5 Saving the life of D.C.’s youngest sniper victim
The Difference a Surgeon Can Make

8 Tales of a Space Cowboy, William G. Anlyan, MD

12 Your Turn: A Student’s Take on Cultural Bias
School of Medicine Named One of the Country’s Best

The Duke University School of Medicine has been ranked #4 in the nation, according to U.S. News & World Report’s Best Graduate Schools 2004—a tie with the University of Pennsylvania and a step up from last year’s #5 ranking.

Also earning high marks is Duke’s physician assistant program—the country’s first, founded by former School of Medicine chair Eugene Stead, MD—which was named the nation’s best. In addition, six medical specialties—women’s health, geriatrics, internal medicine, HIV/AIDS, drug/alcohol abuse, and family medicine—occupy top-ten slots.

“Although our medical school ranking can vary from year to year due to the nature of the ranking system, we are gratified to have been consistently included among the very top schools in the country for the past decade,” said Duke Health System president and CEO Ralph Snyderman, MD. “Dean Sandy Williams’ leadership has had a strong positive impact and will undoubtedly continue to advance our institution in the years ahead.”

Two Duke School of Nursing programs also earned top-ten rankings: The nurse anesthetist program—which will graduate its first class this year—was named #6 in the country, while the school’s gerontological nursing program ranked eighth.

“Our nursing school has made excellent progress and continues to grow under the leadership of Dean Mary Champagne,” Snyderman said, adding that Duke’s overall success “is a direct reflection of the outstanding talent of our faculty, students, and staff.”

Medical Students Named Schweitzer Fellows

Seven Duke medical students have received prestigious North Carolina Schweitzer Fellowships for 2003-04. They are...

Marie Clark and Amy Henriott for their work in creating a comprehensive health care and education program for residents of the Genesis Home, a Durham transitional facility for homeless families. The goal is to teach residents to seek appropriate health care for issues like diet and exercise, contraception, stress management, diabetes, and breast cancer.

Rajesh Swaminathan for developing a program to screen members of the Durham community for metabolic syndrome—a widespread risk factor for heart disease—and to teach them about appropriate lifestyle modifications and treatment strategies. The objective is to increase awareness and understanding of metabolic syndrome among underserved area residents and members of the local health care community.

Andrea Havens for helping to create the Senior-Student Partnership, a collaboration between Duke medical students and elderly community members who are involved with the Durham Council for Senior Citizens. The program will improve health care for isolated seniors who may have inadequate information about or access to appropriate health care services.

Jeffrey Sung and Susan Kansagra for developing a management plan for SafeChild, an existing Wake County non-profit organization that strives to protect children from sexual and physical abuse by promoting programs targeting at-risk families and first-graders, who face the greatest risk of suffering from abuse. More than 2,200 cases of child abuse are reported in Wake County annually.

Andy Garrison for establishing a smoking cessation program at Durham’s Lincoln Community Health Center, a facility that treats many of the area’s underserved populations. Students involved with the program will provide advice, motivation, counseling, and smoking cessation products like nicotine patches to patients actively trying to quit smoking.

The N.C. Schweitzer Fellows Program is a branch of the U.S. Schweitzer Fellows Programs®, an organization that provides service fellowships to graduate students dedicated to addressing unmet community health care needs.
A new initiative is giving young physicians the opportunity to conduct research under the guidance of renowned Duke faculty members.

Led by John Hamilton, MD, chief of infectious diseases and international health, the Duke Mentored Clinical Research Scholar Program will offer stipends for up to five years to promising research clinicians—MDs who have either completed the clinical component of a subspecialty training program or received a one- to three-year Duke faculty appointment.

The innovative and highly competitive program enables successful candidates to draw upon the expertise and experience of nearly 50 participating mentors—Duke physician-researchers in specialties ranging from immunology and human genetics to OB/GYN, surgery, and cardiology.

The program’s first cohort of participants—slated to begin their faculty research collaborations in July—is comprised of Andrea Haqq, MD, who will be investigating some genetic components of childhood obesity; Aimee Zaas, MD, HS’02-current, who will look at the relationship between mortality in bone-marrow-transplant patients and the fungus responsible for many of those deaths; and David Seo, T’93, MD’97, who will examine genetic changes in cardiac patients who have undergone surgical ventricular restoration.

“...to provide fellows with a credible clinical research experience, you have to have someone who will lead the way and provide guidance,” says program director Hamilton. “Mentoring is a tried and true method to guide trainees who have the potential to excel.”

The alumni inductees are: Mark Onaitis, MD’97, HS-current, Gary Cox, MD, HS’95, a member of the Duke Division of Infectious Diseases and International Health; Jeffrey Crawford, MD, HS’77-’82, a member of the Duke Comprehensive Cancer Center; Laura Schanberg, MD’84, HS’84-’91, a member of the Division of Pediatric Rheumatology; and Etta Driscoll Pisano, MD’84, HS’84-’91, a physician at UNC-Chapel Hill.

