



DukeMed AlumniNews

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12 Visit with a Legend:
Eugene Stead, MD

SUMMER 2002



Medical Alumni Weekend 2002

Graduates from any year ending in 2 or 7 and the Half Century Club, comprised of all classes from 1951 and earlier, are invited back to Duke for Medical Alumni Weekend, October 18-21, 2002. Registration materials will be mailed in July. A list of probable attendees is available now at medalum.mc.duke.edu.

Making the Match

Andrea Christian, MSIV, beams as she learns that she is one of 18 members of the Medical Class of 2002 who will stay at Duke for residency training. "Duke was my first choice," said Christian, breathlessly. She will join the obstetrics and gynecology residency training program in fall 2003. Of the 80 fourth-year students who participated in the nationwide match program, 20 will stay in North Carolina for training. Of the two not staying at Duke, one will go to the University of North Carolina



at Chapel Hill and one will go to Carolinas Medical Center in Charlotte, N.C.

The two most popular choices for specialty training were internal medicine (25 percent), followed by pediatrics (12 percent). Radiology was the choice of 10 percent of the students, followed by ophthalmology (7 percent); medicine-pediatrics (6 percent); orthopedics (5 percent); emergency medicine, general surgery, psychiatry, radiation oncology, and urology (3 percent); dermatology, family medicine, plastic surgery,

preliminary medicine, obstetrics-gynecology, otolaryngology (2 percent); and neurosurgery, physical medicine and rehabilitation, and preliminary medicine (1 percent). This year, **Caroline Haynes, MD'83, PhD'83, HS'84-'89**, associate dean for medical education, announced a decision not to reveal how many students matched with their first, second, or third choice of residency. "The National Residency Matching Program decided to stop reporting these figures because they felt these statistics were being misused in reports ranking the medical schools," said Haynes.

Alumni Admissions Volunteers Wanted

The Medical School Admissions Office asks that you consider serving as a volunteer interviewer for medical student applicants in regions throughout the country. They are especially interested in recent graduates from the School of Medicine (1982 and later). To learn more about this opportunity, please contact Margaret Moody, Medical Alumni Affairs, at 919-667-2514 or margaret.moody@duke.edu.

Alumni and Faculty Are Among Duke AOA Inductees

James L. Frey, MD'72, a neurologist with Barrow Neurology Clinics in Phoenix, Ariz.; **Thomas L. Spray, MD'74**, a cardiothoracic surgeon at the Children's Hospital of Philadelphia, and Francis Neelon, MD, a Duke associate professor of endocrinology, were inducted into the Duke Chapter of Alpha Omega Alpha at a ceremony held in March.

Eight members of the Medical Class of 2003 were also inducted, along with two current members of the Duke house staff. They are: **Kara Anthony, T'97, MD'03**; **Jamieson Bourque, MD'03**; **Catherine Cole, MD'03**; **Valerie Ibom, MD'03**; **Faisal Merchant, E'97, MD'03**; **Harriett Purves, MD'03**; **Glen Toomayan, T'99, MD'03**; **Laura Young, T'98, MD'03**; **Matthew Alvarez, MD, HS-current, obstetrics-gynecology**; and **Paul Chai, T'90, MD'94, HS-current**.

Alpha Omega Alpha is the world's only medical honor society. It was founded in 1902 by William W. Root, MD, and five other medical students at the University of Chicago to protest against "a condition which associated the name medical student with rowdyism, boorishness, immorality, and low educational ideals," according to the National Library of Medicine, History of Medicine Division. At the time, only 15 percent of the country's 25,000 medical students were college graduates. With the exception of a few, including the Johns Hopkins School of Medicine, medical schools provided only a series of lectures and demonstrations at the bedside or laboratory.

Today there are 124 chapters of AOA in the country. Inductees are selected based on ranking in the top 25 percent of the class at the student level. At the practicing physician-academician level, two alumni per year are inducted, based on outstanding careers and contributions to the generation, conservation, and dissemination of medical knowledge.

According to Edward C. Halperin, MD, the Leonard R. Prosnitz Professor and chair of radiation oncology at Duke and councillor of the Duke Chapter of AOA, approximately 16 percent of Duke alumni are AOA members.

Medical Families Weekend

More than 150 students, parents, and faculty came together to share experiences and information about medical education at Duke during Medical Families Weekend, March 15-16. The event included a barbecue social, the annual Medical Student-Faculty Show, faculty and student presentations, an open house with Duke advisory deans, and tours of the School of Medicine.



Call for 2003 Awards Nominations

Nominations for 2003 Medical Alumni Association Awards are now being accepted. Presented annually during Medical Alumni Weekend, awards are given for Distinguished Alumni, Distinguished Faculty, Humanitarian Service, Distinguished Service, Honorary Alumnus/a, and the William G. Anlyan Lifetime Achievement Award. Letters of nomination should include the following: candidate's name, class year and/or house staff years and specialty, the award category, a statement of why you believe this person should be considered, letters of support, and your name, address, telephone number and/or e-mail address, class/house staff years, and specialty. Please send nominations by August 31, 2002, to MAA Awards Nomination, Duke Medical Alumni Association, 512 S. Mangum Street, Suite 400, Durham, NC 27701-3973. Online nominations may be made at medalum.mc.duke.edu/alumni/nomaward.html.

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DukeMed AlumniNews
512 S. Mangum St., Suite 400
Durham, N.C. 27701-3973
e-mail: dukemed@mc.duke.edu

Ellen Luken
Executive Director,
Medical Alumni Affairs
and External Relations
Editor
Marty Fisher
Contributing writers
Mirinda Kossoff
Peter Fairfax, MD, HS'57-'59
Art Director
Lacey Chylack
Graphic Designer
Jeff Crawford
Photography
Duke University Photography

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Focusing on the Art Part

The humanities open the door to deeper understanding of medicine

In her critically acclaimed book *Middlemarch*, 19th-century writer George Eliot, a.k.a. Marianne Evans, wrote: "Medicine is the most scientific of the humanities and the most humane of the sciences." Eliot's observation proves as true in the 21st century as it did in the 19th. As a wealth of artist-physicians and a growing number of humanities-in-medicine programs confirm, the arts and medicine are inextricably linked.

Why? Tublu Chatterjee, MD, who teaches the Introduction to Physical Diagnosis for Duke's first-year medical students, believes it's because practicing medicine is such an emotional experience. "Often as physicians, we have to hold our emotions in check," says Chatterjee, who has begun weaving the arts into her lesson plans.

