is very proud of them. And she's definitely impressed with how they've grown over the past 18 months.

"It's heart-warming to see these students grow into the role of physician," she says. "When we started working together, they were brand new, wet-behind-the-ears medical students, and now they're more confident, more open to patient concerns, less judgmental, and generally more aware of what they may encounter in a medical practice."

Grubb and the other faculty tutors invest a significant amount of time and energy to make that happen. They meet regularly to plan and discuss course topics, and they review student journals. They also meet with the student group for a half-day each week during the semester, except for the three weeks each year the students spend in community practices.

When the students and faculty tutors come



MPAC tutor Julie Grubb, MD, spends a lot of time listening as her second-year students talk about their community experiences.

together, enthusiasm reigns. Everyone wants to talk about their experiences in the community. At the start of each class, a debriefing allows that exchange to take place. Students talk about difficult patient encounters, community service projects, interactions they've observed between health care professionals, or whatever else seems significant as they move toward the third year of medical school and their clinical rotations.

Grubb encourages students to talk about their reactions and feelings. "This course is the first time students have patient contact, and those experiences can bring up an array of feelings. We talk about their perceptions and reactions so that they will be better prepared for the next patient encounter."

The MPAC approach is very different from Grubb's own medical school training at Duke only a little more than a decade ago. "When I was a medical student, all of the learning came from the teacher," she says.

"Free interaction between faculty and students simply was not encouraged."

Grubb admits she began the course in that same mindset, and it took her a little time to develop her own student-centered style. She likens teaching to parenting. "When you're first a parent," she says, "it's easy to fall back on doing things the way your parents did for you. Then over time you finally start to see how and where you want things to be different."

Grubb had what she calls a defining moment as a teacher during an early MPAC session. "I suddenly realized that all of the learning did not have to come from me," she says. "I realized that we all have a responsibility to participate, to become engaged in the discussion, and to offer suggestions to each other." That's now her guiding philosophy, and as a result, Grubb believes that everyone — including herself — gets more out of the course. □

Fulfilling a Father's Dream

by Debra Pierce

Valerie Parisi, MD, MPH, new chair of obstetrics and gynecology at UNC, didn't choose medicine as a career. Her father, William, made that decision for her when she was just a toddler. That she honored his decision and has been successful as a clinician and academician is a tribute to him and a testament to her dedication and hard work.

As a first generation immigrant, Mr. Parisi and his wife, Aida, each worked three jobs to send themselves to law school. Mr. Parisi believed medicine was an invaluable vocation for his only child. "From the time I was three years old, my father told me I would be a doctor," says Parisi. "Every Saturday morning, my father and I would engage in some activity related to science and math to prepare me for medicine," she says with a fondness in her voice.

There's no doubt her father was prescient about her calling. Medicine is not only her life's work — it's her passion. That passion and commitment brought her to UNC in December to accept the position of Robert A. Ross professor and department chair, leaving behind her family, friends, and support system in her native New York. For Parisi, the choice to relocate to North Carolina was a simple one.

"You look around the country at departments of obstetrics and gynecology and there are very few the caliber of the one here at UNC," she says. "It is an A-plus department that sits in an A-plus medical school that sits in an A-plus university that sits in an A-plus area of the country. I was given the opportunity to come here and do something significant," she says. "That's what I plan to do."

She's already identified four critical goals for the department. While they are

all of equal importance, research is the goal she first mentions.

"I've been reading that in the new millennium, 10 percent of the academic medical centers will be doing 90 percent of the significant research. I want to be one of the 10 percent doing the work," she says. Identifying specific areas of research to nourish and grow are currently underway.

Protecting and increasing clinical volume is another goal. To that end, the department opened an OB/GYN clinical practice in Raleigh recently. Parisi says the strength of the department in the future will depend on expanding its patient base and serving the people of North Carolina in highly specialized areas.

She also intends to maintain the excellence in education programs at all levels — medical school, residency, fellowship and graduate levels — as well as build and expand patient education programs. A Women's Wellness Center is an attractive idea, says Parisi, giving the medical center the chance to work closely with women, teaching them preventative measures and using interactive technology to enhance what women may already know about disease and treatment.

The biggest challenge, perhaps, is to provide cost-effective care. "That has always been a big challenge for an academic medical center," says Parisi. "We need to start worrying about it now and put some measures in place to make sure we operate effectively and efficiently."

Doesn't it seem an awesome task? "I'm anxious about it all but I have no fear," she says.

Parisi won that battle long ago. A native of Brooklyn, she was the first woman to graduate from a New York public high school and be accepted at Brown University. She was a member of the first graduating class from the

medical school at Brown. She's the first in her extended family to attend college beyond New York City.

While at Brown, she chose obstetrics and gynecology after observing her first delivery. "That was a cool thing," she recalls, "so I decided to concentrate my efforts in obstetrics and gynecology."

From Brown, she headed to Berkeley and received an MPH in Maternal and Child Health from the University of California in 1980. She went on to become a clinical instructor, then clinical assistant professor, in the OB/GYN department at UC-San Francisco.

In 1984, she moved to the University of Texas Medical School at Houston, accepting a position as assistant professor. Within a short time there, she was named associate professor and director of maternal-fetal medicine, building the division and its fellowship program from the ground up. In 1992, she was named medical director of the family center at Hermann Hospital in Houston. She left Texas in 1994 to accept the chairmanship of the department of obstetrics, gynecology and reproductive medicine at the State University of New York at Stony Brook.

She was in year four of her own 10-year plan for Stony Brook when presented with the opportunity to move to Chapel Hill. In those four years, she had put the struggling department at Stony Brook in the black, and increased patient volume in both the faculty and residency practices. In one year at Stony Brook, deliveries increased by one thousand.

"The faculty within the department here (at UNC) is extremely strong," she says with pride. "I don't know that consumers in the Triangle and the state know it, but they are. Every single person on this faculty has national and, in many cases, international recognition in their specialty."

"It really is important to me that we succeed and that we keep the academic mission way out front," she continues. "It's equally important that we remain fiscally sound and clinically productive."

After just three weeks on board, Parisi had delivered several babies and been on-call twice. "I'm never as happy as I am when I'm covering labor and delivery and seeing patients. That's where it's at and right where I want to be."

With the schedule she keeps as administrator, instructor and physician, she has few precious hours for other interests. And, because she's indoors a large part of the time, when she does find time for herself, she spends it outdoors. She's participated in several 100-mile bike races and half-marathons. Since moving to Chapel Hill, she's purchased a couple of books about area hiking trails and plans to go sailing this spring.

Parisi earns an A-plus for picking up on things important to most Tar Heels — she has season tickets to Carolina basketball games. In fact, her hectic schedule had her slated to be in Florida for a national conference the week of the Carolina-Duke game in February. So, Parisi left the meeting to return for the game. That night, she was back on a plane to catch the rest of the meeting. "I am a *loyal* fan," she says. We don't doubt it. □



On her third day as chair of obstetrics and gynecology at UNC, Valerie Parisi, MD (second from right), welcomed a new North Carolinian to the world. An hour after delivery, she and third-year resident Paula Radon, MD, joined parents Paul and Kendra Inman of Siler City to admire their new son, Jessie.

Faculty Notes

Mary V. Allen, MD, assistant professor



Allen

of pathology, was recently appointed to the College of American Pathologists' Path PAC organization. PathPAC is a political action committee which works to affect legislation to ensure

quality laboratory services and serve as advocates for both patients and physicians. Allen has previously served as a member of the college's House of Delegates.

The College of American Pathologists serves more than 15,500 physician members and the laboratory community throughout the world. It advocates for high quality and cost-effective patient care, and is widely considered the leader in laboratory quality assurance.

Craig Blackmore, MD, MPH, assistant professor of radiology, has been named a recipient of the 1998 GE-AUR Radiology Research Academic Fellowship. Blackmore is one of three radiologists to receive the 1998 award, which is valued at \$5,000 a year for two years. The research fellowship is co-sponsored by the Association of University Radiologists and GE Medical Systems, a supplier of medical diagnostic imaging technology.

Kenneth F. Bott, PhD, professor of microbiology and immunology, has been elected fellow of the American Academy of Microbiology. The academy is the only honorific leadership group devoted entirely to microbiologists and the science of microbiology. More



Bott

than 1,300 fellows from 27 countries have been elected to membership for demonstrating scientific excellence, originality, leadership, high ethical standards, and scholarly and creative achievement.

Mauricio Castillo, MD, associate professor of radiology and director, neuroradiology section, has received the Charles A. Bream Teaching Award and was named associate editor for *Academic Radiology*.

Richard L. Clark, MD, professor of radiology and vice chair for research, was elected president of the Society of Uroradiology at its annual meeting in Sante Fe, N.M.

William Droegemuller, MD, professor of obstetrics and gynecology, was reappointed to a four-year term on the National Board of Medical Examiners. The board is a national non-profit organization that prepares and administers qualifying exams for medical licensing and education.

Sue Ellen Estroff, PhD, associate professor of social medicine, was included in the article "What 15 Top Anthropologists are Working on Now" in the November 21 issue of *The Chronicle of Higher Education*. Estroff wrote about her study of people with psychiatric disorders and the risk of violence within their social network, as well as how people with serious mental illness applied for and received disability income.



Estroff

Laura Hansen, MD, assistant professor in the division of general medicine, was named a faculty scholar for the Project on Death in America. PDIA faculty scholars are involved in clinical, research and educational programs to improve the care of the dying.

Laurence Katz, MD, assistant professor of emergency medicine, was elected to the Society of Neurosciences.

Jeffrey Lieberman, MD, professor of

psychiatry and vice chair of research, was awarded the 1998 APA Award for Research in Psychiatry. First awarded as the Hofheimer Prize, this is the most significant award given for research by the American Psychiatric Association. It is given in recognition of a single significant contribution, a body of work, or a lifetime contribution that has had a major impact on the field or altered the practice of psychiatry.

The \$2,500 award and a plaque will be presented to Lieberman at the APA meeting on June 1.

Michael J. McMahon, MD, assistant professor of obstetrics and gynecology, has received a Junior Faculty Development Award in the amount of \$5,000 for calendar year 1998. McMahon's research involves identifying predictors of successful labor in women with previous Caesarean sections.

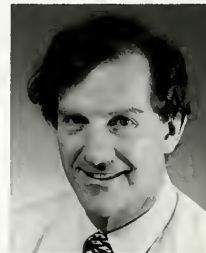
Gary B. Mesibov, PhD, director of the Division for the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH), has been honored by the American Psychological Association for Distinguished Professional Contributions to Public Service.

The citation reviewed Mesibov's work with the developmentally disabled, the quality of his academic research in the field of autism, and his innovative training and leadership skills.

Based at the UNC-CH School of Medi-



Lieberman



Mesibov

cine and run through six centers statewide, TEACCH is the nation's only state-funded program of its kind: comprehensive and community-based, working with professionals and families to help them understand and treat autism and avoid unnecessary institutionalization. Services provided by local centers include diagnostic evaluations, follow-up home teaching and consultations to preschool programs, public schools, group homes and adult day-care programs.

Anthony A. Meyer, MD, PhD. and **Harold C. Pillsbury, MD,** were recently named vice chairs for the Department of



Meyer



Pillsbury

Christian E. Newcomer, VMD, director, division of laboratory animal medicine, recently began his second term as vice president of the Council on Accreditation, a committee of the Association for Assessment and Accreditation of Laboratory Animal Care International. The association promotes the responsible treatment of animals in science through voluntary accreditation.

David Overstreet, PhD, research associate professor of psychiatry, received the

1997 Annual Scientific Award in Complementary Medicine for his research into herbal medicines. The award was presented at a ceremony in December held at the Rougemont Hotel in Exeter, England.

Overstreet has been researching a Chinese herbal remedy for alcoholism and alcohol abuse.

William Rutala, PhD, professor in the division of infectious diseases and director, Statewide Infection Control, was recently appointed to the General Hospital and Personal Use Devices Panel of the Medical Devices Advisory Committee, an appointment he will serve until the end of 2000.

Stephen F. Shaban, MD, associate professor in the division of urology, was installed as president-elect of the Durham-Orange Medical Society.

George F. Sheldon, MD, Zack D. Owens distinguished professor and chair of surgery, was elected chair of the Association of American Medical Colleges' Council of Academic Societies at the AAMC annual meeting in Washington, D.C., Oct. 31 through Nov. 6.

The AAMC represents the 125 accredited U.S. medical schools; the 16 accredited Canadian medical schools; some 400 major

Edward C. Curnen Jr., MD, founding chair of the Department of Pediatrics at the School of Medicine in 1952, died Dec. 1 after a long illness. He was 88.

Curnen was the last surviving chair of the medical school's original five clinics. He served at UNC for eight years before moving on to Columbia University, where he was head of pediatrics until he retired.

According to an editorial in the *Chapel Hill News* in 1975, Curnen "established the standards on which the national reputation of the



Overstreet

teaching hospitals, including 74 Veterans Administration medical centers; and 87 academic and professional societies representing 90,000



Sheldon

faculty, 102,000 residents and 67,000 medical students.

Frank T. Stritter, PhD, professor of family medicine and interim director of the Office of Educational Development, was presented the Merrell D. Flair Award in Washington, D.C., on November 3.

The award is presented annually by the Association of American Medical Colleges to an individual making a major career contribution to medical education in North America. Stritter is the 10th recipient of the award.

Flair, for whom the award is named, was the founding director of UNC's Office of Medical Studies. He served in that role from 1970 to 1980. Stritter joined the UNC faculty in 1971, and succeeded Flair as director.

David K. Wallace, MD, assistant professor of ophthalmology and pediatrics, has been appointed residency program director for the Department of Ophthalmology.

Bradford B. Walters, MD, associate professor in the division of neurosurgery, was installed as district councilor of the

department of pediatrics was later built." He is remembered by friends in Chapel Hill for his love of English literature and great music, which he encouraged his staff to enjoy.

Curnen is survived by his wife, Dr. Mary G.M. Curnen of Bethany, Ct.; three daughters, four sons, and 11 grandchildren.

Memorial contributions may be made to the Edward C. Curnen Jr. Memorial Pediatric Fund, c/o The Medical Foundation of North Carolina, 800 Airport Road, Chapel Hill NC 27514.

Dr. Detective

by Kimberly Yaman

The 18-month-old girl's face and hands were badly burned. The child had somehow managed to pull an iron down on top of herself, her mother said — you know how toddlers get into things.

Maybe. But Karla Hauersperger, MD '91, was not convinced.

"She hadn't brought the child in until a couple days after the injury, and she couldn't explain why she'd waited so long," says Hauersperger. "And the burns — they weren't consistent with simply having an iron fall on a child; it was something that had to have been placed firmly on her for a while."

As a pediatric emergency physician at Children's Hospital, the pediatric institution of Ohio State University in Columbus, Hauersperger often has to play the detective — puzzling out the clues of illness, tracking down causes of injury. And sometimes she has to play the security guard as well.

As Hauersperger talked with the mother about her child's injuries, "the mother became very defensive and agitated," says Hauersperger. "She suddenly decided she didn't want her daughter treated, and I had to physically block the door to keep her from leaving the emergency room with her child."

Both fortunately and unfortunately, says Hauersperger, she's become well-trained in treating child abuse injuries and dealing with the family dynamics that surround the young victims. Asthma has become the No. 1 reason for emergency room visits for children, she says, but child abuse isn't far behind. In this case, Hauersperger's experience in dealing with literally hundreds of similar cases helped her talk with the mother and persuade her to allow the child to be treated. The mother also agreed to cooperate with an investigation.

Children's Hospital in Columbus is one of the largest children's hospitals in the



Karla Hauersperger, MD '91

United States, treating 322,000 patients annually. The hospital houses the second busiest pediatric emergency department in the country, with more than 75,000 patients each year. Hauersperger herself sees tens of pediatric patients each day whose illnesses and injuries run the gamut from skin rashes to severe trauma.

Although the scope and magnitude of her patient's needs can seem overwhelming, she says, the variety of her work is stimulating.

"The cases I see are completely different from day to day," she says. "One day I'll have a three-day-old infant who is jaundiced, which could be from dehydration or

from breast-feeding that just isn't giving the infant as much fluid as he or she needs, or it could be from blood problems causing the blood cells to break down in an improper way. My next tough case of the day might be finding a congenital metabolic disease, meaning I'll need to do a lot of investigative medicine, find the clues and put them together and figure it all out to solve the problem. In between, there might be children who were just out playing and fell over their bikes and sustained a mild injury. Those are the cases that you hope to see more of. I can help them out with their pain, fix them up and send them on their way."

Hauersperger was sent on her way while she was a high school sophomore in Charlotte. She determined to study medicine after participating in a national science competition to select experiments to be performed on NASA's space shuttle.