Eight members of the medical class of 2003 were inducted, along with nine members of the class of 2004. They are: Joseph Barker, MSIII; James Brashears, MSIII; Patricia S. Cho, MSIV; Marie Clark, MSIII; Rebecca Elliott, MSIII; Tristan Hartzell, MSIII; Karen Hoffman, MSIV; Ravi Karra, MSIII; Kensaku Kawamoto, MSIV; Patrick Kelly, MSIV; Rebecca Mcclaine, MSIII; Timothy Millington, T’00, MSIII; James Onigkeit, MSIII; Tiffany Powell, MSIV; Frederick Rauscher, MSIV; Craig Rineer, MSIV; and Elizabeth Weinzierl, MSIV.

At the student level, AOA inductees are selected based on ranking in the top 25 percent of the class. At the practicing physician and physician-academician level, selection is based on outstanding careers and contributions to the generation, conservation, and dissemination of medical knowledge. Approximately 16 percent of Duke alumni are AOA members.

Medical Families Weekend Well Attended

This year’s Medical Families Weekend, held in March, had the best attendance ever. More than 200 students, parents, faculty, and staff came together to share experiences and information about medical education at Duke. The event included a country barbecue, the annual Medical Student-Faculty Show, a faculty forum, a luncheon, and tours of the School of Medicine.
Medical Alumni Weekend 2003

Graduates from any year ending in 3 or 8 and members of the Half-Century Club, comprised of all classes from 1951 and earlier, are invited back to Duke for Medical Alumni Weekend, October 31-November 1, 2003. Registration materials will be mailed in July.

Making the Match

Jon Schoenecker, MSIV, and his wife, Susan, had more than one reason to celebrate Match Day weekend this March. Not only was it their son, Tyler’s, first birthday, they learned that Jon had been accepted into the orthopedic residency program at Vanderbilt University Medical Center in Nashville, Tenn.

Jon was one of 87 Duke medical students who participated in this year’s national Match Day Ceremony, where medical students who will graduate in May discover which residency program has accepted them.

According to Caroline Haynes, MD, Duke’s residency training program director, Duke students were very successful this year at getting into highly selective residency programs like orthopedics (5), ophthalmology (3), otolaryngology (3), and dermatology (4). The top specialties were internal medicine (14), general surgery (6), and pediatrics (6). By far, the largest number of students matched at Duke (21). Other top schools were Harvard (8), University of California-San Francisco (4), Stanford (3), Johns Hopkins (3), and Yale (2). Other placements went to New York Hospitals, the University of Texas, University of California-Los Angeles, University of California-San Diego, University of California-Davis, and many others.

Call for 2004 Awards Nominations

Nominations for 2004 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, MD, 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, 2003, 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.duke.edu, by clicking on “Awards Program,” and “Make a Nomination.”

Congratulations

2002 Duke School of Medicine reuniting classes, who committed more than $482,188 to Duke University School of Medicine. This amount includes $323,535 in unrestricted gifts to the Davison Club and The Fund for DukeMed. These gifts and pledges provided vital support for scholarships, faculty recruitment, technology, departments, and research.

A special thanks to all class agents and gift participants for their leadership roles in making the 2002 Reunion Gift Program a tremendous success!

The editorial staff apologizes for the omission of the total amount of funds committed in the Spring 2003 issue of DukeMed Alumni News.
In late November, pediatric surgeon Kurt Newman, MD’78, took a phone call from the worried mother of one of his patients—a 13-year-old boy. The child, discharged days earlier following emergency surgery, was experiencing pain.

After some probing by Newman, the cause of the child’s pain became clear: The boy had been playing basketball and had simply overdone it. Fairly unremarkable, until you consider the child. The ninth known Washington, D.C.-area sniper victim, he had nearly crossed the threshold between life and death a mere six weeks earlier. Newman was one of those who helped save his life.

“Injuries you’d see on a battlefield, not in a pediatric OR…”

The interim chief of surgery and newly appointed executive director of the Joseph E. Robert, Jr., Center for Surgical Care at Children’s National Medical Center, Newman was in a meeting the morning of October 7, when he received an urgent page from his surgical partner, Martin Eichelberger, MD:

Need you to call the OR re: 13 yo with gunshot wounds

Newman had heard on his way to work that morning that a child had been shot while being dropped off at an area middle school. The possibility that this child was a sniper victim crossed his mind,
he says, although that suspicion wasn’t immediately confirmed.

Newman quickly headed for the OR, where he met lead surgeon Eichelberger. What they discovered was unlike anything they had seen before: The extent and massive nature of the boy’s injuries—each potentially fatal—was horrific, Newman recalls—“the kind of thing you’d see on a battlefield, not in a pediatric OR.”