Writing, painting, and other creative arts provide an avenue for physicians to explore and make sense of their complex emotional reactions to profound

by Mirinda J. Kossoff

photo by Ellen Ozier/The Herald-Sun

questions about life, death, and what it means to be human, she believes.

“As a doctor, one knows people from all walks of life,” Chatterjee says. “Each patient we see in the examining room is a short story.”



Detail of Thomas Eakins' "Agnew Clinic" (seen on cover)

Completing What Nature Has Not

Famous playwrights and authors Anton Chekov and William Carlos Williams were doctors, as was the English poet John Keats. History's most revered visual artists, including Leonardo da Vinci, often knew as much about human anatomy as their physician contemporaries. Dutch master painter Rembrandt van Rijn and 19th-century American artist Thomas Eakins both achieved notoriety for their depictions of medical training and practices. Rembrandt's "The Anatomy Lesson of Dr. Nicolaes Tulp" is one of his more famous paintings. Eakins' unsparing depiction of surgery in "The Gross Clinic" and "The Agnew Clinic" stirred controversy among the art aficionados of his day.

Gregory Ruff, MD, HS'83-'86, a plastic surgeon and assistant clinical professor in Duke's Division of Plastic, Reconstructive, and Oral Surgery, is also a sculptor and two-dimensional artist with a keen appreciation for the visual and literary arts. "I'm always intrigued to read physicians' poetry in the

Journal of the American Medical Association (JAMA)," Ruff says. "When you deal with the complexities of the human body and how people respond to physical problems, sometimes in the darkest of circumstances, you have penetrated the human soul as much as anybody ever does. The work of a physician lends itself to introspection and insights that very few people are privileged to have."

Teachers singled out Ruff's talent for drawing when he was in elementary school. Through college and medical school, he set aside his artistic ability, but, Ruff says, "When I went through general surgery into plastic surgery, I found that having this capacity [to draw] served me well. A lot of things we do in plastic surgery are things that can be found in tables and books of numerical standards. But I don't feel like I have to look up the appropriate distance between a person's eyes to see that the patient doesn't meet the normal standards . . . There's a limit to what you can measure."

Curves, for example, are difficult to describe mathematically. "But if you can draw," Ruff says, "a picture is worth a thousand words. When a patient comes to me and says 'I want bigger cheekbones,' I have some reference, but where on the cheekbone do you measure? I find it's easier to convey these things with pencil and paper.

"Symmetry is an important part of beauty in the face and human form," Ruff continues. "A lot of the things we consider beautiful are also structurally sound. When you're dealing with facial surgery, it's important to have a good sense of construction, of what's underneath the skin, in order to do reconstruction."

In Ruff's office hangs a photographic print of a medical illustration by Bill Bruden depicting two dissections of a young woman's face, the superficial aspect done in sepia tones, the deeper structures in watercolor. Russell Woodburne, MD, former chairman of the Anatomy Department at the University of Michigan Medical School, commissioned the art. Bruden told Ruff that Woodburne had waited for a subject who was youthful and attractive. The young woman who was dissected had been killed in an automobile accident. The result of her tragedy is a work of art that Ruff finds both poignant and beautiful.

Visual art also has made its way onto the covers of medical journals. Nearly 40 years ago, the venerable *JAMA* replaced its traditional table of contents cover with one showcasing works of art. Since 1974, Therese Southgate, MD, has been selecting *JAMA*'s cover art, often writing an accompanying essay about the cover. Two volumes of *JAMA*'s cover art,

together with Southgate's essays, have since been published, primarily at the urging of loyal readers.

In her preface to the first volume, Southgate writes: "As distant as the two notions—medicine and art—may at first seem, they do share a common goal: the goal of completing what nature has not. Each is an attempt to reach the ideal, to complete what is incomplete, to restore what is lost. The search is for harmony as well as for form." In a human being, that harmony is health. In art, it's the interplay of color, form, and line. It's Monet's luminous water lilies or Van Gogh's vivid self-portraits.

In the second volume, Southgate explores further the connection between physician and artist: "If art reminds us of our human condition, even more so does the practice of medicine, in which we recognize that all—patient as well as caregiver—are afflicted beings. But not without hope . . . The very act of painting a picture signifies hope, as does the act of treating a patient. That is why painters paint and physicians practice medicine."

The Art of Beholding

Perhaps the most obvious connection between artist and physician is in the power of observation. Keen observation is critical to outcomes—for the patient being treated or the art being created. As Southgate notes, this observation ranges from the way a physician listens to the patient and watches facial expression and posture to the way the artist's eye takes in the play of light on water or the thickness of paint on canvas. But there's an additional element: the act of paying attention to, of beholding, the subject of one's observation.

It is this act that concerns Chatterjee as she seeks new ways to teach Duke medical students how to become keen observers. "The physical exam is difficult to teach, because it really is about honing your senses," Chatterjee says. Traditionally, the only way to teach observational skills has been to get students involved with patients. "The pitfall," Chatterjee explains, "is that there is a huge power differential between patient and physician. It is not uncommon for young physicians to have biases and to make judgments based on first appearances." So Chatterjee tells her students: "Don't jump to conclusions." But how does she ensure her message gets through and is put into practice?

A novel way of getting students to hone their observational skills while withholding judgment came via Duke's art museum and its university and community educator, Adera Causey. Causey had

read an article in the *New York Times* about medical students at Cornell and Yale visiting museums to learn to be better observers by observing art. She sent a letter to a number of Duke medical faculty suggesting a similar collaboration with the Duke University Museum of Art (DUMA). Chatterjee and Elizabeth Lentz, the administrative director of the School of Medicine's Practice Course, responded.

"My feeling is that the process of viewing art is not dissimilar to the process of viewing a patient," Chatterjee says. "One has to approach the viewing with care and thought and initially just describe what one sees and then go through a careful process of analysis before making inferences."

Chatterjee adds that she sees art as an effective way of presenting a complex whole, which is how she views a patient. "To see that the whole is greater than the sum of its parts takes care, practice, and discipline," Chatterjee says.

For first-year medical students, the two-week physical diagnosis class is an intensive learning experience. In January, students spent the first afternoon of the course at the DUMA—on a Monday when the museum is normally closed.

After meeting as a group to get their instructions, the students were asked to choose three from a group of pre-selected paintings to observe and analyze. Each student was given a printed sheet as a guide for analyzing the paintings.

"We selected figurative, signed paintings with something in them that students might miss," Causey explains, such as Laura Wheeler Waring's "Portrait of Anna Washington Derry." A first impression might lead one to believe that the older black woman with the lined face is a laborer, servant, or former slave. Closer observation reveals that she's wearing expensive clothing and her hands are smooth. In fact, she was a member of a wealthy black family from Philadelphia, proving Chatterjee's point that it is easy to mischaracterize patients based on their appearance.