Her entry in the competition won, and on July 4, 1984, the STS IV Columbia rocketed into space with Hauersperger's experiment aboard.

"It has this long title — 'The Effects of Prolonged Space Travel on Levels of Trivalent Chromium in the Body' — and it involved dietary and blood-level monitoring for chromium in the astronauts before and after their flight," she says.

Chromium, she explains, is used by insulin to control glucose in the body. Too little chromium can result in glucose intolerance. Hauersperger's experiment hinged on her hypothesis that space travel might alter blood chromium levels and

cause glucose intolerance.

"The initial findings of my experiment were that space travel actually can decrease levels of chromium in the body," Hauersperger says. "It leads to the speculation that space travel may lead to glucose intolerance, and what that means for preparing astronauts for their missions."

Based on the findings of Hauersperger's experiment, NASA decided to run it again on a later, longer space flight. But because



As a physician at the nation's second busiest pediatric emergency department, Hauersperger doesn't have time for second-guessing when it comes to her patients' needs.

the experiment was no longer Hauersperger's property after it was flown on the first mission, she doesn't know what the subsequent findings were.

"For a 16-year-old, it was pretty exciting just to know that I had created a sort of starting point," says Hauersperger. "Of course, I'm curious to know what the results have been, but I'm just glad to have been able to launch an experiment of my own."

Her NASA experience launched not only her chromium experiment but also Hauersperger's future mission. With the goal of becoming a medical researcher, Hauersperger studied chemical engineering as an undergraduate at N.C. State, then went on to the School of Medicine in Chapel Hill.

After medical school, Hauersperger leapt at the chance to accept a pediatric residency at Columbus Children's Hospital. She loved the work and was selected to serve as chief resident. And somewhere along the way, she decided to specialize in critical-care pediatrics. After her year as chief resident, she began a fellowship at a Wisconsin children's hospital, but stayed only two months before realizing that she truly belonged in emergency medicine.

"I had some serious concerns regarding the care of patients at the end of their lives," says Hauersperger. "I enjoy and respect the science of critical-care pediatrics, but sometimes the heroics of end-of-life care put a lot of burden on children and their families. So many other physicians are more skilled in those types of issues than I am, and I feel better suited to emergency medicine. It was a good decision to make."

As an emergency physician, Hauersperger says, she is more often the first contact rather than the last resort for families with critically ill children. And she's comfortable in that role.

"Because of my experience and training, I'm in a position to help them anticipate

I'm the first one ever to ask the family of a chronically ill child to what extent they would like life-support measures applied if or when their child reaches a critical phase. I want them to make their own decisions about this — which is easier for them when they know ahead of time that there may be tough decisions to make."

She cites as an example a young boy who was in septic shock — meaning there was a blood infection overwhelming his body's defenses, she explains. Although his life was saved in the trauma room, he was chronically ill afterward.

"The expectation is that if he survived, the family would all go back home and he'd be the same child he was beforehand," says Hauersperger. "But for some children, that just doesn't happen. It's important for families to know that there are many possible outcomes in these situations, not just survival and loss. Educating them about those possibilities allows them to make more informed decisions when the time comes for them to make them."

Hauersperger's emergency room role generally doesn't make it easy for her to track individual patients through the entire process of their treatment, but she makes an effort to make that follow-up contact whenever she can. It's an effort that comes easier with some of her patients — the "frequent flyers," as they're called — who require frequent emergency care because of their illnesses.

"Although I may have only a few hours here and there with these children, I get to know them and their families, and that increases the comfort level for them," says Hauersperger. "It's difficult for kids and families to have someone different ask them all these bothersome questions over and over again."

Many of her frequent patients suffer from asthma and other respiratory diseases.

"Asthma is the most common chronic disease in children, and it's becoming more prevalent due to a number of factors," she says. "More people live in the cities, for instance, and so there is some overcrowding,

increasing exposure to cockroaches, stress and environmental pollutants. And houses are built tighter these days, with more insulation, so there's less air flow to clean out some of the allergens in homes."

She also points to secondhand smoke as being a great contributor to the problem.

"It's just one of the worst things going for children with airway diseases," Hauersperger says. "I don't know how many times a day I have to tell parents, 'If you can't stop smoking, then smoke outside.' It's hard for all of us to realize that we have to modify the behavior of our entire family in order to manage some diseases."

Hauersperger understands the difficulty of coming to this realization because she's also been guilty of not making obviously needed modifications. It took her seven years to give up her cat, even though she knew she was allergic to her feline friend.

"I was coughing and losing sleep, but it was so hard to let her go," says Hauersperger. "She's in foster care now with my mother in Charlotte, and we're both probably doing much better."

But behavior modification isn't enough for many of her patients, and Hauersperger is constantly on the lookout for better methods of treating airway diseases. For the past year and a half, she has been conducting her own clinical study on the use of a mixture of helium and oxygen to more effectively deliver medication to the bronchial system of asthmatic children.

"The critical situation for asthmatics is that breathing becomes such hard work, they just tire out from the act of breathing," she says. "It's absolutely vital that we keep that from happening."

"Because helium is a lighter gas," she explains, "it's easier to breathe it than regular air or even oxygen alone. With a careful mixture of helium and oxygen — or 'heliox,' as we call it — more of the albuterol medication can get further into the children's systems and do more benefit."

Hauersperger examines the children's lungs before and after the therapy, then performs three lung function tests an hour later.

She's currently in the middle phases of her study and hopes to one day see this form of treatment used in emergency management of asthma in pediatric patients.

In the meantime, she's also developing another study that involves a review of patients' treatment charts to evaluate types of emergency-room and intensive-care-unit management of asthma. She believes this retrospective study will point to certain treatment factors that will allow physicians to better predict outcomes.

"We're all getting educated about asthma — those who have asthma, their families and physicians and hospital staff as well," says Hauersperger. "There's no quick fix, no shot, no pill that can correct this condition. Preventive care is one of the most important issues in all areas of health care, and education all around is the key to helping patients manage not only asthma but other diseases as well."

As for her own education, Hauersperger says she's not nearly done.

"My medical training has been full of wonderful learning experiences, and I'd like to keep building on them," she says.

"But the real source of education has been and probably always will be my patients. Working with babies and children and their families has taught me so much, yet not enough — maybe never enough. But I'm ready to learn more." □

[This article first appeared in the alumni magazine of N.C. State University. Reprinted with permission.]

Development Notes



Business Leaders Support Medical Education

Triangle business leaders on the Medical Foundation's Corporate Committee visited the School of Medicine January 21 to meet school representatives, tour UNC Hospitals, and learn more about the importance of corporate support for medical student education. Pictured, from left, are Anne Hager-Blunk, The Medical Foundation of North Carolina; Rick Fowler, BB&T; Ed Willingham, First Citizens Bank; Stan Mandel, MD, UNC Hospitals chief of staff; Peter Meehan, committee chair, The Greenwood Group; Earl Tye, BB&T; Hugh Shearin, Smith, Helms, Mullis & Moore; Elizabeth Woodman; Bill Bodes, Glaxo Wellcome; Jim Brame, Brame Specialty; Tony Maupin, Maupin Travel; Nancy Dougherty, Dougherty & Littlewood, CPA; Steve Cadwallander; James L. Copeland, president, The Medical Foundation of North Carolina. Corporate Committee members not pictured include Marc Ascolese, Exide Electronics Group; Jim Talton, KPMG Peat Marwick; and Jim Walker, The Advisory Group.



1997 Sigma Chi Derby Days chair Eric Royster presents fund-raising proceeds to Edward Lawson, MD, professor and vice chair of pediatrics, in the N.C. Children's Hospital pediatric playroom.

Children's Program Update

More than \$53,000 has been raised in support of North Carolina Children's Hospital through various events held over the past several months.

On November 2, the inaugural Darien's Dash and Sunshine Run, a fun run and 5K race through the UNC-CH campus, raised \$4,500 for the Darien Brown Fund. Named for Darien Denzel Brown, a 4-year-old who died of cancer in April 1997, the fund provides amenities for needy families of pediatric patients and enhances educational programs and therapeutic activities for hospitalized children.

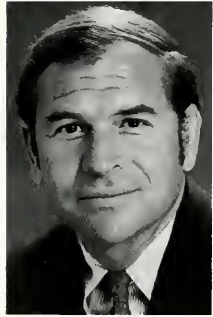
In December, \$3,200 was raised when the complete 1997 collection of 69 Beanie Babies, including retired editions, was raffled to benefit the Jason Clark Fund. Jason was a teenager when he died of cancer in 1994. The fund's proceeds will help build the Jason Clark Teen Room in the new N.C. Children's Hospital currently under construction.

Le Cirque, the 1998 Children's Ball to benefit the N.C. Children's Hospital, was held on January 24 at the Governors Club in Chapel Hill. The event featured a silent auction of elaborate table-top displays created by professional artists, decorators and merchants, and raised \$25,000 for children's programs.

Most recently, checks totaling \$21,000 were delivered to Pediatric Vice Chair Edward Lawson, MD, by representatives from Sigma Chi Fraternity. Through their annual Sigma Chi Derby Days event, the fraternity helped fund three new programs at N.C. Children's Hospital: a performing arts program, an in-hospital video library, and a Spanish-language video for expectant women.

For more information on children's programs at UNC or upcoming events, contact Phifer Crute at The Medical Foundation of North Carolina, Inc., 919-966-1201 or perute@email.unc.edu.

An internationally recognized expert on the diagnosis and treatment of depression, Evans serves on the National Scientific Advisory Board of the National



Evans

Depressive and Manic Depressive Association, and has held continuous funding from the NIH since the early 1980s for studies of depression.

While in his residency at UNC, Evans was a fellow in the Robert

Wood Johnson Clinical Scholar Program. He received his medical degree from Temple University School of Medicine.

80s

Benjamin Staples, MS '80, is health center administrator in the private diagnostics clinics at Duke University. He is responsible for the operations of clinical services in outpatient psychiatry, and is an adjunct faculty member with the department of rehabilitation counseling. Formerly, he was director of Envision Healthcare, a rehabilitation management consulting firm. Staples earned an MBA from Seattle Pacific University in 1991. He lives in Durham with his wife, Brenda Nevidjon, and their 5-year-old son, Jamie.

Pamela Dockery-Howard, MD '83, is a pediatrician for Aegis Family Health Centers in Winston-Salem. She and her husband, Alvin, announce the birth of a daughter, Erin Elizabeth, on Oct. 21, 1997. She joins sister Lauren Camille, 5.

Terance Amb, MD '85, is a staff physician with Johns Hopkins Medical Services in Baltimore.

Bill Leland, MD '87, and **Lisa Sykes Leland, MD '89**, announce the birth of twins, Mary McCall and John "Jack" Whitfield, on December 29, 1997. The twins join siblings Will, 6, Caroline, 4, and Janie, 2. Bill has been a gastroenterologist with the Tarboro Clinic since November 1995, and Lisa is focusing on her exclusive pediatric practice — their five children.

Kimberly Grigsby-Sessoms, MD '89, opened a private internal medicine practice last July in Rose Hill, NC, after five years at the Rural Health Clinic there. Her husband, Rodney Sessoms, is also an internist; he opened a private practice in Clinton, NC, in February 1997. The couple has three daughters — Krysten, 7, Kameryn, 4, and Karmyn, 2.

Rosemary Jackson, MD '89, was named medical director of the North Carolina Correctional Institute for Women (NCCIW) in Raleigh, December 1997.

Merle Miller, MD '89, was recently made director of the physician group and emergency department at Longmont United Hospital in Boulder, Colo. Message to classmates: start planning for 10-year reunion in Spring 1999!

90s

Knut Kverneland, MD '90, was married to Jennifer Mahoney of Gainesville, Fla., on November 28, 1997. He has been in a hospital-only internal medicine practice in Gainesville since 1993, and notes that positions are available for BC/BE internists.

Bryan Neuwirth, MD '91, and his wife, Elyse, welcomed their third child, Camdyn Lee, on July 9, 1997.

Jennifer Moore, MD '92, is a pediatrician practicing in the Nashville, Tenn., area. She was married to Brian James Harris on Oct. 11, 1997. The couple lives in Greenbrier, Tenn.

Sandeep Rahangdale, MD '93, is an internist in Melbourne, Fla. He has joined the largest multispecialty group on the East Coast of Florida, which includes eight UNC alumni. With the addition of he and Dennis Derveke, MD, former chief resident in medicine at UNC Hospitals, there are now 10 Tar Heels in the group.

C.E. Michael Oldenburg, MD, MPH '94, is a board-certified family physician with Northwest Family Physicians in Crystal, Minn. He and his wife, Niki, had a baby girl, Kirsi Sophia, on Sept. 5, 1997. The family lives in Minneapolis.

Deaths

Charles T. Harris Jr., MD '49
Nicholas A. Love, MD, Housestaff '52-'54
Robert Louis Stein, Housestaff '54-'55
Edwin E. Dean, MD, Housestaff '62-'66
Jerry W. Greene, MD '67
Ira Green, MD '73

President's Letter

The Norma Berryhill Distinguished Lecture, given in October, was quite compelling. For School of Medicine alumni, it also was an opportunity to gather and share a warm feeling for what our alma mater has achieved and the people who made it happen.

The truly distinguished lecturer, Joseph S. Pagano, MD, told of the "Chapel Hill Odyssey," 1965 to 1997. Dr. Pagano, Lineberger Professor of Cancer Research and Director Emeritus of the Lineberger Comprehensive Cancer Center, is one of the people who have made our School of Medicine great.

So is Norma Berryhill. She and members of her family sat in the front row at the annual event named for her. She was honored for her role as "first lady" of the School of Medicine during the years her husband, Dr. Reece Berryhill, served as faculty member and dean.

The lectureship was conceived by Dean Stuart Bondurant and senior members of the faculty and began in 1985. Those who deliver the Lectures are honored as the School of Medicine's most distinguished scientists and scholars. It is also an academic convocation for welcoming new faculty to the medical school family.

We alumni are likely to remember Dr. Pagano as a teacher of the curriculum in genetics and molecular biology. His lectures on the Epstein-Barr virus and its links to cancer were delivered with enthusiasm and humor that distinguished him from most other speakers.

A faculty member since 1965, he has received many honors, including the 1996 North Carolina Award for Science.

Most of the medical students Dr. Pagano taught did not follow him into research or academics. But his skill as a teacher and his brilliance as a scientist and researcher helped to make us better practicing physicians. His enthusiasm for learning is infectious and inspires the lifetime commitment to scholarship that is needed to stay current in any field of medicine.

Although I remember Dr. Pagano quite clearly from my student days in the '70s, I did not know at that time that he already had an international reputation. In fact, I was ignorant of the well-recognized excellence of many others of our faculty.

Recently, as a member of the dean's search committee, I had a chance to look at our medical school relative to others. For the first time, I came to appreciate the rarity of our school's achieving excellence in both scientific investigation and preparing clinical medical practitioners, including those in primary care.

North Carolina supports our medical school generously in comparison to most states, but still supplies less than a third of the funds needed to support our operations. For the School of Medicine to continue to thrive, it must have the ability to compete for NIH and other grants, as well as gain managed care contracts and other patient referrals.

Alumni support is essential, not only in direct contributions, but also in advocacy with our many constituencies, some of which may understand only a piece of our mission.

Those of us in direct patient care are glad to offer the breakthroughs of modern science to our patients and can be an essential link to testing many hypotheses in the clinical arena.

It was good to be back in Chapel Hill on that beautiful autumn day. It will be lovely in the spring, as well, when our alumni meeting will feature Distinguished Service Awards. Come see old friends, meet new ones, and celebrate the many facets of a great medical school. The one whose name hangs on your wall. You might find it's better than you remember.