As the 10-person OR team got to work, it became evident that the bullet had shattered inside the child’s body, riddling many of his vital organs with tiny lead shards, most invisible to the naked eye. The boy’s left lung was seriously bruised and bleeding, his stomach ripped open, his diaphragm, liver, pancreas, and spleen all severely damaged.

“Kids don’t usually survive one of these types of injuries, much less a combination of so many,” Newman says. “There was an unbelievable amount of damage—like a bomb had gone off in this child’s chest and abdomen.”

As events quickly unfolded, the team learned that the boy was, in fact, not only a victim of the sniper, but also the nephew of one of their co-workers, a longtime surgical nurse at Children’s—and the woman who’d taken the child to school that morning.

These circumstances made the case particularly gut-wrenching, Newman says. “In surgery, there’s an element of distancing yourself from the situation in order to concentrate on the task at hand, and in this case, that was very hard to do,” he says.

“Seeing that boy lying there, thinking of my own two boys on their way to school that day...we all knew it could have just as easily been one of our kids. It was extremely emotional for everyone—and took a lot of work to focus on the intense, step-by-step nature of caring for this child.”

While he has cared for many children injured by violence, it had typically been in situations that were either accidental or related to criminal activity, Newman says—“never one that involved a serial killer or the possibility of terrorism”—a very real threat in the nation’s capital these days.

“Between 9/11, the anthrax scare, and the ongoing threat of terrorism, the sniper attacks were just another in a series of events in this area that left many people feeling anxious and under siege,” he says. “We didn’t know immediately whether this was terrorism, a sick person acting alone, or what. What we did know was that we felt personally vulnerable because the sniper shootings were affecting people randomly as they went about their daily lives.”

By the time the two-and-a-half-hour surgery was complete, the child’s spleen was the only organ removed; the rest were repaired and left to heal on their own.

**Helping to Catch a Serial Killer**

X-rays had shown that the largest bullet fragment—about the size of a dime—had not penetrated any of the boy’s vital organs. Lodged between his rib cage and skin, the fragment would not normally have been removed at that time unless it was endangering his health.

But given the circumstances, Newman says, “we knew it was important—as long as it wouldn’t compromise the child’s well-being—to try to retrieve that fragment in order to help law enforcement officials. We were able to make a small incision, and the fragment popped right out”—and was promptly turned over to one of the many police officers and U.S. Department of Alcohol, Tobacco, and Firearms agents waiting outside the OR.

Handing over the bullet fragment was only one way the surgical team played a crucial role in assisting law enforcement officials; the medical expertise of Newman and Eichelberger was sought in a different capacity, as well.

“The authorities were trying to gather as much information as possible, so there was intense interest not only in the bullet itself, but also in its trajectory, angle, and position,” Newman says. “We were asked to assess the child’s wounds in detail to help them translate the kind of injuries he’d sustained into ballistics and forensics data.”

**“Sometimes everything just breaks right.”**

Criminal investigation aside, those involved with saving the boy’s life realize that the odds point to a tragically different outcome. Thankfully, the odds were with them that day as an incredible chain of events played out.

Immediately after the shooting—and instead of dialing 911—the boy’s aunt raced him to Bowie Health Center, a nearby urgent-care facility. Despite being unaccustomed to treating trauma victims, the center’s staff did a remarkable job of stabilizing the boy—at which point he was air-lifted to Children’s.

“That was one of the really unbelievable things about this case,” Newman says. “What are the chances—given the number of people in this area—that a child being shot under those circumstances would be related to one of our friends and colleagues? Doing what she did greatly reduced the time it took for treatment to begin, and helped save this child’s life.”
Newman credits the child’s improbable outcome to having a solid infrastructure in place—and to the quick, appropriate actions taken by each link in a chain of trained professionals. “The group at the urgent-care facility, the helicopter staff, everyone all the way down the line did all the right things and the system really worked,” he says.

At one point during the operation, Newman says, “We really felt that things were going in the right direction. We were beginning to close up, and Marty and I looked at each other as if to say, ‘We’re going to get this kid off the table and out of the OR,’” he recalls. “That was when we felt pretty sure we’d make it over that first hurdle.”

The second hurdle was cleared about a week later, Newman says, when the boy was breathing on his own and worries about healing and infection were fading. “We really started getting the sense that he’d make a strong recovery,” he says, adding that, of course, the biggest hurdle of all was crossed when the boy went home in November.

“There was an unbelievable amount of damage—like a bomb had gone off in this child’s chest and abdomen.”

Kurt Newman, MD’78

“Sometimes everything just breaks right,” Newman says. “In this case, we had a fabulous team—everyone was prepared and knew their roles, the people who cared for the child before he arrived here at Children’s knew what to do and when to do it—and the needed resources were available and ready every step of the way. All that, plus a lot of luck.”