Anne-Caroline Garnier, a first-year medical student, found the experience enlightening. "The instructors were trying to get us to look closer, deeper and think more and not rely on that first impression,"



Garnier says. “A lot of diagnoses can come from intricate details that might not be picked up right away if you’re not paying attention.”

Once the students had jotted down their observations about the paintings—details such as costume, hands, facial expression, skin—they gathered in small groups with art experts to discuss and analyze what they’d seen.

“In my group,” Garnier says, “we discussed a painting of two men at the Moulin Rouge. One of the men was speaking to a woman. The interesting thing about the painting to me was that the women in the background were painted in vivid colors while the men in the foreground were painted in gray tones.” A lively discussion ensued about what the artist meant to convey in using a different color palette for the women.

“As distant as the two notions—medicine and art—may at first seem, they do share a common goal: the goal of completing what nature has not. Each is an attempt to reach the ideal, to complete what is incomplete, to restore what is lost.”

Therese Southgate, MD

“I looked at the scene from the point of view of the women,” Garnier recalls, adding that she thought the men might appear gray to the women performers, because the women were used to being propositioned by the men and all the men began to look alike. Others interpreted the somber color of the men as an indication that what they were doing could be morally questionable, assuming the men had just seen the show at the Moulin Rouge and were trying to proposition the women.

“One of the best things about the experience, even for the people in the class who didn’t have that much to say about the art itself, was that it left us with something to think about,” Garnier says, adding that students talked about the experience afterward in their social circles outside class. “In my group of friends, we talked about reconciling the idea of not making generalizations while at the same time making guesses about the lives of the people in the paintings.”

First-year student Quintin Quinones recalls viewing a portrait at the initial group meeting. “He was a Sigmund Freud-looking type of guy,” Quinones says, “who turned out to be a famous surgeon, the point being that on first impression the person may not be who you think he is.” Quinones adds that he found it difficult to suspend judgment and remove himself from his cultural background, especially when viewing religious paintings. Though not everyone was

able to bridge the two worlds of medicine and art, Quinones says, overall the exercise was successful in getting the point across.

Lentz, who is an artist herself, worked with Chatterjee and Causey to design the museum experience for the first-year students and collected the feedback afterward. “Student response was quite varied, including one student who e-mailed me that it was a total waste of time,” Lentz says, adding that most students said they enjoyed the experience and that it will likely be repeated with next year’s class. Chatterjee says the museum “was a wonderful place for students to practice learning how to describe what they were viewing and then to be careful about the inferences they made from their descriptions.”

An Empathy Tool Kit

The Duke medical students’ experience is part of a growing trend in medical education to include the humanities as an integral part of a physician’s training. At the College of Physicians and Surgeons of Columbia University, for example, medical students are required to take seminars in humanities.

Rita Charon, MD, PhD, is professor of clinical medicine at Columbia as well as the director of its Program in Narrative Medicine, which she launched in 1996 as the Program in Medicine and the Humanities. Charon notes that in the spring semester of the second year, students must take a humanities seminar—in literary studies, contemporary poetry, or modes of listening (taught by a Russian literature professor who is also a pediatrician). Also offered are courses in figure drawing, with live nude models, or drawing from classical Greek and Roman sculptures at New York’s Metropolitan Museum of Art, as well as a photography seminar. “What I can do,” Charon says, “is signal to the students that these skills in reading, writing, beholding, and creating are part of their equipment as doctors.”

“We scholars of the 21st century didn’t invent the relationship between medicine and literature,” Charon points out. “If you look closely at Hippocrates, he tells stories about the particulars of individual patients. Eternally, there’s been a tension between what doctors know about the human being



in the abstract and what medicine needs to know about this particular 67-year-old diabetic woman sitting in the office whose mother died from diabetes and who has started smoking again.” Charon adds that there’s never been an effective means of bringing together the abstract and the particular.

One example: the directive that doctors should have empathy. What exactly does that mean? “Until recently,” Charon says, “we’ve been short on the method of how to do that. We end up with these sappy exhortations to doctors to be good people, be humanistic, be empathic. To my mind the real radical contribution that the humanities have made to medicine is to give medicine methods—a tool kit for doing the things we’ve been exhorted to do.”

The tool kit Charon refers to is filled with what she calls narrative skills—the skills used when one learns to read and write. “When you read Huckleberry Finn, what you’re doing as a reader is

you’re entering this narrative world, and provisionally you accept the point of view,” Charon says. “You naturally follow the narrative thread.

“This turns out to be revolutionary in medicine,” she adds. “You sit with a patient in a room and say nothing except ‘but’ and ‘then’ and respect the powerful narrative that comes to you. It’s not always literary, but visual—what the patient is wearing, his or her expression.

“To be effective as a doctor,” Charon continues, “you have to be open to and absorb all the news you get, so that you’re listening in an attuned, skilled way. And you’re beholding the patient.”

The concept of ‘beholding’ is key to Charon’s philosophy of medical education and what makes a good doctor. Charon says, “Part of the equipment of an effective doctor is to be able to behold a patient, to be able to absorb both the said and unsaid things about what you’re beholding and in some way to be moved

Above: Medical illustrations by Bill Bruden courtesy of Gregory Ruff, MD



by what you see. If you're being effective, you're moved toward acting on behalf of the patient." Charon says the increasing focus on medicine and the humanities, and especially narrative theory and medicine, is not an American invention. In England, for example, the general practitioners got the scholars involved, whereas in the United States it was the reverse. "It's an exploding area," Charon says, adding that the use of narrative theory in medicine is growing in Canada, France, Australia, and Saudi Arabia. Charon is on her way to a conference on the subject in London, jointly sponsored by New York University and the University of London Hospital.

Journals such as *Literature in Medicine* and *Medicine and the Humanities* are another outgrowth of the burgeoning interest in the intersection of art and medicine. "I think it's succeeding and growing, because we've finally found a way to talk very practically about the things that appear to have been missing from medicine," Charon says. "That's why it works." Additionally, there are humanities master's-degree programs being developed for physicians. The University of Texas at Galveston and Drew University in New Jersey now offer a Ph.D. in medical humanities,

which includes not only literary studies but also history, visual arts, philosophy, anthropology, theology, and qualitative social sciences.

Like most of Chatterjee's students at Duke, Charon's students at Columbia have embraced the concept of using art and narrative as a means to hone their clinical skills and become more compassionate and effective as caregivers. Several students are signing up for intensive work in the fourth year: One of Charon's students is writing a play and several are writing narratives about their experiences in caring for patients.