Darlyne Menscer

Darlyne Menscer, MD '79

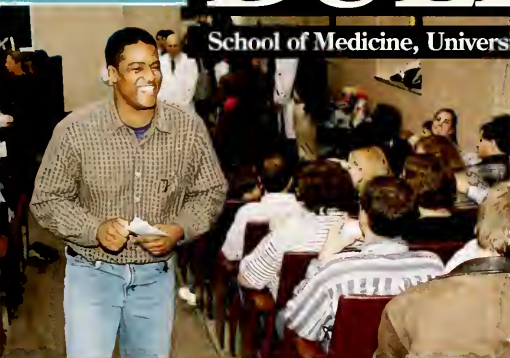
	Medical Alumni Activities	
April 22-26	NC/SC Society of Ophthalmological Physicians and Surgeons	Asheville
April 24-25	Spring Medical Alumni Weekend	Chapel Hill
April 25-26	Glomerular Disease Collaborative Network	Chapel Hill
April 30	Greater Atlanta Alumni/Dean's Reception	Atlanta
May 1	9th Annual May Day Trauma Conference	Chapel Hill
May 13	New Hanover County Alumni/Dean's Reception	Wilmington
May 21-22	19th Annual TEACCH Conference: Scientific Approaches to Identifying and Understanding Autism	Chapel Hill
June 6	Medicolegal Seminar	Chapel Hill
June 11-14	Changes and Challenges in Anesthesiology	Hilton Head, SC
June 12	Liver Disease Update	Chapel Hill
June 28 - July 1	23rd Annual Meeting: ACLI Medical Section	Asheville
July 13 - 17	TEACCH Training for Professionals Working with Autistic Children (also July 20-24, July 27-31 and August 3-7)	Chapel Hill
July 16 - 17	Heart Failure Management 1998	Amelia Island, FL
August 9-15	Disorders of Attention and Learning	Research Triangle Park
Sept. 30 - Oct. 3	Pediatric Bronchoscopy	Chapel Hill
October 1-4	Robert A. Ross OB-GYN Society Annual Meeting	Sea Island, GA
October 9-10	Fall Medical Alumni Weekend	Chapel Hill
<p>For more information about CME courses or alumni activities, contact the Office of Continuing Medical Education and Alumni Affairs, School of Medicine, 231 MacNider Building, UNC, Chapel Hill, NC 27599, or call the Carolina Consultation Center at 800-862-6264.</p>		

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Medical Alumni **BULLETIN**

School of Medicine, University of North Carolina at Chapel Hill



Match Day 1998

Dean's Page

During this first year as Dean of the School of Medicine, I have studied the many programs and organizations within the school that fulfill our mission of scholarship and service to the state and to the nation. I've appreciated all of the candid feedback from alumni, faculty, and students. At this September's faculty meeting I will summarize my analysis of the past year and describe my plans for evolving the management of the school in the context of the changing health care environment. More than ever before, we'll have to work together across departmental lines in the school and across school boundaries in the university to accomplish our missions. We'll need to study ourselves continuously to monitor our efficiency and effectiveness in teaching, health care delivery, and research endeavors.

Among the changes I'll be describing at the September faculty meeting is the unification of the groups that serve our educational mission under a new executive associate dean for Medical Education. Dr. Cheryl McCartney, professor of psychiatry and former associate dean for Student Affairs, has agreed to head this effort which will integrate the functions of the divisions listed below.

Admissions: UNC is one of four medical schools in the country that rank in the top 20 in both research and production of primary care physicians. To represent both strengths of our bimodal medical school to our applicants, faculty co-chairs of the Admissions Committee have been appointed. Dr. Paul Farel, professor of physiology and winner of numerous teaching awards, will co-chair the committee with Dr. Axalla Hoole, professor of medicine and former director of the Physical Diagnosis course. Mr. Larry Keith will assist them as the director of Recruitment, while he continues his role as director of the highly successful Medical Education Development (MED) program. Ms. Rachel Castle, presently our school's registrar, has been named director of the Admissions Office.

The new group already has been hard at work learning about our history and analyzing our procedures. The Advisory Committee of the School of Medicine has approved their proposal to amend the admission requirements to replace one semester of general biology and encourage applicants to take courses in molecular biology and genetics and/or cellular and developmental biology instead. We will maintain our commitment to our strong combined degree programs: MD/PhD and MD/MPH. We will remain committed to our mission to "provide access to ca-

reers in the health professions to qualified applicants with a special emphasis upon North Carolinians," and to meet our "obligation to achieve representation of minorities in the health professions."

I have expressed my appreciation to Dr. Elizabeth Mann for her contributions in seven years as associate dean for Admissions and almost 20 years' service on the Admissions Committee.

Curriculum: Dr. Nancy Chescheir, associate professor and former acting chair of obstetrics and gynecology, will be the associate dean for Curriculum. Her reputation for excellence in teaching was recognized by our students when they elected her to deliver the Whitehead lecture in 1996. She already has begun to review the faculty management structure for the curriculum and to integrate student feedback.

The Medical Practice and the Community course, popular for its exposure of first- and second-year students to clinical medicine, is under her review as she assumes the leadership of the Office of Community Medical Education. OCME links us with hundreds of community physicians who precept our students in clinical experiences. Dr. Paul Farel will also serve as associate dean for Pre-clinical Education. His vision includes not only attention to the teaching of basic science to medical students, but also to improvements in the university and MED curricula to excite college students about medical careers.

We are grateful for the contributions to the educational program of Dr. William Mattern, professor of medicine and former senior associate dean for Academic Affairs, and Dr. Michael Sharp, professor of pediatrics and former director of the OCME.

Student Affairs: Dr. Georgette Dent, associate professor of pathology and former assistant dean for Student Affairs, has been promoted to the role of associate dean for Student Affairs. She is hard at work preparing the seniors' dean's letters while assuming responsibility for the wide range of student support programs from orientation through graduation, including academic assistance, financial aid, and career counseling.

Dr. Noelle Granger, professor of cell biology and anatomy, will continue as assistant dean for Student Affairs. Dr. Granger coordinates the very successful programs for student advocates and student research, including the Whitehead Medical Society, which is undertaking a comprehensive review of its constitution in order to strengthen its ability to lead and to represent our student body. The society manages a large budget to support the activities of student groups,



many of whom provide community service across the state.

Office of Educational Development: Dr. Carol Tressolini will now direct this office, whose staff will refocus on support to the curriculum through institutional research, continuous quality improvement of courses, and new styles of faculty development. Dr. Frank Stritter, retired OED director, will continue his contributions in faculty development. We will expand the use of standardized patients for teaching and then assessing students' competence in physical diagnosis and interviewing. Mr. Larry Keith is enlarging the MED program in order to offer rigorous preparation for medical studies to non-traditional students as well as disadvantaged students. Programs for talented high school students interested in health science careers will also grow.

I thank all of the administrators who are stepping down for their hard work over many years, which brought the school to its present strength and vitality. I wish the new leaders good luck as they evolve our programs to meet the emerging needs in medical education, research, and clinical care. As always, I am interested in your thoughts.

A handwritten signature in dark ink that reads "Jeffrey L. Houpt". The signature is written in a cursive, flowing style.

Jeffrey L. Houpt, MD
Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover: Match Day 1998 photos by Jay Mangum. Match list for the Class of '98 starts on page 18.

News Briefs



Spicer-Breckenridge lecture focuses on humanity of medicine
Rafael Campo, MD, professor of medicine at Beth Israel Deaconess Medical Center in Boston and instructor of medicine at Harvard Medical School, was the keynote speaker at the 1998 Spicer-Breckenridge Memorial Lecture, held April 24 in conjunction with Spring Medical Alumni Weekend. Campo is the author of "The Other Man Was Me," which won the 1993 National Poetry Series award, and a collection of essays titled "The Poetry of Healing: A Doctor's Education in Empathy, Identity and Desire." Pictured behind Campo is Arnold Breckenridge, a 1939 graduate of the School of Medicine who was killed while training for the invasion of Okinawa.

Third mini medical school a hit with Raleigh audiences

More than a dozen medical school faculty lecturers addressed some of the latest developments in medical science at the School of Medicine's third Mini Medical School, a popular community lecture series initiated in 1996.

Held at the N.C. Museum of Art in March, the five-part series was attended by more than 260 people, including science teachers, health careers students, and those simply interested in the science behind modern medicine. And as with previous Mini Medical Schools held in Chapel Hill and Charlotte, each session was highly rated for its content, speaker presentations and

stimulating discussion.

In the first session, titled "The Miracle of Life and the Curse of Addiction," Kathleen K. Sulik, PhD, professor of cell biology and anatomy, spoke on embryo development and the causes of birth defects. Fulton T. Crews, PhD, professor of pharmacology and director of the Bowles Center for Alcohol Studies, addressed pleasure and reward systems in the brain and the causes of addiction.

Week two featured Gerry S. Oxford, PhD, professor of physiology and director of the neurobiology curriculum, and Robert N. Golden, MD, professor and chair of psychiatry, who addressed how the brain functions and the neurobiology of depression, respectively.

Attendees learned about battling infectious diseases during the third lecture. Myron S. Cohen, MD, professor of medicine and microbiology and immunology and chief of infectious diseases, talked about the body's defenses and the microbial wars. Charles van der Horst, MD, associate professor of medicine and director of the UNC AIDS clinical trials unit, spoke on

putting a halt to HIV.

Part four of the series highlighted the ABCs of genetics: Oliver Smithies, D.Phil., Excellence professor of pathology, spoke on the basics of inherited diseases and how mistakes happen; Beverly H. Koller, PhD, research assistant professor of medicine, spoke on animal models for human genetic diseases; and Richard J. Samulski, PhD, associate professor of pharmacology and director of the UNC Gene Therapy Center, spoke on gene therapy.

The wrap-up session, "Medicine for All Ages," featured Don K. Nakayama, MD, Colin G. Thomas distinguished professor of surgery and pediatrics, who addressed surgery for birth defects; Carol A. Ford, MD, assistant professor of pediatrics and medicine and director of the UNC Adolescent Medicine Program, who spoke on adolescent medicine; Harold C. Pillsbury III, MD, Thomas J. Dark distinguished professor of surgery and chief of otolaryngology, who talked about cochlear implants for seniors; and Jeffrey A. Houpt, MD, dean of the UNC-CH School of Medicine, who spoke on excellence in medical education.



A thank-you to acting department chairs

The School of Medicine held a reception in March to recognize and thank six faculty members who served as acting chairs of their respective departments. Pictured with Dean Jeffrey Houpt (third from left), they are: Laurence E. Dahners, MD, Orthopaedics; Ronald I. Swanstrom, PhD, Biochemistry and Biophysics; William F. Marzluft, PhD, Biochemistry and Biophysics; Janne G. Cannon, PhD, Microbiology and Immunology; Michael G. O'Rand, PhD, Cell Biology and Anatomy; and Nancy C. Chescheir, MD, Obstetrics and Gynecology.

Ultrasound center earns accreditation

The Perinatal Diagnostic Center at UNC Hospitals recently received full ultrasound accreditation from the American Institute of Ultrasound in Medicine (AIUM), making it the only certified facility in the Triangle.

Since 1996, the AIUM has certified 322 sites, nine in North Carolina, and suggests that insurance companies eventually may cover only ultrasounds at accredited facilities.

The recent trend toward accreditation follows a push by the AIUM for higher standards of quality assurance in ultrasound centers. To gain certification, centers must prove a high level of competence based on well-trained personnel, up-to-date equipment and properly documented case studies.

Jeffrey Kuller, MD, associate professor of obstetrics and gynecology, organized the accreditation application. UNC did not make any changes in its existing operating practices in order to earn the accreditation, he said. "Although the accreditation was not easy to obtain, we felt confident in the high quality of service that our unit already provided," said Kuller.

UNC's Perinatal Diagnostic Center is also the only facility in the Triangle that has both an on-site ultrasound unit and its own screening program for fetal abnormalities. The center is staffed by five maternal-fetal medicine specialists, three genetic counselors and four diagnostic medical sonographers.



Gambel delivers 18th Zollicoffer Lecture

Vanessa Northington Gambel, MD, PhD (left), visits with attendees following her delivery of the 1998 Zollicoffer Lecture in February. Gambel is director of the Center for the Study of Race and Ethnicity in Medicine at the University of Wisconsin at Madison. Established in 1981, the Zollicoffer Lecture commemorates more than 30 years of minority presence in the UNC-CH School of Medicine. Lawrence Zollicoffer, MD, who died in 1976, was the fourth African-American graduate of the School of Medicine and a founder of the Garwyn Medical Center in Baltimore. He was also widely recognized as a civil and human rights activist.

Biography of Dr. Berryhill

Drs. Bill Blythe, Floyd Denny and Bill McLendon are preparing a biography of Dean Reece Berryhill, which will include a history of the foundation of the academic medical center at Chapel Hill. It is anticipated that this will be completed before the 50th anniversary celebration in 2002 of the opening of North Carolina Memorial Hospital and of the beginning of clinical education for medical students at Chapel Hill in 1952.

The authors would appreciate hearing from anyone who would be willing to share reminiscences, anecdotes, correspondence or photographs of Dr. and Mrs. Berryhill. To help or for further information, please contact one of the following:

- Dr. Bill Blythe, 114 Hillcrest Circle, Chapel Hill NC 27514, (919) 942-6500
- Dr. Floyd Denny, 9210 Dodsons Crossroads, Chapel Hill NC 27516, (919) 966-2504
- Dr. Bill McLendon, 902 Woodbine Drive, Chapel Hill NC 27514, (919) 942-5227



Stamping out breast cancer

The UNC Lineberger Comprehensive Cancer Center was the site of the east coast unveiling of the breast cancer research "semipostal" stamp. The new 40 cent stamp is valid for 32 cent First Class postage. Seventy percent of the difference will fund breast cancer research at the National Institutes of Health, and 30 percent will go to the Department of Defense Breast Cancer Program. Ceremony speakers were (from left) UNC System President Molly Broad; Cancer Center Director H. Shelton Earp III; Senator Lauch Faircloth, who sponsored the legislation creating the stamp; Sue Moore, co-founder of the Breast Cancer Coalition of NC; Colonel Irene Rich, director of Department of Defense Medical Research Programs; and Chapel Hill Postmaster Robert McClain.

Research Briefs

A sampling of research activity from the UNC medical center. Further details are available from the investigator. E-mail addresses are listed when available, otherwise, all researchers can be reached through the Carolina Consultation Center, (800) 862-6264.

Scientists find eye pigment controls circadian rhythm

Carolina researchers have discovered a new light-sensitive pigment in the eye, the skin and part of the brain responsible for the body's internal clock. The discovery is the first of its kind in more than a century and might lead to better treatment for depressed people or fewer accidents at work during late-night shifts.

The pigment, called cryptochrome or CRY, appears to control mammals' circadian rhythm, the 24-hour biological timer that regulates numerous bodily functions. Those processes — synchronized to light and dark by light at dawn — range from body temperature and blood pressure regulation to intellectual performance, sleeping and wakefulness.

"We are extremely excited about this fundamental discovery because it appears to be so central to mental and physiologic functioning," said Aziz Sancar, MD, PhD, Kenan professor of biochemistry and biophysics at the School of Medicine. "In the past, it was assumed that the same pigment in the eye was responsible for both vision and circadian synchronization. We have now shown that that's not true.

"Understanding how circadian rhythm works has many practical applications," said Sancar. "First, individuals with a disease called seasonal affective disorder, or SAD, suffer serious depression during the winter months with short daylight. It may be that SAD patients have a defective gene that doesn't produce the pigment properly or simply suffer from a vitamin B-2 deficiency. Maybe we can treat some patients with vitamin B-2."

Second, industrial accidents such as

those at Three Mile Island and Chernobyl often occur at night. American industry has collected data showing most accidents happen during the midnight shift.

"That's because people's circadian clocks have told them that it is time to slow down, and mistakes are more likely," Sancar said.

Findings appear in the May 26, 1998 Proceedings of the National Academy of Sciences.

Sweet tooth, personality traits predict risk of alcoholism

A new study by researchers at UNC's Bowles Center for Alcohol Studies offers compelling evidence that a strong preference for intense sweet taste combined with a particular personality profile can help diagnose alcoholism with great accuracy.

The findings also may pave the way for development of an easy-to-administer diagnostic test for determining the risk of developing alcoholism.

"So far, the combination of a 'sweet test' and a written survey called the Tridimensional Personality Questionnaire — which evaluates the levels of novelty seeking, harm avoidance, and reward dependence — allowed an accurate diagnosis of alcoholism in 85 percent of the subjects studied," said Alexey Kampov-Polevoy, PhD, psychiatry research fellow. "Actually, the word alcohol is never mentioned throughout this testing routine, which takes about 15 to 20 minutes. No other diagnostic test for alcoholism shows such results."

Kampov-Polevoy said a strong liking for sweets alone is not enough to accurately indicate the presence of alcoholism. Only those sweet-liking individuals who have a certain personality profile are vulnerable to the development of alcoholism.

Research findings were published in the May 1998 issue of the journal Alcoholism: Clinical and Experimental Research. Kampov-Polevoy can be reached at <akampov@email.unc.edu>.

Childhood obesity grows among second-generation immigrants

Adolescent obesity increases significantly among second- and third-generation immigrants to the United States, according to a new UNC-CH study. Why is not known, scientists say, but less physical activity and a higher-fat, more plentiful diet probably are responsible.

"Childhood obesity is a major public health problem affecting nearly 25 percent of all North American children," the authors wrote. "Its effects on health during childhood and adulthood and its related social and economic consequences are becoming clearer. What is less clear is the way in which patterns of adolescent obesity vary by race, age and sex."

All Asian immigrant groups, except Chinese and Filipinos, doubled their proportion of obese children during the transition from first-generation to second-generation residency, the study showed. The level of increase between first- and second-generation Hispanics was almost as great.