Success in situations like these ultimately boils down to training and preparedness, says Newman. “You never know when you’ll need this kind of preparation, particularly in light of the terrorist threats we face in this day and age,” he says.

“It’s even more crucial than ever to have a well-rehearsed system in place—from the first responders to the communications and transportation people to the OR staff. The idea is to not have to reinvent the wheel with each incident, to always be prepared by having that education and infrastructure in place.”

Lessons Learned

Newman, a member of both the Duke Medical Alumni Council and the national Joint Commission on Accreditation of Health Care Organization’s Board of Commissioners, says it was his own medical education that got him interested in trauma surgery—and credits the mentorship of Duke faculty members for guiding him toward a surgical career.

Particularly influential during Newman’s time at Duke, he says, were David Sabiston, MD, then-chair of surgery, and faculty member Joseph Moylan, MD, “one of the first surgeons at Duke to devote himself to caring for people with traumatic injuries and burns,” Newman recalls. “Dr. Moylan established a rotation for fourth-year students, and that experience is really what turned me on to the difference a surgeon could make.”

A pediatric surgeon since 1986, Newman has no doubt made a positive impact on the lives of countless children and their families. But despite it all, he knows there’s always something new to be learned from every situation.

“Sometimes it feels like you’ve seen and done it all, so it can be easy to get hardboiled and cynical,” he says. “But there are always going to be times when you get nervous about what’s going to happen. As controlled as things may be at work or in your life, there can still exist this huge sense of fear and vulnerability—that your children could be threatened, the people around you could be threatened—and those feelings were definitely there that morning with this child.”

On a more positive note, Newman “was reminded once again of the great satisfaction that comes from being part of a winning team,” he says, adding that the boy is not only back in school, but back to playing basketball—and that his long-term prognosis is good. “You have the training, you’ve done the drills, you’re prepared...so it’s really incredible when everything comes together the way it’s supposed to and results in this kind of outcome.”
Comments in this article were taken from an interview with Duke University Chancellor Emeritus William G. Anlyan, MD, who served as dean of the Duke University School of Medicine and Chancellor for Health Affairs from 1964 to 1988. The chat with Anlyan was the third in a series of conversations with prominent emeriti, alumni, or current members of the DUMC faculty who were crucial in the growth and development of the School of Medicine and the Medical Center. The “Before the Colors Fade” series is sponsored by the Office of the Dean and led by Edward Halperin, MD, vice dean. DukeMed AlumniNews will carry excerpts from selected sessions.
When Bill Anlyan arrived at Duke from Yale University School of Medicine in 1949, he found the contrast amazing. “Every cubic inch of the hospital and medical school was bustling with activity 18 to 20 hours a day,” he remembers. “At Yale, we had empty wings of buildings just sitting there.”

Something about the energy of the place—the crowded hospital wards, faculty and students sweating together in the pre-air-conditioning humidity, the smell of rubbing alcohol and humanity mixed with greasy Dope Shop hamburgers—was intoxicating to the 23-year-old just out of medical school. Anlyan was invited to stay for residency, and he never left. In the mid-1960s he became dean, and later chancellor. As he presided over Duke’s transition from a leading regional teaching hospital to a nationally prominent academic medical center, Anlyan would never have the luxury of empty buildings at Duke. In fact, the financial, political, and social struggle for space, culminating in the construction of Duke (North) Hospital, would be a defining point of his career.

“Where’s Duke?”

Anlyan’s path to Duke began in Alexandria, Egypt, where he was the son of a foreign service officer with the British government. He received an education at Victoria College and passed the Oxford and Cambridge Higher Certificate at age 17. World War II was underway at the time, but Anlyan was declared ineligible for military service due to severe arthritis. Instead, his father gave him $5,000 for college, and in 1943, Anlyan boarded a U.S. Merchant Marine ship alone for a 32-day journey to the United States. He followed the footsteps of his older brother, John, to Yale, and completed his undergraduate education in a mere 15 months. Anlyan was accepted at the University of Chicago, Harvard, and Yale medical schools, but decided to continue at Yale. During his third year, he completed a thesis on multiple sclerosis, examining the two prevalent theories of the day—that it was caused either by sub-acute or chronic encephalomyelitis (inflammation of the brain and spinal cord) or by thrombosis (blood clots) of the venules in the brain. Based on the latter theory, multiple sclerosis was treated with anticoagulants such as heparin and coumadin. Anlyan was soon put to work regulating anticoagulant therapy for patients of William German, MD, Yale’s chief of neurosurgery.