"For years, I've been having third-year students write about their patients," Charon says. "I call it the parallel chart, and I tell them that some things that are important in the care of the patient don't belong in the hospital chart, but they have to be written down somewhere." Charon instructs her students to write about their personal responses to patients and their colleagues in the parallel chart. Once a week, students meet to read to each other what they've written. "They write of their deep feelings of victory when things go well, of anger when they don't, of disagreements with other doctors," Charon says. "When they read this aloud, it does two things: It develops a different agenda for training—giving the students a means of dealing with their feelings of grief, sadness, and attachment in working with patients—and it helps them feel they're not alone. It's been a tremendous treatment for the feeling of isolation that tends to occur in medical training."

Anecdotally, the parallel chart worked well, but Charon wanted a more tangible measure, so she selected 100 students who had similar undergraduate

majors and randomly assigned half to write a parallel chart and half to a control group. She pre- and post-tested the students, using psychological scales of empathy and ability to cope with death, as well as faculty ratings of the participating students. About half the findings have been collected, Charon reports.

"Even on the quantitative findings," she says, "there are statistically significant differences between the experimental students and the controls." For example, the faculty rated the experimental students higher on their therapeutic relationships with patients and the students' ability to take histories and perform physicals. There was no difference between the two groups in fund of knowledge.

"So there are outcomes to narrative training," Charon says. "When students evaluated themselves, they were statistically higher on things like, 'I feel confident in caring for dying patients or in giving patients bad news.'"

Recognizing What We've Lost

Why is this trend toward integrating medicine and the humanities gaining momentum now? Charon says it's due to a burst of new scholarship in narrative theory and knowledge about what happens in the brain when one hears or makes up a story. "The interest in narrative theory really began in the 1970s," Charon says. "But it took a while for the scholarship to percolate into medicine and law."

Additionally, she says, "The narrative failings of medicine have become more urgently apparent in the midst of dazzling technical feats such as liver and heart transplants and the disparities in who gets what." Advances in medicine and genetics have created thorny ethical questions about nearly every

aspect of patient care, from beginning to end of life. Consequently, the field of medical ethics has matured to the point that that a new branch of medical ethics has evolved—narrative ethics.

"The traditional legal methods we've used for dealing with these issues are not enough," Charon says. "We are realizing the terrible dilemmas we find ourselves in, and we need ways to take individual patients into account."

Training medical students to pay more attention to the plight of individual patients raises the question of how, in an era of managed care, doctors can take the time needed with each patient. To this question, Charon replies: "It helps doctors to recognize what they've lost. I predict that doctors increasingly will say no to the ludicrous practices emerging from managed care.

"Every doctor has it within his or her power to restrict the number of patients he or she sees daily, assuming that doctor is willing to take a lower salary," Charon continues. If doctors say no collectively, Charon believes they can and will be heard.

Narrative medicine may also provoke risky conversations about health care in this country and address questions that are now answered only on an ad hoc basis. "What prevents our doing this thoughtfully is that we don't have a way to talk about it," Charon says. Narrative skills provide doctors a way to meaningfully engage in the debate.

In the end, Charon says, "All these skills increase the joy of being a doctor and the satisfaction of patients." ▀

Anatomy of Anatomy

A new book by documentary photographer Meryl Levin, *Anatomy of Anatomy in Images and Words* (Third Rail Press, New York), illustrates the kind of collaboration between the arts and medicine that brings deep meaning to the experience of studying medicine.

Levin embarked on a journey through an anatomy course at Weill Medical College of Cornell University, along with its Class

of 2001. She photographed cadavers, students, and instructors and interwove her full-color images with the medical students' journal entries and artistic anatomical illustrations. The work is presented temporally, from the introduction to the dissection lab to the final exam and the student-led memorial service.

Physician-writer Abraham Verghese wrote the foreword to the book, describing

the journey as "the living studying the dead. The dead instructing the living." Levin dedicates the book to those who donated their bodies, and writes: "I have never before witnessed a gift that is honored, respected, and consumed so completely."

As an online reviewer remarks, Levin's photographs "are not for the squeamish: for example, the double amputee pelvis prosection on page 103 or the multiple

images of flayed skin or limbs tied to supports." Other images remind the reader of the once-living person now represented by the dead: "pink fingernail polish on a female cadaver or a heart palmed by a student."

The student journal entries are honest, sensitive, and thoughtful and contemplate their discomfort with certain dissections, such as the pelvic region, and their grow-

ing awareness of their own bodily functions through what they're learning in the dissection lab. They write about their relationship with the cadavers, their gallows humor and uneasiness with the humor, as well as how the experience with dissection sets them apart from those who will never have such an experience.

A reviewer comments: "Two fathers (Rajiv and Michael) reflect on a renewed

sense of privilege and intimacy when holding their children's hands after leaving the hand dissection session. '[My daughter's] hand is soft and warm despite the January cold. This is what life feels like, I say to myself. I have learned something about the human touch. I will never hold someone's hand the same, old, ignorant way again.'" (Rajiv, p. 36). ▀



The Patient Who Needed a Doctor

—and Got One



Eugene Anson Stead, Jr., MD

by Peter Fairfax, MD, HS'57-'59

Editor's note: DukeMed Alumni News recently received the following story starring a Duke legend: Eugene Anson Stead, Jr., MD, Duke chair of medicine from 1947 to 1967. We agreed with author Peter Fairfax, MD, HS'57-'59, that the story illustrates the quintessential Stead—a driven, independent, unconventional thinker who, from his earliest days in medicine, stopped at nothing to make sure his patients received the best possible care. During a recent visit we paid to his home, Stead confirmed the accuracy of Fairfax's tale and gave his permission to share it.



Within months of my arrival at Peter Bent Brigham Hospital and the Children's Medical Center for residency training in radiology, I had the following conversation with one of the senior staff orthopedists, Dr. Bart Quigley. It started when he inquired about my background. Upon hearing the words "Duke" and "internal medicine," he exclaimed "Eugene Stead!" He asked of Dr. Stead's health and offered that he and "Stead" were house officers at "The Brigham" at the same time. Smiling and chuckling, he started to reminisce.

An Urgent Request

"Let me tell you a story about Stead. You know, Stead was a bit of a curiosity here at The Brigham," said Quigley, who was a first-year surgical resident there in 1932, when Dr. Stead arrived for his first year of internship following graduation from Emory. "Most of the house staff were Harvard-educated. Many were the sons of Boston Brahmin families... whereas Stead was this tall, gangly, slow-talking Georgian with a southern drawl so thick you could hardly understand him.