"These results tell us that the power of the process of adapting to the American lifestyle of diet and activity is far greater and occurs more rapidly than we thought," said Barry M. Popkin, PhD, professor of nutrition at the School of Medicine and one of the authors.

A report on the findings appears in the May 1998 issue of the Journal of Nutrition. Popkin can be reached at <popkin.cpc@mhs.unc.edu>.

Researchers discover key cancer control mechanism

A gene called ARF attaches to and disables a protein known as MDM2 and in the process helps protect the body against cancer. School of Medicine researchers have discovered.

The mechanism appears to be one of the most potent natural ways of fighting tumor

development and might be manipulated to treat cancer more successfully or detect it earlier, the scientists say.

"While this work is not a cure for cancer, it is very important for several reasons," said Yue Xiong, PhD, assistant professor of biochemistry at the UNC Lineberger Comprehensive Cancer Center. "First, it provides a mechanism by which ARF suppresses tumor growth. It also may explain why a certain genetic locus, or site on a chromosome, is frequently missing in human cancer."

A report on the discovery appears in the March 20, 1998 issue of Cell. Xiong can be reached at <yxiong@email.unc.edu>.

New RNA repair may lead to more successful gene therapy

A possible new form of gene therapy designed to mask genetic mutations — instead of cutting away and replacing them — has been developed by scientists at the School of Medicine and Bern University in Switzerland.

The technique, so far limited to laboratory cell cultures, involves using small RNA molecules to block defective processing, or splicing, inside cell nuclei of a messenger RNA that codes for a blood protein known as beta-globin.

Since the short RNA fragments block the faulty processing sites, cells' splicing machinery can only use functional, non-mutated locations, researchers say. What results is steady production of healthy "messengers," which then relay accurate genetic instructions into cell cytoplasm where normal proteins assemble.

"This work offers real hope that one day we will be able to cure — not just treat — beta thalassemia, an inherited deficiency of hemoglobin, the essential protein that carries oxygen and gives blood its red color," said Ryszard Kole, PhD, professor of pharmacology and one of the authors.

A report on the research appears in the April 28, 1998 issue of the Proceedings of

the National Academy of Sciences. Kole can be reached at <kole@med.unc.edu>.

State program boosts immunization rates

North Carolina's practice of buying almost all vaccines distributed to doctors' offices and public health clinics across the state has been a wise investment, a new study concludes.

"North Carolina's universal purchase program has had a significant positive impact on immunization rates, especially for children with inadequate insurance for well-child care," said Gary L. Freed, MD, associate professor of pediatrics at the School of Medicine.

"We found that as a result of this program, children who were either uninsured or underinsured increased their immunizations by up to 10 percent," he said. "That's a very big difference because boosting rates for those particular kids is especially difficult, and that was the reason for the program."

Freed presented the findings on May 5, 1998 at the Pediatric Academic Societies' annual meeting in New Orleans. He can be reached at <gary_freed@unc.edu>.

Scientists create 3-D map of cell membrane ion pump

For the first time, scientists have succeeded in mapping the structure of an ion pump in cells' plasma membrane — the "bag" that holds human and animal cells together and separates them from neighboring cells. The researchers did it by crystallizing the membrane and studying it under electron microscopes.

Their work is a basic science breakthrough, the investigators say, because of the great difficulty involved and the importance of membranes, which control many key bodily functions.

"Before you can understand how something in the body works, you have to know

what its structure is at the atomic level, and that's what we have been investigating," said Gene A. Scarborough, PhD, professor of pharmacology at the School of Medicine. "The ion pump we studied is especially important because it is part of a family of membrane proteins that regulate blood pressure, heart function, nerve conduction and acid secretion."

A report of the findings appeared in the May 1998 issue of Nature, the top British biological journal. Scarborough can be reached at <gas@med.unc.edu>.

New test for detecting radiation damage shows great promise

Canadian scientists collaborating with a School of Medicine researcher have developed the most precise test yet for genetic damage caused by ionizing radiation and cancer-causing chemicals.

The new test promises to be extremely useful because it is some 10,000 to 100,000 times more sensitive than other assays, the scientists say. Experiments with the technique also suggest doctors soon may be able to boost the body's ability to repair genetic injuries.

"Potentially, this assay could measure clinically relevant damage from ionizing radiation even in a clinical situation," said Steven A. Leardon, PhD, professor of radiation oncology at the School of Medicine. "Before long, we also may be able to monitor the effects of irradiating tumors much better than we can now."

A report on the research appears in the May 15, 1998 issue of the journal Science.



Is There a Doctor in the House?

Perhaps not, but it might not matter. One of the nation's top telemedicine programs is connecting remote rural patients with the best care available.

by Dale Gibson

Walker Long, MD, was up early on a September morning, but it could have been any morning in any month. Not unlike most of the physicians at UNC Hospitals, he works long hours, somehow trying to extend his expertise to every nook of the state that pays his salary.

On this morning, his mission was one he embarks upon regularly: 7:30 a.m., board one of the small prop plans that comprise the "UNC Air Force," spend 40 minutes in the air, another 10 or so in a cab and end up at New Hanover Regional Medical Center for a day's work.

There, Long calls on his training as a pediatric heart specialist to diagnose the worrisome cases that have been referred to the Pediatric Cardiology Clinic, which has been a staple of the Wilmington hospital's regional outreach since 1968.

Caring for kids is a passion with Long, but he has developed another mission of late — using technology to bring better and more affordable health care to those who need it without requiring travel. Grouped loosely under the term "telemedicine," it's a growing mantra that Long finds compelling and crucial to the future of his profession. That's why he agreed a year ago to increase his already considerable work burden to take on the job of director of the Office of Telemedicine at the UNC School of Medicine, where he is a tenured associate professor.

"I'm on a dead run," said Long, who at 48 maintains a youthful appearance despite a full shock of graying hair.

Mark Williams, MD, a colleague of Long's at UNC, also is a believer in the benefits of telemedicine. But unlike Long, Williams is a geriatrics specialist and he has established a program that involves consultation with patients and doctors in remote

areas of North Carolina through video conferencing.

In one case, Williams had a patient in Northampton County with a liver problem who had been going back and forth between home and UNC Hospitals for tests. The patient would return to his family doctor back home, and along with him he carried the burden of interpreting what he had been told in Chapel Hill. Much like the game of "Gossip," there was little confidence the messages were being conveyed accurately.

"The patient felt he was the purveyor of the information back to his local doctors, and he wasn't sure if he was carrying all the information he needed to," said Williams. "He asked if we could have a telemedicine session."

With the liver specialist in the Chapel Hill studio and the patient, his doctor and a physician's assistant at the other end, the conference was convened. "The discussion went back and forth, and this was important because the range of possibilities went from doing nothing at all to major surgery," Williams noted.

The session was videotaped, and the patient took the tape home to show his wife. "The documentation was far superior to a written set of notes," Williams said. "By having everybody involved, a systematic plan emerged." Surgery was deemed unnecessary, and the patient is doing just fine.

Digital diagnosis

Telemedicine actually is but a piece of an overall revolution that Long, among others, sees coming in health care, courtesy of advances in technology and telecommunications. "Telemedicine right now is an arcane little area," Long said as he took a break from examining children at the New Hanover clinic. "What we're really aiming for is the digital transformation of

health care."

Almost as if by script, a UNC resident who had accompanied Long on this trip to the New Hanover clinic presented his mentor with a case that makes Long's point. A boy we'll call Scott has suffered the effects of muscular dystrophy and severe mental retardation for all of his 15 years. His small and twisted body is so imperfect that he regularly must contend with new and recurring health problems.

Long was asked to review Scott's file after the boy's family doctor in rural New Hanover County became concerned about a problem with his heart rhythm. Long opened the file, about a quarter of an inch thick, and surmised in mere seconds that it didn't contain enough information to make a proper diagnosis. About the only document worth reviewing was an electrocardiogram, and it was badly out of date.

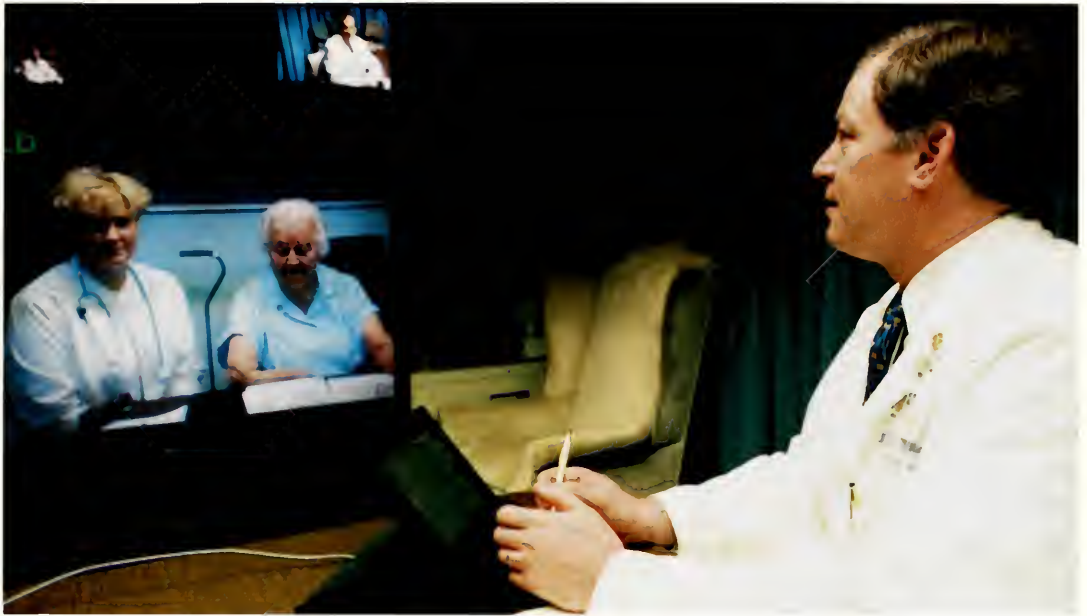
A boy with such chronic health problems would have amassed huge medical files. "Where are they?" Long posed. "Some of them may be in the basement of this hospital — on microfiche — and if I want them I have to go down there, find them, make prints ... not a very effective use of any doctor's time." More of Scott's files undoubtedly are stored at his family doctor's office; others might be in Chapel Hill or any of a number of facilities.

Long's point: Information about patients is a vital ingredient in delivering effective health care and today's paper-based system of record-keeping is a huge impediment.

His solution: Technology.

When the two subjects are merged — care for patients and technology — Long can barely contain himself. "Seeing patients is always fun — especially children, because they're so full of life," he said. "But I'm so excited about what technology can do to improve health care that I can hardly sleep."

Long said the digital revolution — the



Dr. Mark Williams has a teleconference with Edith Edmonson and her nurse, Kim Johnson, at Our Community Hospital in Scotland Neck. Williams says that "patients quickly get into the encounter—very much the way a person feels a part of the action in a movie theater."

Internet, affordable technology — offers the opportunity for the health-care business to solve some of its most egregious problems and, in the process, deliver better care at less cost.

This is a realm of telemedicine that might best be described as the "backshop" of the technology. Long foresees the creation of a medical Internet, which might piggy-back the current Internet. In his vision, the birth of a human being would mark the beginning of lifelong electronic tracing of that person's medical history, which would be readily accessible to physicians everywhere.

Reasons for change

A sometimes lecturer in the Kenan-Flagger Business School on the financial aspects of health care, Long ticked off the reasons his profession must embrace technology:

- 15 percent of this country's gross domestic product is for health care.
- 40 percent of that is spent on the storage and retrieval of information.

- 20 percent of that is spent in error.

Long, a native of Raleigh who earned his medical degree with honors from the UNC School of Medicine in 1976, ultimately wants every doctor in every facility around the globe to have access to a computer that would give that physician quick access to complete patient records.

The technology is here, he reasoned: ATM cards are an example of such electronic communications. As a first step in that direction, the UNC medical school is installing 128 computer terminals that will use ISDN technology, modems and inexpensive cameras to establish voice and video communications among doctors within the hospital as well as at other facilities that have similar technology.

"This is critically important to the future of health care for three reasons," Long said. "The patient wants access to information and expertise; the physicians need access to patient data; and leaders in health care need access to the aggregate data so they can accurately judge what's going on in the business."

Beyond that, several programs are under way at UNC that clearly fit the more narrow

definition of telemedicine — the use of technology to close the distance between healthcare providers and those in need of their expertise.

Thinking globally

UNC is not alone in experimenting with telemedicine, but its year-old program already has been judged among the best in the nation by a national publication that tracks the field.

Ultimately, through technology, patients and doctors may be brought more closely together than they have for years. For example, in one program at Ft. Gordon, Ga., doctors are placing computers in homes that are linked to their offices — the virtual return of the house call.

"Technology can truly take us back to the future," Williams said.

Although Long and Williams specialize at opposite ends of the human life cycle, their interests converge in technology. Two projects they are overseeing separately provide case studies of how Carolina is working to extend the vast medical expertise of the UNC



Dr. Robert McArtor and a technician perform an echocardiogram on a newborn at New Hanover Regional Hospital in Wilmington.

system across the state and beyond.

"Chancellor [Michael] Hooker said shortly after he arrived here that the medical school is the best ambassador for this University because we're out there," Long said. "Now, we're going out there virtually."

As one of six pediatric heart specialists at UNC, Long's expertise is in demand. At New Hanover Regional, which serves seven counties, about 300 infants are admitted to the cardiac intensive care unit every year — many of them with puzzling heart anomalies that can be diagnosed most accurately by a pediatric heart specialist. And the region has none.

For years, Long and other specialists from UNC have traveled to faraway corners of the state for clinics, workshops and consultations. And, of course, patients routinely visit UNC Hospitals for care.

"With telemedicine, distance will no longer be a barrier," Long said. "We will be able to provide the expertise of this hospital — there are 600 physicians here — without making the patient or us travel, and it will be available 24 hours a day, seven days a week."

Such care, in fact, already is available in a telemedicine program that links UNC Hospi-

tals with five hospitals in North Carolina; New Hanover Regional; Cape Fear Memorial in Fayetteville; Women's Hospital in Greensboro; Moore Regional in Southern Pines; and Scotland Memorial in Laurinburg. The system is even linked to a hospital in Santiago, Chile — providing a glimpse of the promise of virtual care on a global basis that Long envisions.

One of the fastest connections now available, a T-1 line, links UNC to New Hanover. The others are linked by less expensive ISDN lines, which although slower are adequate, in Long's judgment. UNC has loaned each of the hospitals a computer system designed by Long and a Raleigh consulting company that provides all of the necessary equipment to transmit echocardiograms of newborn hearts to Chapel Hill for expert diagnosis.

Equipped with a small camera produced by a Wilmington company, the doctors can even hold video consultations. Dr. Robert McArtor, director of the pediatric ICU at New Hanover and a professor in UNC's Department of Pediatrics, can wheel the unit directly to the crib of a newborn and scan the baby with the camera, sending the image to Chapel Hill. Or he can take an echo, which is

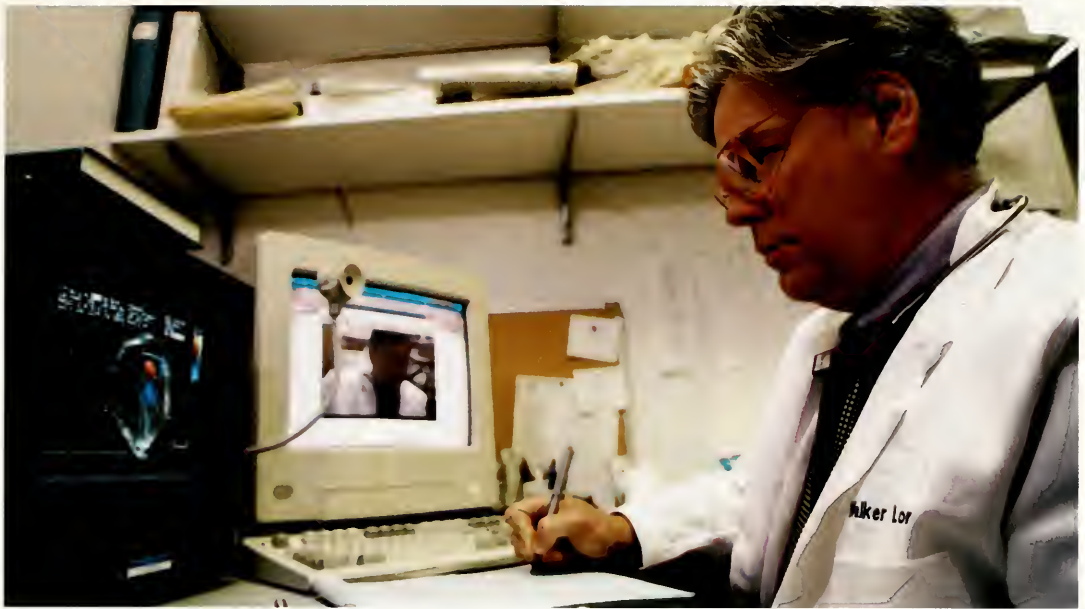
simultaneously transmitted for diagnosis. Often, though, the echo is videotaped and transmitted with a written diagnosis faxed back within an hour.