As Anlyan’s fourth year of medical school neared its end, the chief resident in neurosurgery, a former Duke intern, suggested he consider Duke. “Where’s Duke?” was Anlyan’s response. In 1949, after talking by phone with Clarence Gardner, MD, HS’32, Duke’s head of surgical residency training, Anlyan decided to give Duke a try. He remembers his two faculty mentors—Gardner and chair of surgery Deryl Hart, MD—as perfect complements to each other. “Dr. Gardner taught you the way it was in the textbook, and Dr. Hart taught you by example—he always had that instinct to go ahead with what needed to be done,” says Anlyan. While Gardner was friendly and caring, Hart was tough and businesslike, rarely remembering first names. Anlyan’s new white buckskin shoes, purchased for $26 before he left New Haven, Conn., were the first casualty of his surgical training: “Dr. Hart would use these big pads to soak up the blood in the belly,” says Anlyan. “I stood right next to him, holding the retractors. He’d unknowingly dump the blood-soaked sponges right onto my new shoes.”

Even as a resident, Anlyan had something new to offer the physicians at Duke—his anticoagulant therapy for thrombotic disorders. “I introduced that,” he says, “and many of the chiefs of service were kind enough to send consultation requests on patients with thrombotic disorders—mostly venous, some arterial—to me, even though I was just a resident in surgery.”

From Lavatories to Laboratories

In 1964, Duke University President Douglas M. Knight asked Anlyan to become the school’s third dean. Anlyan began his tenure just as desegregation came to Duke—in fact, he had admitted the first African-American medical student, Delano Meriwether, MD’67, the year before.

Segregation had a huge impact on the amount of available space at Duke. There were two sets of bathrooms and drinking fountains—one for whites and one for “coloreds.” The most ridiculous segregation, according to Anlyan, was for the deceased. “There were four morgues—divided by sex and by color,” says Anlyan. “I don’t know what they expected to happen in the ice box.”

When Bernard Amos, MD, chief of immunology, was recruited to Duke from Buffalo, N.Y., he
remarked on the extraordinary number of restrooms on each floor. They no longer carried the racial designations, and there seemed no logical reason to have so many. He negotiated with Anlyan to convert some of the restrooms into badly needed laboratories.

One element of segregation that was slower to improve was on the patient wards. No matter how integrated the university and the medical center became, the majority of people in Durham had their own ideas about how medical services should be delivered. There was only one “colored” ward in Duke Hospital—the Nott Ward on the fourth floor—and people were often kept waiting for a bed. This lack of space helped lead to the creation of a Duke residency training program at Lincoln Community Hospital, Durham’s African-American health center.

**Upping the Ante**

As Barnes Woodhall, MD, then dean of the medical school, was helping Anlyan transition into the dean’s role, Anlyan was drawn into his first major controversy over space, one that he says laid the groundwork for all future construction projects.

“Apparently Barnes had told the basic science chairmen that he would get the clinical chairmen to contribute from their building funds to construct the Nanaline Duke Building for research,” says Anlyan. “And, bless him, he never told the clinical chairmen that.”

In those days, the National Institutes of Health still funded construction projects, and Dan Tosteson, MD, chair of physiology and pharmacology, and Phil Handler, PhD, chair of biochemistry, had such a grant to build the laboratory building that would become Nanaline Duke. Because the grant wouldn’t cover the entire cost, they needed the clinical chairs’ contribution.

Never before at Duke had money from the revenue-producing clinical departments been allocated to provide space for basic research. Clinical chairs may have understood the correlation between state-of-the-art research and advancements in clinical care, but they had never been asked to help pay for it.

“Here [Handler and Tosteson] have the NIH money and a deadline, and they need to know whether the clinical chairs are in or not,” says Anlyan. Woodhall and Anlyan were invited to a testy meeting at Handler’s home. When Woodhall became irritated and stormed out, Anlyan agreed to work things out with the clinical chairs.

It took some diplomatic finesse to bring the chairs along. The most recent building addition before Nanaline Duke had been the wing of the old hospital that now extends towards Duke Gardens, built in 1957. In that project, “people got space according to how much money they put in,” recalls Anlyan. The greatest allocation went to medicine and surgery. Psychiatry, with newly recruited chair Ewald Busse, MD, got part of the ground floor for a new clinic, “but poor old pediatrics got one little corner of that building,” says Anlyan.

**Wheeling and Dealing**

Anlyan’s next major space negotiation was in the 1970s, when the Seeley Mudd Building was proposed to house a new medical library. Knowing a well-stocked library was critical to Duke’s gaining stature as a first-rate medical school, Anlyan was up-front with the faculty from the beginning. “We were all at a retreat, and I took a pretty hard line,” says Anlyan. “I said, ‘I have veto power over the use of the building fund, and if we don’t build this, you’re not going to have money for anything else.’” For about $800,000, Anlyan had a state-of-the-art library designed and built, with plenty of flexible space for expansion and room for an initial collection of 200,000 books.