"Not long after arriving, we surgeons received a request from Stead to see a patient who'd developed empyema*. Stead characterized his request as urgent. 'Please evaluate and insert a drainage tube,' were his instructions to us."

Quigley offered that in those pre-antibiotic days nearly half of the medical beds were filled with patients suffering from complications of pneumonia. It was late afternoon before the surgical residents were finished in the O.R. They had many consults waiting, and they decided that Dr. Stead's patient could wait until the next day.

"At first light the next morning, Stead contacted the surgeons," recalled Quigley. "He was not



Dr. Stead and his wife of more than 60 years, Evelyn

*an accumulation of pus in the pleural cavity



Dr. Stead chats with medical student George Manousos, MD'02, about Duke medical school today.

happy. His patient's status was now an emergency. We responded immediately. We inserted the tube and returned the patient to the medical ward.

"By mid-morning word was spreading all over the hospital, even into the O.R., that Stead had done something concerning this patient—an act that had infuriated nursing. In fact, it was rumored that the chief of nursing was threatening to buy this nifty intern a one-way bus ticket to Atlanta," said Quigley.

Taking advantage of their first break in the O.R., Quigley and the surgical attending resident who'd performed the surgery rushed to the medical floor. They found their patient resting comfortably on his back, the large glass bottle receiving the pleural drainage tube half-full.

"What's the problem, we asked each other," said Quigley. "The patient was asleep, breathing without trouble, and the tube was working."

The Outrageous "Surgery"

On closer inspection, however, Quigley and his companion discovered that their tube was coursing from the patient to the bottle via a tunnel neatly cut through the mattress.

Immediately, the surgeons realized that they had inserted the tube in an impractical location—the patient could breathe comfortably only on his back. But, in that position, the patient's weight either kinked or pinched off the tube. Dr. Stead's mattress "surgery" clearly was an ingenious solution.

"The head nurse confirmed the rumor," remembered Quigley. "She was outraged by this blatant vandalism. How dare this Southern farm boy show such contempt for Brigham equipment?"

"Without hesitation, the surgeons found Dr. Eliot Cutler, the chief of surgery, who to their relief had not heard the story. The surgeons convinced him, without revealing why, to visit the patient. He was challenged that, in spite of his vast experience, he was going to witness something new.

"What he saw, Cutler loved. Having absorbed the scene and heard the story, he at once wanted to meet this young medical intern. Here was a young man who thought clearly and acted decisively like a surgeon and furthermore, he incised a neat hole through the mattress. Needless to say, Dr. Cutler calmed the nurses," laughed Quigley.

From the Horse's Mouth

About nine years ago, I shared this story with a fellow Duke house staffer and friend, **Henry Perkins, MD, HS'57-'59**. We had registered to attend the Stead Breakfast held on a fall alumni weekend. Henry loved the story. He urged me to confirm its accuracy with Dr. Stead. We couldn't wait.

We arrived early. Breakfast was supposed to start at 8 a.m. A large crowd had gathered, but Dr. Stead had not appeared. The organizer announced that Dr. Stead had been delayed. The plan was to form a line and greet him before eating. He requested that we move the line as quickly as possible. No time for conversation, I thought disappointedly.

Henry and I, with our wives, found ourselves in the middle of the line. Dr. Stead arrived. The line was moving quickly. . . . When we came face to face, I blurted out to Dr. Stead: "Is it true that while an intern you cut a hole through a mattress?"

His reaction was unforgettable. . . . a huge smile, those blue flashing eyes. Gesturing with those long

arms, he started to talk. He said, "I don't know what you heard, but let me tell you the story. Yes, it's true. My patient was a young married man with children, desperately ill with pneumococcal pneumonia and empyema. I called the surgeons. I was afraid my patient might develop a broncho-pleural fistula** unless a tube was inserted right away. Counter to my wishes, the surgeons decided to schedule the procedure the next day."

By this time, those in the line behind us were fidgeting, and those who had preceded us had dispersed around the room and noticed that Dr. Stead was speaking to us with great animation. Henry and I were somewhat embarrassed, but we were soaking up every minute.

Dr. Stead went on. "I finished the chores for the day. I went to a movie. I decided to return afterwards to check on my patient. The lights were out. I borrowed a flashlight at the nurse's station. As I approached, I could hear gurgling and labored breathing. My patient was cyanotic with rank pus all over his pillow, oozing out of his mouth and nostrils. I knew at once that he'd developed a broncho-pleural fistula. . . . I was strong in those days. I picked him up, turned him upside down, and managed to drain that mess suffocating him. I stayed with him all night, keeping him alive using postural drainage and suction."

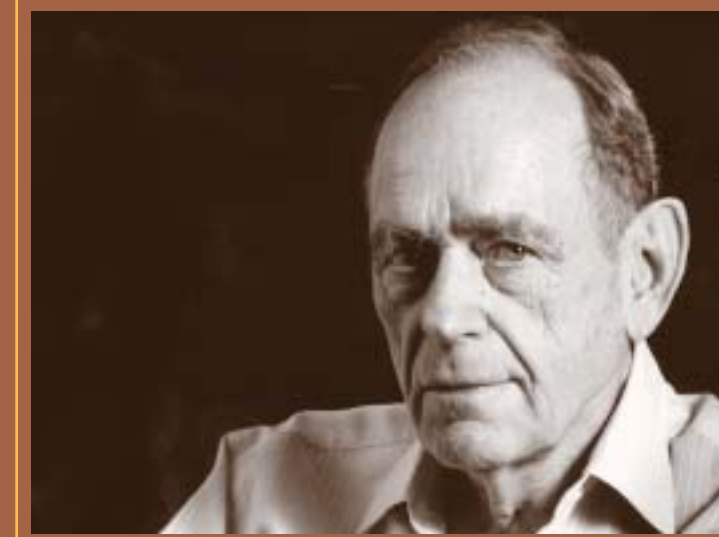
Dr. Stead reiterated in even greater detail all that Dr. Quigley had told me. He added that as a result of this incident, he and Dr. Cutler became friends. In fact, Dr. Cutler urged him to consider surgery and train in his program. Dr. Stead countered that he'd like to take a year of surgery—not to become a surgeon, but because he felt a year of surgery would make him a better internist and would help him to better understand his surgical colleagues. And as an aside to Henry and me, he added that he thought he might help his surgical house officers by teaching them some internal medicine.

Incidentally, Dr. Cutler agreed. Dr. Stead spent his second year at The Brigham, still on Dr. Henry Christian's medical service, and his third year, 1934-35, was spent on Dr. Cutler's surgical service.