Previously, videos were shipped by express mail services — causing significant delays in diagnosis. Or a diagnosis was made by a cardiologist without specialized training in the newborn heart.

"We're finding this to be a critical element in the care we offer," said McArtor. "This simple technology may indeed save lives in that babies sometimes are born with a condition that may appear to be a lung disease but actually is a heart problem that only can be treated at UNC."

Often, McArtor or the pediatricians in Wilmington can take care of the baby's problems. In severe cases, the newborn may be transported to Chapel Hill. In the past, though, babies that didn't need transport often were sent to Chapel Hill — at considerable trouble and expense.

"What telemedicine does, it changes the definition of a hospital," said Long. "What UNC Hospitals offers now will be a cohesive service. Ultimately, the buildings will just be assets."



Back at UNC Hospitals, Dr. Walker Long reads the image.

Elder care

At the other end of the age spectrum in health care is Williams, who uses the N.C. Information Highway to deliver virtual care and consultations to geriatric patients in the rural northeastern corner of North Carolina at Halifax Memorial Hospital, Our Community Hospital in Scotland Neck, and the Rural Health Group in Jackson.

The N.C. Information Highway is a dedicated electronic network — essentially an intrastate Internet — connecting educational, medical and other state agencies with the purpose of improving communications and services.

Though a significantly more expensive transmission mode than ISDN or even T-1 lines, Williams said, the quality of the information superhighway provides the clarity that's necessary to make patients feel confident in the care they are receiving in his program.

Unlike Long's pediatric program, which primarily involves diagnosis, Williams' program is based on consultation. Older adults require a variety of specialists because of myriad health challenges that arise with age

— hospital services, mental health services, social services, nursing services, long-term care.

Williams has turned a small room at UNC Hospitals into a TV studio-like conference room, complete with cameras, audio equipment and the computers necessary for transmission. Similar rooms are in place at the remote facilities. There, hospital specialists are brought into a consultation that includes the patient and the patient's local care providers.

"We can confidently feel the human presence over this system," said Williams. "We have a large-screen TV so individual images are life size, a very good audio system and those elements allow patients to quickly get into the encounter — very much the way a person feels a part of the action in a movie theater."

Focus group research has even returned a startling finding: Some patients actually prefer the teleconference approach to a face-to-face encounter with their doctor. "We hear patients tell us, 'I've got my doctor's undivided attention: he's not standing there with one hand on the doorknob and one on the chart. There are no interruptions, and the environ-

ment is not hostile.'"

Long and Williams concede their projects should be considered demonstrations at this point. Challenges remain, including concerns about privacy. Accepting a long-distance diagnosis is one thing; health care providers also must be sure they can maintain the integrity of their patient records over a far-reaching computer network holding a wealth of personal and sometimes sensitive information.

As such issues are being addressed, Long and Williams see themselves as helping define the leading edge of the future of health care. Step by step, they are working to prove that telemedicine not only works, but does so in ways that no other form of medical outreach can match. □

[This article first appeared in the May/June 1998 Carolina Alumni Review. Reprinted with permission.]

The Ties That Bind

by Robin C. Gaitens and
Caroline S. Stuck, MPH

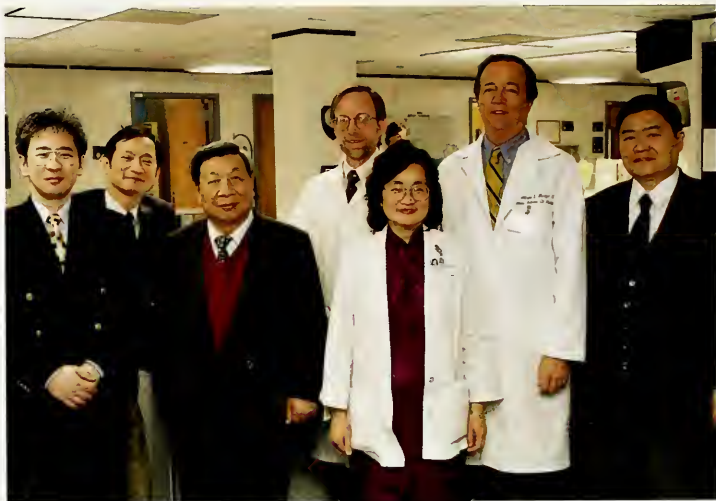
“E”stablishing a ‘sister relationship’ is like adding members to a family,” said Jimmy Wang, chair of the board of directors for the Childhood Burn Foundation in Taiwan, during a luncheon with N.C. Jaycee Burn Center staff.

This spring, Wang and three other burn care specialists and surgeons from Taiwan visited the Burn Center, met with staff and School of Medicine Dean Jeffrey Houpt, and attended rounds and clinic. During the two-day visit, the Burn Center signed a “sister agreement” with the Childhood Burn Foundation to assist it in establishing burn survivor activities — such as a children’s weekend burn camp and an adult reunion — and a burn prevention program.

“Much of the CBF’s public education efforts focus on how to apply first-aid after a burn has occurred,” explains Michael Peck, MD, N.C. Jaycee Burn Center director. “We think we can help them build a burn prevention program that more closely resembles our ‘Learn not to Burn’ program.”

The CBF was established by MacKay Memorial Hospital and the Ali Shan Oasis Shrine Club in Taipei in 1988 to provide medical, financial and psychosocial support to Taiwanese burned children. It currently contracts with more than 30 burn centers in Taiwan. Each year, the CBF educates the public on preventing burns and appropriate first-aid care, assists approximately 500 burned children with their financial needs, assists hospitals in education and research, and solicits approximately \$3 million in donations from the community to support these activities.

Last fall, Peck traveled to Taiwan accompanied by the Burn Center’s nurse manager, Anita Maready Fields, BSN, and dietitian Yih-Harn Chang, MS, RD, CNSD. They spent a week touring the region’s major burn centers, making five presentations and estab-



The Taiwanese delegation to Chapel Hill this spring included, from left, Dr. Kwant-Yi Tung, plastic surgeon and future director of MacKay Memorial Hospital burn center in Taipei; Rev. Ging-Song Chen, social worker from MacKay Memorial Hospital and executive secretary of the CBF; Dr. Jimmy Wang, chair of the CBF board of directors; and, far right, Dr. Hsian-Jenn Wang, FICS, dean of National Defense School of Medicine in Taipei. They are joined here by Burn Center Director Michael Peck (center), Burn Center Dietitian Yih-Harn Chang, and School of Medicine Dean Jeffrey Houpt.



The N.C. Jaycee Burn Center team in front of the Grand Hotel on Chen Chin Lake with host Capt. Jen-Yu Schoung, director of the ROC Naval General Hospital burn center in Kaohsiung.

lishing long-term ties. While in Taiwan, Peck signed two "sister agreements" — with MacKay Memorial Hospital in Taipei and with Changhua Christian Hospital in Changhua — to exchange educational resources, research and personnel of all disciplines, including surgeons, nurses, therapists and dietitians, to facilitate the care of burn patients on both sides of the Pacific.

Taiwan, which has benefited from prosperity and political stability in the last three decades, boasts of medical care facilities that parallel the best in the Asia and burn care not unlike that available here in the United States. Although burn surgeons in the Orient find themselves handicapped by certain cultural problems, such as the lack of cadaver donations for skin, they make up for this in ingenuity: one surgeon, Tsuo-Wu Ling, at National Taiwan University Hospital, grows transgenic pigs as a source of non-reactive pig skin to temporarily cover the wounds of patients with



Dr. Peck and Superintendent Dr. Chian-Seng Hwang sign one of the first "sister agreements" at Changhua Christian Hospital.

large burn injuries.

"Seeing what other countries can do with such limited resources instilled a desire to come back [to Chapel Hill] and do even more than we had before," says Fields.

Before he left Chapel Hill, CBF chair Wang said how much he looked forward to having "our new family visit us again in Taiwan." The Burn Center hopes to send another team to the sister hospitals this fall. □

Study finds Russian women, children not getting enough iron in their diet

Russian women and children, especially those from poorer families, fail to consume enough iron in their diets, and the deficiency could seriously damage their health, according to a recent report from a UNC research team. More than half the iron they do ingest is lost through interactions with other foods.

"Introduction of free-market policies and loss of traditionally important suppliers has led to a sharp rise in the cost of many basic foods in Russia," said Martin Kohlmeier, MD, research professor of nutrition at the School of Medicine. "This has raised concerns that some Russians cannot afford the foods they need to maintain optimal health.

"An adequate supply of iron is especially important for the unborn child

throughout pregnancy and for young children because their mental and physical development can be slowed by even moderate deficiencies." Kohlmeier said. "Brain and other sensitive tissue may suffer irreversible deficits."

Sponsored by the U.S. Agency for International Development, along with several Russian academic and government institutions, the research involved analyzing information from the Russian Longitudinal Monitoring Study, a continuing large Moscow-based survey about health and nutrition.

The survey, repeated four times, involved interviews with a representative sample of 3,188 women of reproductive age about diet and other lifestyle characteristics. Among them, the women had

1,764 children ages 13 or younger.

From answers about how much meat and non-meat foods such as fruit were consumed, researchers estimated iron consumption. They found total dietary iron among the women was only two-thirds of the recommended level in Russia.

Educated meal planning can boost iron intake from available foods, Kohlmeier said. Besides stressing inclusion of vitamin C-rich foods with iron-rich meals, young women need to know that avoiding inhibitors of iron absorption can help. In the Russian diet, tea, rye bread, nuts and seeds are among the most common iron absorption inhibitors.

PEARLS DAY



◆ *Dr. Mark Williams, Medicine, advised future doctors not to treat all older patients the same at the 1998 Pearls Day event.*

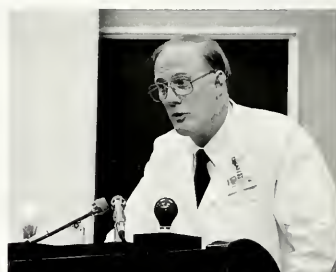
◆ *Dr. James Scatlift, Radiology, received assistance from fellow radiologist Claire Wilcox.*



◆ *"To be successful and happy, learn respect," was the message from Dr. Anthony Meyer, Surgery. Respect your peers. Respect hospital staff. Respect your family. And respect yourself.*



◆ *Dr. Chip Baker, Surgery, told a parable while performing Tai Chi.*



◆ *Dr. Steve Kiser, Medicine, recited a poem about "Dr. Proctor, the doctor, the healer of all he sees," to point out that much of illness is due to anxiety and depression.*



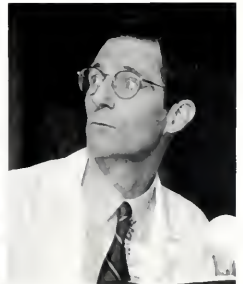
◆ *By relating a personal experience, Dr. James Bryan, Medicine, warned students to be careful of trying to help patients too much.*



◆ *Among the pearls from Dr. Nancy Cheschier, OB-GYN: Become a lifelong learner. Take risks and push limits. Immerse yourself. Learning is work so be sure to pamper yourself.*



▲ Dr Charles van der Horst, Medicine, was the first to deliver his pearls to the class of 1998 at the popular annual event. Also invited to share their wisdom were, below from left, Drs. Melanie Mintzer, Family Medicine; Lee Berkowitz, Medicine; Henry Lesesne, Medicine; Steve Wells, OB-GYN; Anthony Lindsey, Psychiatry; Don Nakayama, Surgery; Robert Bashford, Psychiatry; and Harvey Hamrick, Pediatrics.



He's Not the Perfect Doctor

by Dale Gibson

Hutch, the narrative character in Reynolds Price's emotion-churning novel, *The Promise of Rest*, gazed in wonderment as Dr. Margaret Ives stood at the bedside of his son, Wade, as the young man lay dying of the plague called AIDS.

Wade wanted a promise of no extraordinary life-prolonging measures. "Margaret Ives bent and kissed Wade's arm at the elbow hinge. Her voice said, 'Swear. Every one of us swears. You sleep on that.'"

Dr. Margaret Ives is a fictional character. Dr. Charles van der Horst is not. He is a living and life-giving medical doctor, a specialist in infectious diseases and director of the AIDS Clinical Trials Unit at UNC Hospitals. Books have been written about a lot of people who have touched fewer lives than this 46-year-old, Harvard-trained specialist. Van der Horst has hugged his patients; he has fought their delegation to the lower rungs of America's classes; and he has felt the heart-wrenching pain of loss.

So much loss.

In an early year of this decade — a time when AIDS was even more feared and less understood than it is today — van der Horst experienced the crossroads of his work and his emotions when a patient lay dying. The antibiotic treatment was failing, but the patient wanted to continue it. "Charlie," as the doctor is known by his patients, might have agreed. Van der Horst, the clinician, could not.

"I knew they [antibiotics] were not going to improve things," he said. "They would just prolong it."

So much pain.

Yet, with each step backward, van der Horst and his colleagues at UNC and across the nation have made strides forward. None perhaps was more satisfying than the announcement they made on the last day of February in 1997, when a newspaper headline read: "AIDS 'cocktail' saves lives."

The researchers had proved that a powerful new combination of drugs not only restores sick people to health. It also gives new life to those who were learning how to die.

That such an announcement, which gained worldwide attention, came from Chapel Hill was supremely appropriate. Since 1988, van der Horst has built the UNC AIDS Clinical Trials Unit into the largest of

40 in the nation — a place where 1,100 patients receive care each year; some \$500,000 worth of life-giving drugs are dispensed free of charge; and significant knowledge has been gained in combating a dark disease.

So much success.

"Charlie ... has clearly led the way in developing new therapies for patients with AIDS," says Dr. William Powderly, an AIDS researcher at Washington University in St. Louis. Dr. Steve Schmittman, a scientist at the National Institutes of Health in Washington, D.C., adds, "Among all of those in the world who are involved in AIDS research, Charlie is among the upper echelon."

Yet, like Margaret Ives, van der Horst's compassion sometimes takes people aback. They are not accustomed to such emotion in a person of science. Van der Horst suffered mightily in 1992 as a patient named Nat Blevins was slowly losing his fight against AIDS. Blevins' mother, Bernita, wrote this in a letter to van der Horst: "I think of all the people who are such a blessing to Nat and to us as Nat's parents, and you are at the top of the list. Thank you for being such a wonderful friend as well as a great doctor for Nat, and others, I'm sure."

For van der Horst, there's simply no other way. "Keeping a distance from patients, I don't believe in that," he said. "It's incredibly wonderful when you hug a patient."

A deadly virus-in-waiting

Van der Horst was born in Holland but moved with his parents to upstate New York while an infant. His parents spotted a keen mind early on and enrolled him at Phillips Academy in Andover, Mass., after which he journeyed south to attend Duke University and earned a degree in history in 1974. But young van der Horst was fascinated with science and had a natural acumen for math, so he enrolled in Harvard Medical School where he obtained his medical degree in 1979.

During his residency in New York, he decided to specialize in infectious diseases because "you can treat the patient and make them better." Besides, he was intrigued by the structure of viruses.

"The artistry of them is really beautiful," said van der Horst as he pulled a book from

his cluttered shelves to locate photos of the microscopic organisms. Pointing to one in particular he said admiringly: "They have a very elegant, simple structure — beautiful."

In the case of the AIDS virus, beauty is deadly. And little did van der Horst know during his residency studies that one of history's most deadly viruses lay in waiting to challenge his training. He eschewed the bills, malpractice worries and the other hassles of private practice, and instead came to UNC in 1982 as a fellow in infectious diseases. He subsequently taught at Duke for two years before joining Research Triangle Institute, where he helped oversee all of the AIDS research being done throughout the nation.

Today, as a doctor in the hospital and as an assistant professor in the School of Medicine, he embraces his three professional lives: Care of patients, research into infectious diseases and mentoring young physicians. Van der Horst is driven by two other passions — his family and standing up for what he believes is right.

Family man, gadfly

He tries to leave work by 6 p.m. most days to spend time with his wife, who heads the Hypertension Center at Duke University, and two daughters. "I'm good at making time for them," he said. "I guess I'd be more famous nationally if I didn't."

Otherwise, van der Horst might be somewhere on the UNC campus protesting an administration decision or at his word processor firing off his opinion to editors. This year, he donned his academic regalia and joined some 200 students to protest the \$7.1 million contract between Nike and the UNC athletic department.