Unfortunately, there wasn’t enough money to complete the basement of the Seeley Mudd Building. Anlyan bided his time until an opportunity presented itself. He served on the board of G. D. Searle and Company, a major pharmaceuticals firm. At the time, they were recruiting Donald Rumsfeld (current U.S. Secretary of Defense) as CEO. The Searle brothers
came to Duke to meet with Anlyan about the Rumsfeld appointment, and he showed them the unfinished space that he wanted to build out as a conference center. “I said, ‘We could name it the Searle Center,’” says Anlyan, “and they said, ‘how much would it cost?’ All I could think to say was ‘$1 million sounds about right.’” A week later, the Searles called back and announced they’d buy it. The Searle Center continues to serve as a meeting, conference, and hospitality center today.

**Space Brings Equality**

New clinical space for the medical center had been a topic of conversation for decades at Duke. The old hospital was crowded and seriously outdated. New wings had been added helter-skelter, according to Anlyan. “Up to that time, whenever new clinical facilities were needed, they would put a bump here and a bump there and close a courtyard and build a new wing,” remembers Anlyan. “What was needed was a major step forward.”

When the idea for a new hospital was presented to Duke’s Board of Trustees, the board took a tough position on finances, requiring the medical center to have 40 percent of the total cost in assured revenue up front. “We had two options,” remembers Anlyan. “One was a $145 million package to replace all the clinical and hospital facilities. The other was a $95 million package that would leave the two newest departments, psychiatry and obstetrics and gynecology, in Duke South. I was advised that I would never be able to sell the $145 million model.”

The groundwork laid during the Nanaline Duke negotiations helped pave the way for the clinical departments to share the cost of a new hospital. Each department, regardless of whether it would get space in the new facility, was required to contribute $10 million—$5 million from its departmental fund, and the other $5 million from its share of the building fund. The Duke Endowment contributed another $10 to $11 million, and additional philanthropic contributions helped complete the required 40 percent.

One of the key people who worked closely with Anlyan in planning Duke (North) Hospital was Jane Elchlepp, MD, PhD, a member of the pathology department who later was appointed assistant vice president for health affairs, planning, and analysis. “Jane was the brightest person I’ve ever worked with,” says Anlyan. “She was a superb physical and programmatic planner.” Plans were first drawn for major renovations to the old hospital, including converting the student Dope Shop into new office space for the chancellor. Soon after, the medical center embarked on planning for a building that would be a model teaching hospital unlike anything Durham had ever seen.

Building the new facility created the opportunity to do away with the antiquated practice of having separate facilities for Private Diagnostic Clinic patients and public (charity) patients. According to Anlyan, it was Elchlepp’s idea to provide private single rooms for all patients. In addition to enabling caregivers to offer the same level of service to all, this arrangement offered the greatest flexibility in terms of grouping patients logically by medical service instead of by gender and race. Imagine the delight on moving day when patients were taken from a 16-bed ward in the old hospital to a private room and bath with color TV in the new Duke Hospital!

In addition to presiding over the many facility innovations that launched Duke University Medical Center on a path to its current premier status, Anlyan recruited many of the chairs who would go down as Duke greats.

Anlyan left the medical center in 1988 to serve as Duke University chancellor for two years. After that, he retired from the University and began service as a trustee with The Duke Endowment. Today, he continues to be a prominent figure in the life of the medical center and university.

"Apparently Barnes had told the basic science chairmen that he would get the clinical chairmen to contribute from their building funds to construct the Nanaline Duke Building for research. And, bless him, he never told the clinical chairmen that."

—William Anlyan, MD
A
fter I completed my third year of medical school about a year ago, I decided to devote a year to working with the Latino community. I speak Spanish and I’m from North Carolina, the state with the most rapidly growing Latino population in the country. I wanted to learn more about health issues facing Latinos and what I could do to reduce barriers to health care.

I took a two-pronged approach: I began a health policy internship at El Pueblo, a statewide Latino advocacy organization, and I applied for a part-time interpreting job at Duke Hospital. Because each job informs the other, I cannot really distinguish between the knowledge I have gained in one over the other. As a medical student, however, I have paid particular attention to my clinical experiences and how they might relate to my future career as a physician.

When I first started interpreting at the hospital, for example, I worried a lot about vocabulary. Although I have been speaking Spanish for almost ten years now, I am not a native speaker. More than two years have passed since I spent time in a Spanish-speaking country.

Before my first shift in the hospital, I spent a week reading only Spanish-language newspapers. In my car, I listened to Qué Pasa and La Supermexicana radio stations. I switched the TV to Univision or Telemundo whenever it was on. I reviewed notes from the interpreter training I had attended and I went through a collection of medical pamphlets written in Spanish to learn specialized terminology. The night before that shift, I put together a three-ring binder with notes and vocabulary lists to carry around with me in the hospital.