Finally, Dr. Stead finished our conversation. "My patient recovered," he said. "And, yes, the director of nursing was exasperated. She said, 'But look at what you've done to my mattress!' And I replied to her, 'But look what I've done for my patient.'"

As Dr. Stead is so fond of saying, "What that patient needed was a doctor." Luckily for him, Eugene Stead was there. ▼

** an abnormal passage from a hollow organ to the body surface or from one organ to another



Visit with a Legend

DukeMed Alumni News spent an afternoon recently with Eugene Stead, MD, and his wife of more than 60 years, Evelyn, at the quiet little home they and their three children built in the pinewoods near Bullock, N.C., on the shore of Kerr Lake. The Steads, who made the lake house their retirement quarters several decades ago, are active and enjoy their independent lifestyle with their black dog "Bucky" and a caretaker and companion who lives next door.

At 93, Dr. Stead is still teaching, still learning, and still steadfast in his belief that medicine is a practical science best learned through experience. In fact, he considers book-learning and lectures—medical school itself in the traditional format—a complete waste of time. A better system, he says, would be a combination of Web-based medical courses and residency training.

"One learns by asking oneself questions, then going out and finding the answers," is one of many "Steadisms" remembered by his students and colleagues, as is "Take care of people, not illnesses." While even Stead admits his views tend toward the radical, the philosophy of hands-on medical education and patient-focused care is being embraced by medical educational institutions across the country—including Duke. ▼

Send your class note to us at Duke Medical Alumni Association, Class Notes, 512 S. Mangum Street, Suite 400, Durham, NC 27701-3973, or by e-mail to dukemed@mc.duke.edu. Due to space limitations, we are not always able to publish all the class notes we receive for a given issue. If you didn't see yours in this issue, please look for it in the next issue.

1940s

Walter R. Benson, T'42, MD'44, HS'44-'45, '52, was honored with the establishment of the Walter R. Benson Annual Lectureship by the Department of Pathology at the University of North Carolina School of Medicine. The lectureship is the first ever sponsored by the department and one of few in the School of Medicine. The trust fund was established by a group of former residents. The first lecture, "Diagnosis of Lymphomas, including Molecular Genetic Hematopathology," was held in April on the UNC-Chapel Hill campus.

Sherman H. Pace, T'44, MD'47, HS'47-'50, of Clearwater, Fla., was presented the Year 2001

Civic Achievement Award at the October meeting of Pinellas County Medical Society. He was a family practitioner since 1955, and was honored for 13 years of service representing the medical society and 23 years of *pro bono* medical service to the residents of Florida Sheriffs Youth Ranch at Safety Harbor. He and his wife, Marion, have three children, Janet, Michael, and Bettie.

Jack H. Welch, MD'40, has been retired since 1983. He sings in the church choir and is a member of a foreign policy study group, the Fresno Center for Nonviolence, and a men's study group on Islam and terrorism. He frequently contributes letters to the editor of his local news-

paper on national politics and social justice topics. He and his wife, Alice, recently traveled to Alaska to attend a court of honor when their grandson became an Eagle Scout, to Oregon to see their granddaughter perform in a ballet, and to southern California to visit their son and daughter and their families.

1950s

Margaret W. Hilgartner, G'51, MD'55, (Davison Club), is a professor of pediatric hematology at Cornell University. She and her husband, Albert Milton Arky, reside in Tenafly, N.J. Their youngest son, Jack, was married this fall; their daughter, Liz, is working as a global legislative partner; and their oldest son lives in Hillsborough, N.C., with his four children.

Robert N. Ellington, MD'57, HS'58-'62, (Davison Club), has served as campus physician at Elon University

for 15 years. On September 28, 2001, the \$850,000 Health and Counseling Center was dedicated in his honor. The naming recognizes his years of service as well as a major gift Dr. Ellington and his wife, Helen, made to the fundraising campaign for the new building. They reside in Burlington, N.C.

Edward H. Laughlin, MD'58, is the author of *Coming to Terms with Cancer*, published by the American Cancer Society. He is a professor of surgery at the University of Alabama Birmingham School of Medicine in Huntsville.

1960s

Richard L. Reece, T'56, MD'60, lives in Old Saybrook, Conn. with his wife, Loretta. He has retired as a pathologist but has diversified his career by serving as editor-in-chief of two nationally distributed newsletters, *Physician Practice Options* and the

Quality Indicator. In addition, he has co-founded the High Performance Physician Institute, which gives regional conferences on technological applications to improve compliance, profitability, and productivity for practicing physicians.

Robert L. Goldenberg, MD'68, is a professor in the University of Alabama at Birmingham Department of Obstetrics and Gynecology and co-director of the Center for Research on Women's Health. He is the 38th UAB member selected for the academic health center's highest honor, UAB's 2001 Distinguished Faculty Lecturer Award. He is a pioneer in the field of international women's health, and his work has taken him throughout Alabama and the rural South and on to Zambia and Pakistan. He has distinguished himself in a career devoted both to the provision of care for low-income and minority pregnant women, as well as research aimed at understanding why those women have such poor pregnancy outcomes. He resides in Birmingham, Ala.

Peter Kohler, MD'63, HS'63-'64, has been president of the Oregon Health Sciences University since 1988. According to a recent feature in *The Oregonian*, his tenure as president is longer than all but three other heads of medical schools in the U.S. In 1995, he made the bold decision to split the university from the state system of higher education to make it an independent public corporation, a plan which has paid off in substan-

tially higher earnings for OHSU. Under Kohler's leadership, OHSU has received national recognition for its research programs and its outreach to underserved rural communities. Kohler and his wife, **Judy, N'61**, live in Portland and have three sons: Todd, who is pursuing a second career in nursing at Eastern Oregon University, Adam, and Steve, and one daughter, Brooke.

1970s

William Stead, T'70, MD'74, HS'73-'77, (Davison Club), was appointed to the Board of Regents of the National Library of Medicine. He currently resides in Nashville, Tenn. with his wife, Janet.

Richard D. Klausner, MD'77, former director of the National Cancer Institute and past president of the Case Institute of Health, Science, and Technology, has been selected to receive the inaugural Walther Prize. He left his current position at Case Institute on January 1, 2002, to assume the post of Adviser on Counterterrorism at the National Academies. In this role, he will serve as the liaison between the director of the White House Office of Science and Technology Policy, and the many new counterterrorism efforts of the National Academies. He and his wife, **Cecile Ruth Bassen, MD'77**, reside in Bethesda, MD.