In a letter published in *The News & Observer*, van der Horst wrote: "What message are we sending the students, our future leaders and thinkers, when we say to them: Come to Carolina, play sports for a university with a history of over 200 years of academic freedom and thought, but make sure you always wear a jock strap with a Nike swoosh, never cover it up and remember don't criticize Nike or think an independent thought unless you talk to your coach, the university attorney and the chancellor first."

Some believe van der Horst's position is hypocritical because his ACT unit accepts



Charles van der Horst, MD

funding from pharmaceutical companies, including giant Glaxo Wellcome. "Good point," he said. "The difference is our funding is unrestricted. The University should not accept money from a company that tells it what to do with it."

Before Nike, van der Horst fought some of the most powerful people in North Carolina state government, arguing that anonymous testing for AIDS should be allowed. He finally gave in on that issue in exchange for a nondiscrimination law for persons with AIDS.

He was incensed when Chancellor Michael Hooker fired tenured professor Barry Nakell after a shoplifting conviction last year, saying the professor needed treatment, not punishment.

Does the word "gadfly" fit?

"Yeah. It's important!" van der Horst answered between sips of coffee while sitting on a sofa in his hopelessly disheveled office.

Van der Horst is the product of a mother who survived the Holocaust and a father who was a passionate believer in the Bill of Rights and a member of the ACLU and the NAACP.

"Children of Holocaust survivors are different," he said. "My mother was chronically depressed. It was my job to cheer her up."

While other kids were being dragged to athletic fields, young Charlie was marching behind his father in civil rights parades. "I remember one time when he was in charge of picking the kids for an overseas study program," van der Horst says. "And he picked one who had refused to stand up for the flag. The kid was qualified, but it would have been much easier on my dad not to pick him."

But he did.

And now his offspring is Charlie van der Horst — family man, activist, caregiver, researcher, teacher.

And, yes, a flawed human being.

"I'm not the perfect doctor," he said. "That would be someone who is a little less emotional than I. But I believe the most important thing I can teach students is that doctors are human beings."

[This article first appeared in the March/April 1998 Carolina Alumni Review. Reprinted with permission.]

Faculty Notes

Briggaman Receives Distinguished Faculty Award

Robert A. Briggaman, MD, professor and chair of dermatology, has been awarded the 1998 Distinguished Faculty Award. The award recognizes excellence in teaching, contributions to medicine, leadership in continuing medical education and efforts to improve communication among alumni, faculty and North Carolina residents.

Darlyne Menscer, MD, president of the Medical Alumni Association, which gives the annual award, made the presentation to Briggaman at the Spring Medical Alumni Banquet on April 24 in Chapel Hill.

"Dr. Briggaman is a faculty member who embodies the noble ideals of our profession and translates those ideals into practice," Menscer said in presenting the award. "He's the kind of teacher who residents describe as sensitive, caring and always available, and patients describe as pleasant and unassuming."

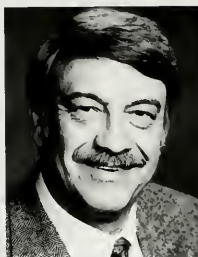
Christopher C. Baker, MD, professor of surgery and associate chair for medical education, has been selected as a recipient of the Association for Surgical Education's Outstanding Teacher Award. He was honored at the association's annual meeting in Vancouver, British Columbia, on April 24.

Stuart Bondurant, MD, dean emeritus and professor of medicine, was recognized



Bondurant

During his tenure as chair of the Department of Dermatology, Briggaman has fostered important and active research. His own study of inherited blistering diseases has garnered international respect and led to numerous awards.



Briggaman

Briggaman, a graduate of Trinity College, earned his medical degree from the New York University School of Medicine. He was an intern and resident at University of Virginia Hospital in Charlottesville, Va., and a resident and fellow at UNC. He joined the UNC-CH School of Medicine faculty in 1968.

Jefferson Award at the April 24 Faculty Council meeting.

Bondurant is credited with recruiting cutting-edge researchers and scholars, instituting a curriculum that later became a national model, overseeing the expansion of the organ transplant program, and developing a model emergency medicine program.

The annual award, which includes a \$5,000 prize, was created in 1961 by the Robert Earl McConnell Foundation to honor a faculty member who "through personal influence and performance of duty in teaching, writing and scholarship has best exemplified the ideals and objectives of Thomas Jefferson."

Timothy P. Bukowski, MD, assistant professor in the Division of Urology, received a Junior Faculty Development Award to study ACE gene receptors in children with obstructive nephropathies.

Donald K. Bynum, MD, associate profes-

sor of orthopaedics, has been named president-elect of the North Carolina Orthopaedic Association.

Robert N. Golden, MD, professor and chair of psychiatry, was among the guests on WUNC radio's weekend talk-show "The State of Things" on May 29 and 31. The topic of the show was "Creativity and Mental Illness."

David Kaufman, MD, PhD, professor of pathology and laboratory medicine, was recently elected vice president of the Federation of American Societies for Experimental Biology, an international organization representing 56,000 scientists in 17 member societies. Following his one-year term as vice president, he will serve as FASEB president for a year. Kaufman has received international recognition for his research on the molecular development of cancer.



Kaufman

Nobuyo Maeda, PhD, professor of



Maeda

pathology and laboratory medicine, was selected to receive the prestigious Method to Extend Research in Time (MERIT) Award for her research grant titled "Apolipoprotein Genes and Atherogenesis in Animals," funded by the National Heart, Lung and Blood Institute of the National Institutes of Health. The MERIT Award is designed to provide long-term, stable support to investigators whose research competence and productivity are distinctly superior, and who are likely to continue to perform in an outstanding manner.

Maeda's research centers on developing a

deeper understanding of the genetic basis of atherosclerosis.

Gregory Mears, MD, assistant professor of emergency medicine, has been named medical director of the North Carolina State Office of Emergency Medical Services effective July 1, 1998. Mears has been medical director of Orange County

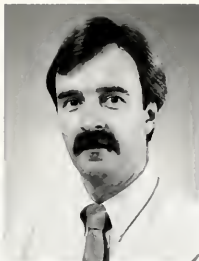
Emergency Medical Services since 1993. During his tenure, he instituted a tiered response system using an "IRV" or Initial Response Vehicle, which has provided Orange County with a medically efficient and cost-effective system. He also developed an Automatic External Defibrillator program which is being used as a model for wider distribution of AEDs in the community.

Suresh K. Mukherji, MD, assistant professor of radiology and surgery, was named the recipient of the American Roentgen Ray Society's Melvin M. Figley Fellowship. The intent of the fellowship is to improve the quality of medical journalism by allowing the selected individuals to spend one month at the editorial office of the *American Journal of Roentgenology* to receive formal training in the fundamentals of medical journalism. Mukherji also received the journal's 1997 Editor's Recognition Award for Distinction in Reviewing for Radiology. In addition, Mukherji was appointed to the editorial boards of *The Indian Journal of Radiology and Imaging* and the *Journal of the Hong Kong College of Radiologists*.

Michael D. Peck, MD, director of the N.C. Jaycee Burn Center at UNC Hospitals, has been appointed to the Injury Control Committee of the North Carolina Medical Society. He was also elected to membership in the American Association for the Surgery of Trauma.

Gerry S. Oxford, PhD, professor of physiology, has been named a recipient of the University Professor of Distinguished Teaching Award, which recognizes career-long excellence in teaching.

Oxford specializes in neuroscience at the



Oxford

cellular level. He is an editorial board member of the *Journal of General Physiology*, has served on the National Institutes of Health physiology study section, and directs the UNC-CH neurobiology curriculum. Since joining the School of Medicine in 1976, Oxford has won two Medical Basic Science teaching awards, the CCB Excellence in Teaching Award, and the Kaiser Permanent Award for excellence in teaching.

Established in 1995, two University Professor of Distinguished Teaching awards are presented to tenured faculty — one from academic affairs and one from health affairs — every three years. Oxford will receive a \$3,000 stipend during each of the three years he holds the award.

Nancy Raab-Traub, PhD, professor of microbiology and immunology, received one of four 1998 Distinguished Teaching Awards for Post-Baccalaureate Instruction. The awards were presented by UNC-CH Chancellor Michael Hooker at a banquet on April 23, and include a \$5,000 stipend.

Raab-Traub, a member of the Lineberger Comprehensive Cancer Center, studies Epstein-Barr virus, which causes infectious mononucleosis and has been linked to several cancers. She was cited for epitomizing the behavior of a university professor. "Dr. Raab-Traub fosters creative thinking and allows her students to develop their own ideas, both of which are critical factors that allow students to become independent researchers," a nominator said.

Oliver Smithies, DPhil, excellence professor of pathology and laboratory medicine, has been elected a foreign member of the Royal Society of London. Foreign members are recognized as "persons of the greatest eminence for their scientific discoveries and attainments." Up to six foreign members are elected annually.

Smithies, who joined the UNC-CH faculty in 1988, was selected for his contributions to

advancing the knowledge of recombination events in humans, and for applying this knowledge to innovate gene targeting in mammalian cells. Using gene targeting, he has developed mice with mutations that model human genetic diseases, such as cystic fibrosis. Currently, he is conducting research with genetically altered mice to better understand the genetic factors which contribute to high blood pressure, a common human problem.

Founded in 1660, the Royal Society is an independent body promoting the natural and applied sciences.

P. Frederick Sparling, MD, J. Herbert Bate professor and chair of medicine, was named to a panel set up to review the peer-review system at the National Institutes of Health.

In recent years, researchers have complained that the study sections that evaluate and score grant applications are poorly organized. The panel will look into the current arrangement and decide if it appropriately categorizes today's science. The panel intends to recommend within a year whether the process needs to be overhauled or updated.

Bradford B. Walters, MD, PhD, associate professor in the Division of Neurosurgery, was appointed by Gov. James B. Hunt to the North Carolina Council on Health Policy Information.

Bernard E. Weissman, PhD, professor of pathology and laboratory medicine and member of the UNC Lineberger Comprehensive Cancer Center's molecular carcinogenesis program, was appointed to a three-year term as a member of the Oral Biology and Medicine I study section for the National Institutes of Health. The committee reviews grants for dental research in the areas of infectious disease, dental prosthesis and oral cancer.



Smithies



Sparling



Raab-Traub



Mukherji



Mears

Match Day 1998

For the first time since the target was established in 1995, the UNC School of Medicine has surpassed its goal of 60 percent or more of its graduates entering primary care.

This year, 62.4 percent of Carolina's newly-minted physicians will begin residencies in those specialties that comprise primary care — family practice (20.8 percent), internal medicine (17.4 percent), pediatrics (14.8 percent), obstetrics-gynecology (8.1 percent), and medicine-pediatrics (1.3 percent).

Of the 149 seniors participating in the match process, 75 percent were placed with their first or second choice, 48 percent will continue their studies in the Southeast, and 29 percent will remain in North Carolina. Eleven percent will stay in Chapel Hill and work at UNC Hospitals, while 10 percent will become residents at one of five N.C. AHEC sites.

The following list excludes students who did not wish to have their names released or are undecided.



Paul Winslow (right) reacts to his match at UNC Hospitals in ophthalmology. His classmate Sean McLean will study general surgery at Barnes-Jewish Hospital in St. Louis.

Dermatology

Rothschild, Yadira Hurley Barnes-Jewish Hospital, St. Louis

Emergency Medicine

Gorton, Rebecca A. SUNY HSC at Brooklyn
 Park, Robert Sang Hoon Alameda County Medical Center, Oakland, CA
 Shahnawaz, Homa Wayne State Univ./Detroit Medical Center
 Sherrod, William Maxwell Medical College of Georgia, Augusta
 Singletary, Kimberly Renee Univ. of Maryland Medical Center, Baltimore
 Steverson, Kathleen Frances Christ Hospital and Medical Center, Oak Lawn, IL
 Walger, Michael Mel Loma Linda Univ. Medical Center, Loma Linda, CA

Family Practice

Absher, Elsie Denise U Missouri-Kansas City Program
 Baker, Brian Dale Carolinas Medical Center, Charlotte
 Bauman, Ted Albert Mercy Medical Center, Redding, CA
 Beckham, Michelle Wilkins Cabarrus Family Medicine Res, Concord, NC
 Borack, Carol Arne Highland Hospital, Rochester, NY
 Brown, Brian Daniel UPMC St. Margaret, Pittsburgh
 Brown, Malgorzata Anna UPMC St. Margaret, Pittsburgh
 DeVente, Jason Edward Univ. Medical Center-Eastern Carolina, Greenville
 Fairchild, Amy Dawn UNC Hospitals, Chapel Hill
 Fang, Charlie Weichin Western Pennsylvania Hospital, Pittsburgh
 Farmer, Cheryl Belinda Lehigh Valley Hospital, Allentown, PA
 Fischer, Jonathan Eli UNC Hospitals, Chapel Hill

Forbes, Karolyn Beth
 Forrest, Brian Ray

Henderson, Paul Manning
 Hoben, Michael Skow
 Hoffman, Rebekah Alice
 Ingram, Denise Gumbinger
 Knight, Nancy Watson
 Lathrop, Deborah
 Lindroth, Miriam Watson
 Noland, Daniel Kelly
 Outen, Ronnie Brian

Shelley, Brian
 Sinno, Mona Anwar
 Stephens, Thomas Eric
 Taylor Jr., William Fitzhugh
 Zanard, Robyn Kim
 Zolotor, Adam Jason

Internal Medicine

Allen III, James Browden
 Brown Jr., Stephen Dechman
 Chang, Jacqueline Cyen

Univ. of Michigan Hospitals, Ann Arbor
 Bowman Gray/Baptist Hospital, Winston-Salem
 Mountain Area Health Education Center, Asheville
 Carolinas Medical Center, Charlotte
 AUMC-Forbes Regional, Pittsburgh
 Mountain Area Health Education Center, Asheville
 Univ. Hospital Inc., Cincinnati
 Mountain Area Health Education Center, Asheville
 Cook County Hospital, Chicago
 Riverside Regional Medical Center, Newport News, VA
 Mountain Area Health Education Center, Asheville
 Univ. of New Mexico, Albuquerque
 McLennan Co. Family Practice, Waco, TX
 Mountain Area Health Education Center, Asheville
 U Florida Program/Shands Hosp, Gainesville
 Moses H. Cone Memorial Hospital, Greensboro
 Univ. of Michigan Hospitals, Ann Arbor
 Carolinas Medical Center, Charlotte
 Fletcher Allen Health Care, Burlington, VT
 Vanderbilt Univ. Medical Center, Nashville