As soon as I got in a room alone with a patient and a provider, I realized there was no time to think about my lists. If I couldn’t think of the exact word immediately, I just found another way to say it. Fortunately, there are many ways to say the same thing without breaking the cardinal rules of interpreting—no omission, no addition, and no editorializing. I stopped worrying so much about vocabulary and began to focus on the hard part of being an interpreter: communication.

Communication involves language, to be sure, but it also involves visual cues and the timing of speech. One difficulty of interpretation comes from time delays. Most medical interpreting is “consecutive interpreting.” Unlike the interpreting heard during the UN meetings, in which the speaker and the
“Examining Latino culture has helped me to examine my own culture, one engrained more and more heavily in the American medical system.”
— Harriett Purves, MSIV

interpreter are heard simultaneously through listeners’ headphones, in consecutive interpreting only one person speaks at a time. So when a provider performs an exam and asks, “Does it hurt here?” as she palpates the upper part of the spine, her hands may have reached the middle thoracic area by the time the interpreter finishes the question, “¿Le duele aquí?”

A more serious problem with medical interviews conducted in two languages is a general lack of understanding, which at the outset I assumed would be linguistically based. After several shifts of interpreting, however, I saw that it is nearly always culturally based. In my work with El Pueblo, I have spent a good deal of time exploring cultural health beliefs among Latinos and presenting to groups about the differences between the health systems of Mexico and other countries.

The concept of co-payments, for example, may be unfamiliar to someone from another country. Certain prescription drugs are available over the counter in Mexico, and unlike in the U.S., pharmacists may suggest which medicines clients should purchase. Among many Latinos, medical decision-making is done as a family. A phrase I often hear when women are asked to make a decision is, “Let me talk to my husband first.” A phenomenon known as fatalismo—a view of life and death in which patients believe they have little or no control in preventing or surviving disease—may explain why some Latinos delay seeking treatment until disease is advanced.

Understanding concepts like these—even though they are not applicable to all Latinos or all Spanish-speakers—can help bridge the communication gap that arises from cultural differences between providers and patients.

Examining Latino culture has helped me to examine my own culture—one engrained more and more heavily in the American medical system. As medical students, we are trained to recognize the patterns of disease in order to diagnose them properly. We learn to make a conclusion based on a set of clues. Some of these clues are based on physical appearances, some on test results, and some on the careful histories we learn to take. As much as possible, we are taught to verify the conclusions we draw, but once we have seen the same pattern lead to the same conclusion enough times, we begin to trust our conclusions even before verification. Problems occur when we begin to apply pattern recognition to symptoms or behavior.

One day recently, I went to interpret for an elderly gentleman in the emergency room. A social worker inquired about how he planned to pay for his medications and where he planned to go for follow-up medical care. Before he answered, I had already decided what he would say. Because I knew he lived in Durham, I assumed he would go to Lincoln Community Health Center, a “safety-net clinic” that provides a great deal of care for the uninsured. To my surprise, he told us that he would be seeking care at another clinic that accepted Medicaid.

I had made two incorrect assumptions. First, I assumed, because of his low English proficiency, that he had not been in the country for a long time. This led me to believe that he probably didn’t qualify for Medicaid, despite his low income level. After I finished interpreting, I left the room wondering how those assumptions might have affected my treatment of the patient if I had been the provider. I couldn’t believe that I—someone who carefully inserts the word “some” or “certain” before the word “Latinos” whenever making generalized statements, someone who emphasizes the diversity of the Latino community—would jump to such conclusions about this individual.

A friend who works in a community health center told me that the mental checklist she uses to review a patient’s case ends with a question about parity: Did I treat this patient the same way I would have treated a white patient (or male patient, or whatever comparison is appropriate)? I realized that there is a parallel question to ask when working with interpreters: Did I treat the patient the same way I would have treated an English-speaking patient? Did I speak to the patient directly, looking at her and not the interpreter? Did I ask all the questions I would have normally asked? Did I offer the same treatment options I would have offered an English-speaking patient? Providers have to be systematic with these questions because the fact is, there will always be a cultural gap; there will always be hidden cultural factors that could affect care.

While I look forward to being in the position of provider, I now know the added responsibility that comes with it. I will continue on my journey of cultural competency, reminding myself all the way that just having the knowledge does not mean I’m actually putting it to use. I will still have to implement those systematic checks...after all, it’s part of my medical culture.”

Half-Century Club

Henry T.E. Munson, T’35, MD’39, is retired. He and classmate Frank Crosby, MD’39, both live in Bradenton, Fla.

William R. Nesbitt, Jr., MD’42, retired from obstetrics and has taken up a second career as a freelance writer. He has had numerous articles published in major religious publications and recently had a book published, as well, The Illusion of Time. Both sons are physicians and his daughter is a dentist. He lives in Fairfield, Calif.