Juan Francisco Batlle, MD'79, HS'79-'80, was given the Carl Kupfer award for prevention of blindness efforts at the American Academy of Ophthalmology meeting in Orlando. He and his wife, Yolanda, have

three children, Juan, Alex, and Nicole, who all reside in the Dominican Republic.

Douglas S. Reintgen, T'75, MD'79, HS'79-'87, and wife, **Ellen Verena Jorgensen, MD'81, HS'81-'88**, currently reside in Tampa, Fla. They have three boys, Christian, Michael, and Eric. Douglas will assume the position of cancer center director at the Lakeland Regional Cancer Center, and Ellen was recently promoted to associate professor of pediatrics at the University of South Florida.

1980s

Lawrence Reginald Wu, MD'82, HS'82-'85, A'87, is a physician at Duke Family Medicine. He lives in Cary, N.C. with his wife, **Katherine Gutmann Wu, MD'82, HS'82-'87**.

Langdon All Hartsock, MD'87, HS'87-'93, and his wife, Charlotte, live in Charleston, S.C. He is an associate professor and chairman of orthopedic surgery at the Medical University of South Carolina. He and his wife have three children, Luke, Thomas, and Charles.

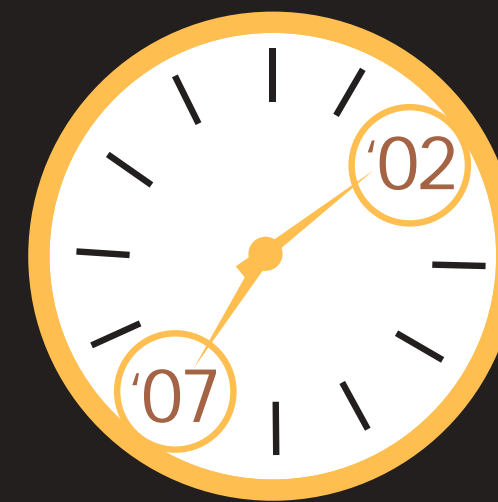
Ann Elizabeth Miller, MD'87, lives in Haddonfield, N.J., with her two children, Audrey and Dana, ages 5 and 9.

1990s

Mark Andrew Backus, MD'93, has done volunteer medical work in Nepal. He and his wife, Diane, reside in Bend, Ore.

Eugenia M. G. Gray, MD'93, and her husband, John David Gray, currently live in Suffolk,

THE TIME HAS COME



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REUNION 2002 CLASS AGENTS will be contacting you soon.

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1957 Samuel I. O'Mansky, MD Baltimore, Md.	1982 Stuart I. Harris, MD, PhD Miami, Fla.
1962 Donald H. Frank, MD New York, N.Y.	1987 Mark H. Lerner, MD Boston, Mass.
1967 Hugh H. Trout III, MD Washington, D.C.	1992 James J. Davidson, MD Findlay, Ohio
1972 Jeffrey W. Wilson, MD Lynchburg, Va.	1997 Sandra Jeanne Bliss, MD and Caleb P. Nelson, MD Ann Arbor, Mich.

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MAA Calendar

June 19, 2002

Capital Area Medical Alumni Dinner
With Ralph Snyderman, MD
The Cosmos Club
Washington, D.C.
For more information, contact Heather Lemons at 919-667-2527.

August 2002

August 9, 2002
School of Medicine Orientation Picnic
Sponsored by the Medical Alumni Association
Durham, N.C.
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October 11-13, 2002

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October 17, 2002

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Washington Duke Inn
Durham, N.C.
For more information, contact Heather Lemons at 919-667-2527.

October 17-18, 2002

Medical Alumni Council Meeting
Washington Duke Inn
Durham, N.C.
For more information, contact Ellen Luken at 919-667-2537.

October 17, 2002

Davison Club Celebration
Café Parizade
Durham, N.C.
For more information, contact Brenda Painter at 919-667-2538.

October 17-20, 2002

Medical Alumni Weekend
Durham, N.C.
For more information, contact Brenda Painter at 919-667-2538.

Va. They celebrated the birth of their first daughter, Anna Paisley, on August 21, 2001.

Ashok S. Reddy, T'88, MD'92, is an orthopedic surgeon with Peachtree Orthopedic Clinic in Atlanta. He completed a sports medicine fellowship at the Kerlan-Jobe Orthopedic Clinic in Los Angeles, Calif., and has been assistant team physician for the Atlanta Falcons since 1999. He is married to **Kimberly Ackoury Reddy, T'89**, who practices health care regulatory law as a partner in the firm of Alston and Bird in Atlanta. The couple celebrated the birth of their first child, Nicholas Kumar Reddy, on January 7, 2002.

Cynthia Boyd, MD'96, and **Gregory M. Lucas, MD'94**, were married on September 29, 2001, in Rumson, N.J. Their wedding was marked by tragedy—**Frederick C. Rimmele III, MD'94**, was to be their best man. He was a passenger in the second airplane that crashed into the World Trade Center on September 11. Boyd is a second-year geriatrics fellow and Lucas is an attending in infectious diseases, both at Johns Hopkins.

Shannon Putman, MD'96, and Eric Nuermberger, MD, were married in Duke Chapel on September 8, 2001. He is a graduate of Vanderbilt University School of Medicine. She is currently on the faculty at Johns Hopkins in Baltimore, Md.

Chris Mark Watke, T'89, MD'93, HS'96-'97, and his wife, **Mary McConahay Watke, T'90**, welcomed their second child and first son, Jackson Mark Watke, into the family on May 8, 2001. Chris Watke made partner with Anesthesia Medical Group in Nashville, Tenn.

Erika Pond, T'95, and husband, **Kyle K. Pond, T'95, MD'00**, of Seattle, Wash., celebrated the birth of their first son, Justin Kirkpatrick Pond, on August 12, 2001. He weighed just over 9 pounds.

Timothy Lahey, MD'98, is currently chief medical resident at the University of Utah. He and his wife, Jessica, recently celebrated their son, Benjamin's, third birthday. Next year, Timothy will start an infectious diseases fellowship at Beth Israel Deaconess Medical Center in Boston, Mass.

Obituaries

Phillip Brass, MD'52, died on February 18, 2002, after a brief illness. He was an obstetrician-gynecologist in Miami, Fla. He is survived by his wife, Blanche, and three children.