Curlin, Farr Andrews	Univ. of Chicago Hospitals	Landen Jr., Charles Nicholson	Medical Univ. of South Carolina, Charleston	Woods, Kristi Elena	Medical Univ of South Carolina, Charleston
Dalston, John Scott	U Texas Southwestern, Dallas	Mangum, Colby Elizabeth	Bowman Gray/Baptist Hospital, Winston-Salem	Psychiatry	
Fisher, Maxwell Ellis	Vanderbilt Univ. Medical Center, Nashville	O'Connor, Siobhan Marie	Univ. of Louisville School of Medicine	Bennett, Marty Neal	U Texas Southwestern, Dallas
Fowler, Amy Marie	Moses H. Cone Memorial Hospital, Greensboro	Pratt, Tanya Suzanne	Riverside Regional Medical Center, Newport News, VA	Cook, Alan	UNC Hospitals, Chapel Hill
Gockerman, Amy Lynn	Christ Hospital, Cincinnati	Schafstedde, Nancy Lenhardt	U Health Center of Pittsburgh	Fox, Fiona Jane	Harvard Longwood Medical Center, Washington, DC
Hastings, Susan Nicole	Stanford Health Services, Stanford, CA	Waters, Anne Boat	Univ. Hospital Inc., Cincinnati	Gaafar, Nadia Ann	Duke Univ. Medical Center, Durham
Higgins, Melany Allison	UNC Hospitals, Chapel Hill	Ophthalmology		Gavin, Barbara Kristin	Harvard Longwood Psychiatry, Boston
Lee, Hannah Mu-En	New England Medical Center, Boston	Fowler, Amy Marie	Duke Univ. Medical Center, Durham	Grier, Nichole Danniele	UNC Hospitals, Chapel Hill
MacMillan Jr., Douglas Pierce	B I Deaconess Medical Center	Phillips, Stephen Jervais	Johns Hopkins Hospital, Baltimore	King, Marie Elizabeth	Bowman Gray/Baptist Hospital, Winston-Salem
Mazzella, William J.	Carolinas Medical Center, Charlotte	Winslow III, Paul Lawrence	UNC Hospitals, Chapel Hill	Shapiro, Scott Stephen	Massachusetts General Hospital, Boston
Petty, William Jeffrey	Duke Univ. Medical Center, Durham	Otolaryngology		Whoriskey, Alexandra Tate	Harvard Longwood Psychiatry, Boston
Pittman III, William Gibbs	U California-San Francisco	Brinson, George Moore	UNC Hospitals, Chapel Hill	Radiology - Diagnostic	
Prochnau, Caroline Corthren	U Tenn Grad Sch Medical, Knoxville	Durland Jr., William Frederick	U Wisconsin Hosp and Clinics, Madison	Bui, Vu Long	U Colorado School of Medicine, Denver
Ray, Tracee Putnam	Good Samaritan Reg'l Medical Center, Phoenix	Gunnaugsson, Chad Bjorn	Univ. of Michigan Hospitals, Ann Arbor	Surgery	
Rothschild, Jason Brian	Barnes-Jewish Hospital, St. Louis	Hunter, Shannon Elizabeth	Duke Univ. Medical Center, Durham	Baird, Christopher Wallace	U Health Center of Pittsburgh
Rothschild, Yadira Hurley	Barnes-Jewish Hospital, St. Louis	Johnson, Kenneth Lee	U Alabama Hospital-Birmingham	Bell, Richard Bryan	UNC Hospitals, Chapel Hill
Setty, Amar Babu	Univ. of Maryland Medical Center, Baltimore	Yoon, Jong Chul	Univ. of Kentucky Medical Center, Lexington	Black, Daliah Mashon	Thomas Jefferson Univ., Philadelphia
Shelaby, Marc	Hosp of the U. of Penn., Philadelphia	Pathology		Bronson, George Moore	UNC Hospitals, Chapel Hill
Shapiro, Scott Stephen	Mount Auburn Hospital, Cambridge, MA	Daniels, Jasmin Cornette	U Texas Southwestern, Dallas	Gant, Dean Alan	Madigan Army Medical Center, Tacoma, WA
Sherrod, William Maxwell	UNC Medical Center-Eastern Carolina, Greenville	Grogg, Karen Lynne	Mayo Graduate School of Medicine, Rochester, MN	Groce, Natalie Suzanne	Rhode Island Hosp/Brown U SOM, Providence
Sturgill III, William Hugh	National Naval Medical Center, Bethesda, MD	Pediatrics		Gunnaugsson, Chad Bjorn	Univ. of Michigan Hospitals, Ann Arbor
Thiede, Stephan Gerhard	UNC Hospitals, Chapel Hill	Burton, D. Scott	Univ. Medical Center-Eastern Carolina, Greenville	Jenkins, Joseph Thomas	UNC Hospitals, Chapel Hill
Timko, Brian Allen	Yale-New Haven Hospital, New Haven, CT	Copenhaver, Christopher Charles	U Rochester/Strong Memorial HS, Rochester, NY	Johnson, Kenneth Lee	U Alabama Hospital-Birmingham
Varanasi, Sangeeta Chugha	Johns Hopkins Bayview Medical Center, Baltimore	Crowder, Mary Snyder	Univ. Medical Center-Eastern Carolina, Greenville	MacKenzie, Karen Marie	Alton Dchsner Medical Foundation, New Orleans
Wang, Anthea	UNC Hospitals, Chapel Hill	Dail, Tonya Annette	U Texas Southwestern, Dallas	McLean, Sean Edward	Barnes-Jewish Hospital, St. Louis
Wang, Mei	UNC Hospitals, Chapel Hill	Dawson, Mary Catherine	Portsmouth Naval Hospital, Portsmouth, VA	Southerland, Elizabeth Beymer	Good Samaritan Hospital, Cincinnati
West, James Earl	Moses H. Cone Memorial Hospital, Greensboro	Garland, Kathy Lynn	UNC Hospitals, Chapel Hill	Taylor, Andrew John	New Hanover Regional Medical Center, Wilmington, NC
Medicine - Pediatrics		Giragos, Jurmana Camille	Baystate Medical Center, Springfield, MA	Transitional	
Dancy, Measha LaTawn Peterson	Wayne State U/Detroit Medical Center (Post Graduate)	Goth, Melanie Michele	Baystate Medical Center, Springfield, MA	Bui, Vu Long	St. Vincents Hospital, New York, NY
Inwin, Traci Elizabeth	LSU School of Medicine-New Orleans	Hall, Timothy Ralph	Univ. of Washington Affil Hosps, Seattle	Hargrove, Roderick Neil	Methodist Hospital, Memphis
Shah, Poorvi Jagdish	UNC Hospitals, Chapel Hill	Honeycutt, Travis Clarke Fipps	UNC Hospitals, Chapel Hill	Phillips, Stephen Jervais	U Hawaii Integ Transitional, Honolulu
Neurology		Marks, Kevin Patrick	UC San Francisco-Fresno	Winslow III, Paul Lawrence	Carilion Health System, Roanoke, VA
Setty, Amar Babu	U Alabama Hospital-Birmingham	Miller, Robert Christopher	Mercy Hospital of Pittsburgh	Urology	
Obstetrics/Gynecology		Pai, Namrata	Johns Hopkins Hospital, Baltimore	Elmore, James Michael	U Texas Southwestern, Dallas
Armstrong, Don Michael	Univ. of Virginia, Charlottesville	Palazzi, Debra Lynn	Carolinas Medical Center, Charlotte	Reagan Jr., Robert William	Ohio State Univ. Medical Center, Columbus
Brame, Amy Wilkinson	Carolinas Medical Center, Charlotte	Schmidt, James Malcolm	Carolinas Medical Center, Charlotte	Warner, John William	George Washington Univ. Hospital, Washington, DC
Collins, Matthew Till	Medical Univ. of South Carolina, Charleston	Shoffner, Jonathan Daniel	Vanderbilt Univ. Medical Center, Nashville	Willard, Thomas Brian	Univ. Hosp & Clinics/Columbia, Columbia, MO
Culver, James O'Barr	UNC Hospitals, Chapel Hill	Sluder, Jennifer Ann Dorrity	Michigan State Univ.-Kalamazoo		
Gantt, Angela Brawley	Ohio State Univ. Medical Center, Columbus	Smith, Shelia Deloise	U Florida Program/Shands Hosp. Gainesville		
Hardison, Joshua Lee	Women & Infants Hospital of RI, Providence	Steinbach, William Joseph	Stanford Health Services, Stanford, CA		
		Thompson, Kelly Mane	Univ of Connecticut, Farmington		

1998 Distinguished Service Awards

by **Melissa Anthony**

The School of Medicine of the University of North Carolina at Chapel Hill and its Medical Alumni Association presented six 1998 Distinguished Service Awards April 24 during the annual Spring Medical Alumni Banquet.

The award, established in 1955, recognizes alumni and friends whose distinguished careers and selfless contributions to society have brought honor to UNC-Chapel Hill and the medical school.

This year's recipients are Christopher C. Fordham III, MD, former UNC-CH chancellor and dean emeritus of the School of Medicine; E. Carmack Holmes, MD, chair of the Department of Surgery at UCLA School of Medicine; William R. Purcell, MD, North Carolina state senator and former mayor of Laurinburg; Charles I. Sheaffer, MD, a pediatrician and community activist from Chapel Hill; John Stackhouse, Jr., owner of Stackhouse Incorporated and Goldsboro resident; and James H.M. Thorp, MD, a Rocky Mount obstetrician.

Jeffrey Houpt, MD, dean of the medical school, presented the awards.

■ Fordham was recognized for his illustrious career and contributions to the School of Medicine, the University and North Carolina. "He was a distinguished professor of medicine, a visionary dean, a dynamic vice-chancellor of Health Affairs and an energetic chancellor who catapulted UNC to eminence in higher education," said Houpt.



Fordham

■ Holmes, a North Carolina native and a 1964 graduate of the UNC-CH School of Medicine, was honored for his ground-



Holmes

breaking research and extensive leadership roles. Houpt commented "His determination to excel has earned him wide recognition as a scientist, thoracic surgeon, and academic administrator."

■ Purcell was noted for his long-term dedication to serving the public as a physician and politician. "He is guided by the conviction that the health of his patients is intimately linked to the health of the community," said the dean. "He shares this view with



Purcell



Sheaffer

medical students and pediatric residents by inviting them to his Laurinburg clinic."

■ Sheaffer, a pediatrician in both private practice and the academic world, was

recognized for his compassion for children who were victims of sexual or physical abuse, as evidenced by his work with the Orange County Department of Social Services and his energy in creating programs such as CRIB, a program to assist single mothers.

■ Stackhouse was noted for his faith,

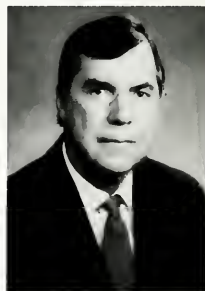


Stackhouse

prayer and perseverance in providing specialized care for burn victims in North Carolina. "After contributing from his personal savings to help create the North Carolina Jaycee Burn

Center, he spearheaded a massive grassroots campaign to generate additional funding," said Houpt.

■ Thorp was honored for being a "superb clinician and compassionate caregiver." Houpt noted that Thorp has put that compassion into practice in widely-varying ways, from chairing Nash General Hospital's Department of Obstetrics and Gynecology to personally caring for women in the Nash County Health Department.



Thorp

A Recipe for Life

by Andrea Beloff

Take a teaspoon of oregano, a 25-pound king mackerel and a dash of sweet basil for good measure. Stir well, and you have the spice of life for Jim Hundley, MD. Between learning to golf and fishing for mahi mahi, the new Alumni Association president is never lacking for things to do.

"I've always had a lot of variety in my life," says Hundley, who practices orthopaedics in Wilmington. "For that, I thank my family. They've added greatly to my life." He and his wife, Linda, have a son and daughter living nearby in Wilmington. They travel often to visit their other daughter in Maine.

Hundley came to Carolina in 1959 as an undergraduate majoring, not in biology or chemistry like most pre-medical students, but in English. The school's emphasis on concise writing skills served Hundley well, though. He now writes a medical column for "Wilmington Business to Business" magazine by interviewing other physicians and putting their scientific information into contexts that lay readers can understand.

Soon after his 1967 graduation from medical school, Hundley added a bag of ice to his recipe for life. For more than 20 years, he has worked as the team physician for UNC-Wilmington. In 1994, the school honored him for his contributions to its student-athletes by presenting him with the William J. Brooks Distinguished Service Award. "You hear so many bad things about young people nowadays," shares Hundley. "But I go work with these young adults, and I see very highly motivated people who do well not only athletically, but scholastically and socially as well. It's given me a great impression of today's youth."

Even with his busy orthopaedic practice, the fishing, the writing and the healing, Hundley still makes time for his community. An active member of the Rotary Club of Wilmington, he directed the club's children's clinic, served as president and was selected as 1988 Rotarian of the Year.

It is with this philanthropic commitment that Hundley takes on the role of Alumni Association president. "I do it on a basis of duty," he explains. "I feel grateful to the school for the opportunities it has afforded me. This is my chance to partly return that favor."



Changing of the guard: new MAA president Jim Hundley with departing president Darlyne Menscer.

Dear Fellow Alumni,

It is with trepidation, gratitude and honor that I have become president of your Association. Darlyne Menscer and those before her have set standards that I can only hope to emulate, never exceed. I am most grateful to the UNC School of Medicine for the opportunities it has afforded me. I am honored to be your president.

I would be awed by the responsibility but for the knowledge that most of the work will be done by the creative and effective medical alumni staff led so ably by Bill Easterling and Stephanie Stadler. Furthermore, I request and expect you to let me know how we're doing. My e-mail address is plasterc@aol.com or you can use turtle mail at 2001 S. 17th St., Wilmington, N.C. 28401.

If you weren't in Chapel Hill for the Spring Medical Alumni Weekend, you missed something special. Dean Houpt knows his business and exudes vitality, personality, and decisiveness. The banquet on Friday night was delightful and the recognition of those who have done so much for our school extremely well done. The CME meetings on Saturday morning were entrancing and relevant, even to an orthopaedic surgeon. We heard some new stuff about the old problem of esophageal reflux. A program to assist our aging population not only brought the issues into focus, it offered some solutions. Hot off the press was the first presentation of the Tamoxifen Breast Cancer Prevention Trial to a medical group.

A major personal goal, along with trying to do the usual things expected of your president, is to try to get you to Chapel Hill for your alumni meetings.

The school that has meant so much to us in the past strives to continue to be relevant to our current needs. Those who come to the meetings know that. Please set aside the weekend of October 9 and 10 for the Fall Medical Alumni meeting. Your friends have told me that they expect to see you there.

—Jim Hundley

As president, Hundley aims to increase alumni attendance at the spring and fall meetings. "I think the best way for people to capitalize on their relationship to the school is to come visit," he claims. "Whenever people come, they always seem delighted at how good the meetings are."

Already having served on the Board of

Councilors and the National Loyalty Fund Committee, Hundley has clearly demonstrated his commitment to the school and the alumni. As he says, the medical school is the platform upon which his life is based, or in other words, the plate upon which his recipe is served. □

Development Notes

Bashford receives first Medical Alumni Professorship

Robert A. Bashford, MD, clinical associate professor of psychiatry, has been named the first Medical Alumni Distinguished Teaching Professor at the UNC School of Medicine, effective July 1, 1998.

The professorship was established over the last three years by the medical alumni through their annual, unrestricted support of the Loyalty Fund.

The purpose of the three-year term professorship is to recognize a demonstrated excellence in teaching.

Bashford is a 1971 graduate of the UNC School of Medicine, and joined the faculty in 1991.

During his tenure at UNC Bashford has been recognized numerous times for his teaching excellence. He received the Whitehead Medical Society Excellence in Teaching Award in 1994, 1996 and 1997; the First Annual Second-Year Spirit Award for Outstanding Teaching in 1996; and Director of Best Preclinical Course Award in 1996. In addition, Bashford was a UNC School of Medicine Teaching Scholar in 1991-1993, and was invited to be the medical school's commencement speaker in 1996 and 1997.

Formal ceremonies to inaugurate the professorship will be held during the 1998 Fall Medical Alumni Weekend October 9-10.

In brief

- Ed and Dorothy Hubbard of Sanford, NC, have established the Edwin A. and Dorothy B. Hubbard UNC Diabetes Support Fund out of gratitude for the care the Ed receives from John Buse, MD, director of the UNC Diabetes Care Center. This gift will be provided through the proceeds of a charitable remainder unitrust and will support the clinical, educational, and research activities of UNC's highly regarded diabetes program.

- Francis Pepper, MD, has endowed a professorship in the department of radiology in the name of Ernest Wood, the department's first chair. The retired radiologist from Winston-Salem pledged \$333,000 to establish the Ernest H. Wood, MD, distinguished professorship in radiology. The first recipient of the professorship is Joseph Lee, MD, profes-



At the Spring Medical Alumni Banquet in April, reunion and regional committee chairs presented Loyalty Fund checks to Dean Jeffrey Houpt. Final campaign totals are listed below:

<u>Class/Region</u>	<u>Number of Volunteers</u>	<u>Percent Participation</u>	<u>Total Cash & Pledges</u>
Class of 1958	11	27/50 (54%)	\$23,760
Class of 1963	18	35/53 (66%)	\$22,402
Class of 1968	12	33/60 (55%)	\$20,375
Class of 1973	1	36/82 (44%)	\$19,000
Class of 1978	30	49/120 (41%)	\$26,290
Class of 1988	22	60/153 (39%)	\$17,850
Class of 1998	47	114/132 (86%)	\$35,000
Durham County	24	41/119 (35%)	\$14,407
Forsyth County	27	53/101 (53%)	\$41,750
Guilford County	34	86/156 (55%)	\$54,297
Mecklenburg Co.	41	113/226 (50%)	\$55,786
Wake County	38	135/259 (51%)	\$66,140

Atlanta, Buncombe and New Hanover campaigns were in progress at press time.

son and chair of radiology.

- Exide Electronics Inc. will donate an Uninterruptable Power Supply (UPS) to UNC Hospitals to be used in the main computer room of the new Children's and Women's hospitals currently under construction. The UPS system, valued at \$31,000, will provide state-of-the-art technology to ensure quality patient care and safety. As thanks for the gift, the Hospitals will name the Exide Electronics Conference Room/Library in the company's honor.

- The Charles Goren Foundation has pledged \$48,400 to name two rooms in the new North Carolina Children's Hospital - the Charles Goren Pre-Op Room and the Charles Goren Intermediate Day Room. Goren, a

world-champion bridge player and nationally syndicated bridge columnist, established a charitable trust during his lifetime, which became a foundation on his death in the early 1990s. Said foundation director Tom Hazen, a Carolina law professor, "When we heard about the Children's Hospital we decided it was a worthy project for the foundation. Being a professor, I know the importance of private funding to the university."

For more information about any of the preceding briefs, contact the Medical Foundation of North Carolina at (800) 962-2543 or medfound@unc.edu.

Loyalty Fund Leadership 1997-98

Area Campaigns

Atlanta

George W. Cox, MD '66, Chair

Buncombe County

James D. Ladd, MD '83, Co-Chair

Jane Lysko Isbey, MD '81, Co-Chair

Durham County

William L. London IV, MD '55, Chair

Forsyth County

Thomas C. Spangler, MD '84, Chair

Guilford County

David R. Patterson, MD '73, Chair

Mecklenburg County

Julian S. Albergott Jr., MD '55,

Co-Chair

John A. Kirkland Jr., MD '85,

Co-Chair

New Hanover County

John M. Herion, MD '83, Chair

Wake County

Vartan A. Davidian Jr., MD '67,
Chair

Class of 1958 - 40th Reunion Campaign

J. Richard Patterson, MD, Chair

Clarence A. Bailey Jr., MD

John I. Brooks Jr., MD

M. Paul Capp, MD

Thomas Craven Jr., MD

David B. Crosland, MD

Carl A. Furr Jr., MD

George W. Hamby, MD

T. Lane Ormand, MD

W. Robert Story, MD

Paul M. Weeks, MD

Class of 1963 - 35th Reunion Campaign

Neil C. Bender, MD, Chair

William P. Algary, MD

W. Paul Biggers, MD

I. Kelman Cohen, MD

Donald L. Copeland, MD

William B. Deal, MD

Benjamin W. Goodman Jr., MD

George C. Hemmingway Jr, MD

Tom S. Rand, MD

Charles J. Sawyer III, MD

Samuel E. Scott, MD

Richard W. Shermer, MD

David W. Sillmon, MD

W. Landis Voigt, MD

Roy A. Weaver, MD

Jack H. Welch, MD

James G. White, MD

David R. Williams Sr., MD

Class of 1968 - 30th Reunion Campaign

David M. Rubin, MD, Chair

Alan Davidson III, MD

Theodora L. Gongaware, MD

Thomas L. Henley, MD

Edward W. Kouri, MD

Jerrold E. Lancourt, MD

George G. Lothian, MD

R. Gale Martin, MD

Valerie L. Stallings, MD

William S. Teachey, MD

F. Charles Tucker Jr., MD

Robert C. Vanderberry Jr., MD

Class of 1973 - 25th Reunion Campaign

Charles H. Edwards II, MD, Chair

Class of 1978 - 20th Reunion Campaign

John D. Benson, MD, Chair

Michael C. Alston, MD

Thomas R. Andrus Jr., MD

Brian J. Cohen, MD

Paul W. F. Coughlin, MD

John D. Davis Jr., MD

Susan D. Foreman, MD

John B. Gordon III, MD

Seth V. Hetherington, MD

Dorothy M. Linster, MD

Luisa A. Lorenzo, MD

Carol A. Martin, MD

Allen G. Mask Jr., MD

John T. McElveen Jr., MD

W. Ronald Moffitt, MD

A. Price Monds, MD

Peter J. Morris, MD, MPH

Michael Y. Parker, MD

Thomas L. Pope Jr., MD

David C. Powell, MD

H. Craig Price, MD

Stuart C. Segerman, MD

Thomas C. Shea, MD

Alan D. Stiles, MD

Robert W. Surratt, MD

Barry H. Teasley, MD

John C. Trotter, MD

J. Byron Walthall Jr., MD

David M. Warshauer, MD

Richard C. Worf, MD

Class of 1988 - 10th Reunion Campaign

Edward W. Whitesides, MD, Chair

Darren F. Biehler, MD

Elizabeth E. Blair, MD

Jon P. Brisley, MD

Jack M. Cole, MD

Debra L. Coles, MD

Sara H. Collins, MD

Peter G. Dalldorf, MD

Gail Q. Eddens, MD

John D. Hendrix Jr., MD

Sylvia S. Hendrix, MD

David C. Hillsgrove, MD

Hunter A. Hoover, MD

Stephen C. King, MD

Ritsu Kuno, MD

Pamela D. Love, MD

Andrew S. Neish, MD

Charles E. Parke, MD

Julie T. Peek, MD

Richard M. Peek Jr., MD

Elizabeth A. Pryor, MD

H. Kyle Rhodes, MD

Class of 1998 - 4th Year Campaign

Maxwell E. Fisher, MD, Chair

Elsie D. Absher, MD

Don M. Armstrong, MD

Christopher W. Baird, MD

Ted A. Bauman, MD

Any W. Brame, MD

Daniel R. Briggs, MD

George M. Brinson, MD

Vu L. Bui, MD

Alan Cook, MD

James O. Culver, MD

Suzanne D. Dixon, MD

Winnie Hung, MD

James M. Elmore, MD

Jonathan E. Fischer, MD

Angela B. Gantt, MD

Cynthia L. Gay, MD

Jumana C. Giragos, MD

Joshua L. Hardison, MD

S. Nicki Hastings, MD

Maija Holsti, MD

Travis C. F. Honeycutt, MD

Joseph T. Jenkins, MD

Michaux R. Kilpatrick, MD

Erin E. Lee, MD

Douglas P. MacMillan Jr., MD

Colby E. Mangum, MD

Desiree McCarthy, MD

S. Robert S. H. Park, MD

William J. Petty, MD

Robert W. Reagan Jr., MD

James M. Schmidt, MD

Kimberly R. Singletery, MD

Sheila D. Smith, MD

Elizabeth B. Southerland, MD

Thomas E. Stephens, MD

Kathleen F. Stevison, MD

William H. Sturgill III, MD

Andrew J. Taylor, MD

Stephan G. Thiede, MD

Kevin L. Thomas, MD

Michael M. Walger, MD

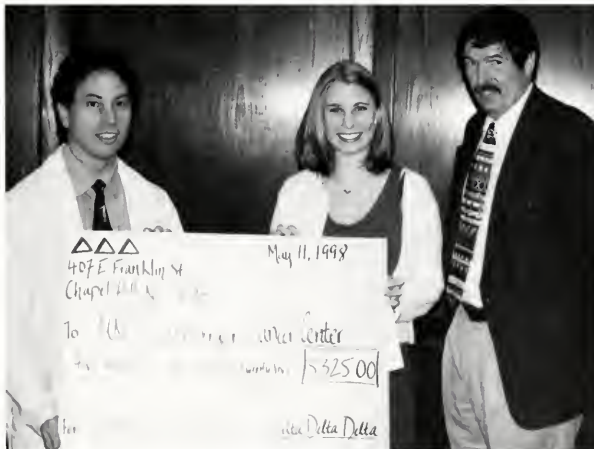
John W. Warner, MD

Thomas B. Willard, MD

Kristi E. Woods, MD

Robyn K. Zanard, MD

Stacie Zelman, MD



The Delta Delta Delta sorority recently sponsored a hole-in-one tournament to benefit pediatric cancer programs at UNC. Although the event was rained out twice, the sorority still raised over \$5,000. Holly Hough, event organizer, presented the donation to Joe Wiley, MD, chief of pediatric hematology-oncology (left), and H. Shelton Earp III, MD, director of the Lineberger Comprehensive Cancer Center.

Alumni Notes

40s

H.H. Baird, MD '40, is retired and living in Lancaster, S.C., not Lancaster, Penn., as reported in the last issue of the *Bulletin*. When not in Lancaster, Dr. Baird spends time at his condo in Charlotte, N.C.

60s

David A. Rosin, MD, Housestaff '64-'65, writes, "After 24 years in private psychiatric practice in Tidewater, Virg., [I] directed a humanitarian aide operation in Rwanda and Zaire in 1994. On return to the U.S. in 1995, moved to Nevada – currently state medical director for mental health and mental retardation." He can be reached at drosin@govmail.state.nv.us.

Takey Crist, MD '65, was awarded the 1998 Ellis Island Medal of Honor by the National Ethnic Coalition of Organizations. The award is based on Crist's work with the American Hellenic Institute, Cyprus Committee and American Hellenic Educational Progressive Association. He was one of 120 recipients who were honored at St. Patrick's Cathedral in New York for humanitarian service. To be considered for the award, a person must exemplify a life dedicated to the American way and seek to preserve the heritage of a particular group; support American values and expand those of a particular ethnic group; achieve the reinforcement of bonds between a heritage group and its land of origin; as well as contribute to humanity in one's profession.

Carol Hedden Hackett, MD '66, has been installed as president of the King County (Wash.) Academy of Family Practice for the year 1998-99. A private practitioner in Bellevue, Wash., Hackett is past chair of the Department of Family Practice at Overlake Hospital Medical Center, and is a clinical assistant professor at the University of Washington School of Medicine. She is married to John P. Hackett, a dermatologist; they have three children.

70s

Isadore M. Pike, MD, Housestaff '69-'71, is vice president of clinical and medical operations at Quintiles Oncology Therapeutics. Previously, she was with Bristol-Myers Squibb Oncology for 10 years. She can be reached at lpike@quintiles.com.

Sheldon M. Retchin, MD '76, is president and CEO of MCV Physicians, the fac-

ulty group practice of Medical College of Virginia/Virginia Commonwealth University, in Richmond. The group includes 625 physicians. He is also a professor of internal medicine and associate vice president of Virginia Commonwealth University for Clinical Enterprises. He writes, "This past July was a busy one. I published an article on the care of stroke patients in HMOs in *JAMA*. As a result of the publication, I was interviewed on CBS, National Public Radio and other national media. Eleven days later my wife, Tracy, delivered twin boys, Michael and Matthew. We also have a 5-year-old daughter, Sarah. My wife is an attorney, but finds herself consumed by the job of raising our daughter and twin boys." Contact Dr. Retchin at retchin@gems.vcu.edu.

Christian Paletta, MD '79, has been appointed director of the Division of Plastic and Reconstructive Surgery at St. Louis University, a position his father, Dr. F.X. Paletta, held from 1950 to 1985. His wife, Blair Forlaw, from Greensboro, N.C., works as an urban planner at East West Gateway. Paletta's e-mail address is ChrisPal@aol.com.

80s

Carl Haynes, MD '80, now practices in LaGrange, N.C., as a member of Kinston Medical Specialists.

Ronald W. Cottle, MD '83, is an assistant professor of family medicine at Medical University of South Carolina. Previously, he was in private practice at Whiteville Family Practice in Whiteville, N.C., for 11 years. Contact him at wadeunc@msn.com.

Terance Lamb, MD '85, is a staff physician with Johns Hopkins Medical Services in Baltimore. [Editor's note: in the last issue of the *Bulletin*, Dr. Lamb's name was printed incorrectly as Amb. Our apologies for the error.]

James R. Hubbard, MD, Housestaff '85-'88, is chair of Pediatrics at the Medical Associates Clinic in Dubuque, Ia. He is an alternate delegate to the AMA House of Delegates, representing the Iowa Medical Society, and facilitator for an IMS-sponsored task force which guided a new state Children's Health Insurance Program through the Iowa legislature. Contact Dr. Hubbard at jacehubb5@mwci.net.

90s

Robert G. Berkenblit, MD '90, assistant professor of radiology at Montefiore Imag-

ing Center, announces the birth of a son, Brett Philip, on October 12, 1997. Brett joins sister Carly Sarah, who is 3.

Louise Horney, MD '90, is medical director at Emory Clinic at Wesley Woods Geriatric Center in Atlanta.

Lawrence Nycom, MD '90, is completing his clinical gyn oncology training at Walter Reed Army Medical Center. He will spend the next year doing research at the National Cancer Institute. His e-mail address is nycumgyn@erols.com.

Danny Silver, MD '91, is medical director of the emergency department at Sampson Regional Medical Center. His e-mail address is LMcGin8116@aol.com.

Ted A. Behar, MD, Housestaff '92, writes, "Following four successful years in practice with a senior associate, I'm pleased to be establishing Tennessee Plastic Surgery. This solo practice in plastic and reconstructive surgery will continue to serve my patients at my three office locations in and around Nashville." Behar@theporch.com.

Thomas R. Moore, MD '92, is in private practice in anesthesiology in Hickory, N.C. He and his wife, Patti, have two daughters, Brenna and Madison.

Sher Lynn Gardner, MD '93, has joined the medical staff at Decatur Pediatric Group in Clarkston, Ga. Gardner served her residency at the Emory University School of Medicine, where she was associate chief pediatric resident in 1995 and chief pediatric resident in 1996. She is a member of the American Academy of Pediatrics, and is active in World Changers Church International.

Holly Stevens, MD '93, joined University OB/GYN in Charlotte in August 1997 after finishing residency at the University of Florida. She is the co-author of "Women's Health: Your Guide to a Healthier, Happier Life," published in May 1998.

Elizabeth Faircloth Rostan, MD '95, is a resident in dermatology at Duke University. She was married in October 1997 to Robert S. Rostan, who works at Deloitte and Touche in Raleigh.

Carolyn Church, MD '96, and **North J. Davis, MD '96**, are both residents at North Carolina Baptist Hospital in Winston-Salem. They were married in September 1997.

Alesia T. Cottrell, MD '97, is a resident in anesthesia at UT Hospital in Knoxville, Tenn. She and her husband, Garland, welcomed their first child, Kelli Nicole, on January 7, 1998.

President's Letter

In the past year, I've had a terrific opportunity to enrich my understanding of and appreciation for the UNC School of Medicine. That's because I had the privilege of being your Alumni Association president, and I want to thank you for it.

I've had the opportunity to talk with alumni at receptions in Greensboro, Winston-Salem, Durham, Raleigh and Charlotte. And I had the pleasure of introducing our new dean, Jeffrey L. Houpt, to each group.

Dean Houpt combines a fresh outlook with a great respect for traditions and achievements of our medical school. At these receptions around the state, he talked with us of the new initiatives he is leading and invited all of us to tell him our ideas on how the school can be improved.

At the Spring Alumni Banquet in Chapel Hill, on behalf of the Alumni Association I presented the Distinguished Faculty Award to Dr. Robert Alan Briggaman, chair of the department of dermatology. He is an international expert in inherited blistering diseases. But this honor recognized his compassion for patients, excellent teaching, and warm personal leadership of his department. Dr. Briggaman can add this award to his collection, which includes major national and international honors for medicine and research, as well as some outside his profession: The first Town of Chapel Hill Residential Garden Award, and an award for carving decoy ducks.

At the same banquet, Dean Houpt presented six Distinguished Service Awards. The School of Medicine has given these awards since 1955 to recognize those "alumni and friends whose distinguished careers and unselfish contributions to society have added luster and prestige to the university and its medical school." Faculty are rarely eligible until they have been separated from the university for at least three years.

This year's recipients were Christopher C. Fordham III, MD, former dean of the

School of Medicine and chancellor of the university; E. Carmack Holmes, MD, chair of the department of surgery at UCLA; William R. Purcell, MD, Laurinburg pediatrician, five-term mayor, and state senator; Charles I. Sheaffer, MD, a Chapel Hill pediatrician who has made it his mission to help create community resources for children and adolescents traumatized by physical or sexual abuse; John Stackhouse Jr., whose leadership and personal zeal was instrumental in establishing the North Carolina Jaycee Burn Center; and James H.M. Thorp, MD, a Rocky Mount obstetrician/gynecologist (and former Alumni Association president) who has improved access for poor women in his county and assisted in developing services for the homeless in his community.

On Saturday, several classes held reunions. Next year, I will help to organize the Class of 1979's 20th reunion. I hope a large number of my approximately 130 classmates will come back to renew old friendships and discover how much has changed about this excellent school. I think they will also be impressed at how little has changed in that which truly matters, despite the new buildings, one-way streets and ubiquitous computers.

This is still a place where excellent minds are challenged by inspiring teachers to learn as much as they can about science, human nature, and how disease can best be eased, if not cured. It's a good place to visit for renewing yourself and finding your own reasons to support it.

Now, Jim Hundley has been installed as our president. We know he'll lead us ably. Thanks for all the memories of this year as your president. I won't say goodbye, because I'll still be around.



Darlyne Menscer, MD '79



CME/Alumni Calendar

	Medical Alumni Activities	
September 1	3rd International Symposium: 3-D Radiation Treatment Planning & Conformal Therapy	Research Triangle Park
Sept. 30 - Oct. 3	Pediatric Flexible Bronchoscopy Course	Chapel Hill
October 1-4	Robert A. Ross OB-GYN Society Annual Meeting	Sea Island, GA
October 9-10	Fall Medical Alumni Weekend	Chapel Hill
October 16-17	Hayward Symposium: An Update in Neurology	Chapel Hill
October 23-25	Herbals & Nutritional Supplements Used by Patients in Health Care: A Review of the Evidence, Biological & Clinical Effects	Chapel Hill
October 30	Domestic Violence	Chapel Hill
October 30	Psychiatry Across the Ages	Chapel Hill
October 31	George Ham Symposium	Chapel Hill
November 6-7	New Developments in Vascular Surgery: 8th Annual Meeting	Chapel Hill
November 13-14	Critical Issues in Thoracic Oncology	Pinehurst
April 23-24, 1999	Spring Medical Alumni Weekend	Chapel Hill

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

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