Patrick D. Kenan, MD'59, HS'63-'64, (Davison Club) died on April 1, 2002. He retired in 1995 from a 40-year career at Duke University Medical Center as an ear, nose, and throat surgeon, and professor of otolaryngology. After his retirement, he continued working part-time at the Veterans Affairs Medical Center in Durham. He was a member of many professional organizations, including the North Carolina Society of Otolaryngology, of which he was a past president, and Alpha Omega Alpha. Known for his love of the arts, he was former chairman of the Durham Arts Council and helped found the Durham Savoyards, a local Gilbert and Sullivan performance group, in 1963. Aside from performing on stage, he could often be found singing softly at his patients' bedsides. He volunteered in several capacities, including spending Saturdays building houses for Habitat for Humanity. He is survived by his wife, Julia V. Kenan of Durham; daughter, Sarah G. Kenan; two sons, Daniel J. Kenan, and his wife, Kim Walsh; and, John P. Kenan; two grandchildren, Alexander E. Kenan and Anna C. Kenan; and a brother, Thomas J. Kenan.

Alumni News

HOUSE STAFF NOTES

1950s

William W. Farley, MD, HS'49-'50, received the Distinguished Physician Award 2000 from Rex Healthcare. He is retired and lives in Raleigh, N.C.

Frank V. Fazio, MD, HS'55-'58, has been retired since 1996 after practicing urology for almost 40 years. He and his wife, Anne, have seven children and five grandchildren. They live in Saint Petersburg, Fla.

Jerome C. Robinson, MD, HS'58-'59, is retired after 20 years in a private practice in cardiology. He and his wife of 32 years, Phyllis Jane, have two children. Daughter Judy is a sales rep for RJR Tobacco, and son David, a graduate of UCLA, is completing his MBA at Stern Business School. The couple lives in Tucson, Ariz.

1960s

Sushil S. Lacy, MD, HS'63-'64, was recently elected to the Board of

Directors of the American Urological Association. He and his wife, Jane, live in Lincoln, Neb.

1970s

David B. Gilbert, MD, HS'69-'72, has just completed 200 hours of American Society of Nuclear Cardiology training. He and his wife, Gail, have six children and eight grandchildren.

Robert H. McConville Jr., MD, HS'76-'77, received the North Carolina Family Physician of

the Year award on January 31, 2002. He is currently working full time at Sandhills Family Practice, serves as team physician for the Lee County High School football team, and is a member of the Jonesboro Rotary Club. He and his wife, Anne, have four children, Parker, Lee Anne, Robert, and Elizabeth. They live in Sanford, N.C.

1980s

Ray H. Cameron, MD, HS'84-'89, is the chief of

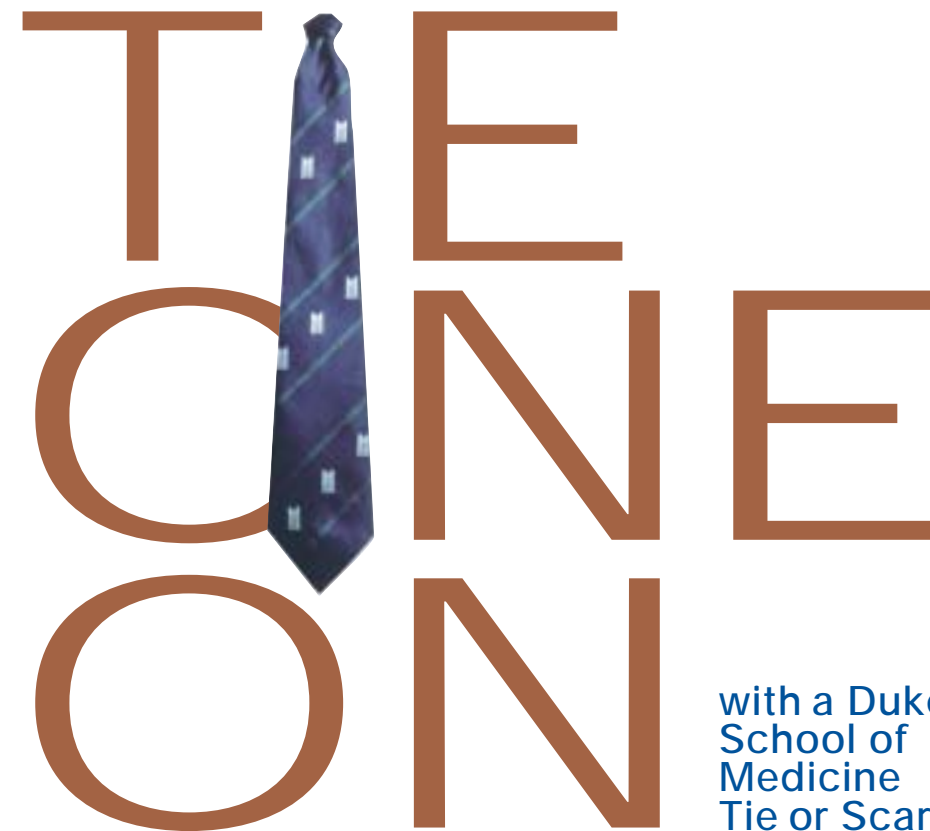
staff at Dickinson Medical Center. He and his wife, Julie, have been married since 1978 and have three children, Brian, Caroline, and Logan. They currently live in Norway, Mich.

Diana R. Voorhees, MD, HS'81-'85, and her husband, William O'Neil, are the parents of 10-year-old twins, Samantha and Tyler. She is the vice chair of Radiology at Durham Regional Hospital and is on the Board of Trustees and chair of governance for the Durham County Hospital Corporation.

1990s

A. Thomas Perkins, MD, HS'93-'97, is on the American Board of Sleep Medicine and recently added qualifications in clinical neurophysiology. He and his wife, Amy Sue, have three children, Katie, Ellie, and Tommy. They live in Raleigh, N.C.

Burton Lasater Scott, T'76, PhD'84, MD, HS'91-'94, is an assistant clinical professor of medicine at Duke University. He and his wife, Marianne Bouvier, live in Durham N.C. They have a ten-year-old daughter, Melissa, and a five-year-old son, Thomas.



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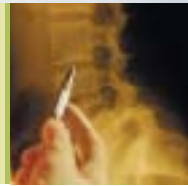


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*Best selling author of "Minding
the Body, Mending the Mind" and
"A Woman's Book of Life"*

Cheryl Richardson
*Best selling author of "Take Time for
Your Life," "Life Makeovers"
and "Stand Up for Your Life"*

Loretta LaRoche
*Best selling author of "Relax-You
May Only Have A Few Minutes Left";
adjunct faculty member, the Mind/
Body Medical Institute of Boston*

Alice Domar, Ph.D.
*Director, Mind/Body Center for
Women's Health; assistant professor,
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of the forthcoming "Six Steps to
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