Richard A. Ruskin, T’40, MD’43, clinical professor of obstetrics and gynecology at Cornell Medical School, is retired from practice. He and his wife, Clara Lee, live in New York City.

William Watkins Pryor, MD’47, HS’55, Davison Club, is retired and lives in Greenville, S.C. He and his wife, Julie, spend a lot of time at their beach home. He enjoys fishing, playing tennis, and reading. They have four children and eight grandchildren.

Walter C. Betts, MD’48, HS’48-’52, helps operate The Healing Place, a 180-bed treatment facility for homeless male alcoholics and drug addicts in Wake County, N.C. On the board of directors and also a teacher of recovery classes several times a week, Betts was also named a finalist for North Carolina’s Nancy Susan Reynolds Personal Service Award. He has instrumental in founding several addiction-recovery programs, including the N.C. Physicians Health Program and the Roman Catholic Eastern Diocese Bishop’s Program. He has been in private psychiatric practice for 29 years.

Dan J. Feriozi, T’44, MD’48, retired from practicing pediatrics and pathology and is now an Aviation Medical Examiner who evaluates pilots for the Federal Aviation Administration. A private pilot himself, he also operates a 500-acre cattle farm. He and his wife, Anne, have been married for 54 years and live in McLean, Va. They have four children.

Lonnie A. Waggoner, Jr., T’46, MD’48, Davison Club, is retired and living in Gastonia, N.C., with his wife, Rachel Palmer, BSN’47. They enjoy traveling, reading, civic and church activities, and spending time at their Blowing Rock, N.C., condominium.

1950s

Rudger P. Hiatt, MD’51, lives in Mesa, Ariz. He and his wife, Ruth, have seven children, seven grandchildren, and 38 great-grandchildren. He initially retired from a 40-year general surgery practice in 1988 due to an arthritis flare. Two-and-a-half years later, the communities in Arizona’s White Mountains sent officials to see him to try to convince him to perform surgery for them until they could find another surgeon. He stayed for more than ten years and had a very enjoyable time operating on all who came to him in need of surgery, regardless of their insurance coverage.

Gerard Marder, MD’52, HS’54-’56, Davison Club, retired from pediatrics in 2000, the year he and wife, Joan, married. They live in Asheville, N.C., and enjoy traveling.

William H. Anderson, Jr., MD’53, is retired from private cardiology practice, but continues to serve as medical director at both a skilled nursing facility and a paramedic school at his local hospital. The proprietor of a successful Internet-based business, he calls West Springfield, Penn., home, and has been married to his wife, Wanda, for 52 years. They have five living children and 17 grandchildren.

Ellison C. Pierce, Jr., MD’53, was recently honored with the North Carolina Society of Anesthesiologists’ Distinguished Service Award. Actively involved in the Anesthesia Patient Safety Foundation, he lives in Boston, Mass., and became a first-time grandfather in 2001 with the birth of Jackson, his son Chip, T’88, and wife Wendy.

Robert G. Dayton, Jr., T’51, MD’55, Davison Club, is retired from obstetrics and gynecology. He and his wife, Yvonne, live in Greenville, N.C., and have six children and 16 grandchildren. They look forward to enjoying a near-finished cabin in the N.C. mountains.

Gordon H. Ira, Jr., T’50, MD’55, Davison Club, is retired after spending 35 years specializing in cardiovascular disease in private practice in Jacksonville, Fl., which he and wife, Joice, still call home. He was honored.
by the Mayo Foundation and St. Luke’s Hospital, where he was chief of medicine for 25 years, with the establishment of an annual lectureship that bears his name.

Jerome A. Grunt, MD’56, HS’57–’58, is a professor emeritus at the University of Missouri–Kansas City’s School of Medicine and continues to be involved with research, publishing, and teaching. A member of five boards, he works to improve health care for Missouri’s poor children. He and his wife, Hope, have four children and 10 grandchildren and live in Kansas City.

T. Rudolph Howell, MD’58, Davison Club, a pediatric radiologist, is the chairman of the Children’s Hospital Department of Radiology in Richmond, Va. He was the president of Duke’s Davison Club from 2000–02 and is the president-elect of the Southern Medical Association. He and his wife, Cheryl, live in Chester, Va.

F. Maxton Mauney, MD’59, HS’59–’66, Davison Club, is retired from cardiac surgery and has embarked on a second career as a consultant to the medical-device industry. He is the medical director for Ventrica, Inc., a company that produces new types of vascular connectors for coronary and peripheral bypass grafts. He and his wife, Fran, married in 2002 and now live in Durham, close to five of his seven grandchildren.

Andrew G. Wallace, T’57, MD’59, HS’59–’61, HS’63–’64, is retired, but still serves on three boards, one for a large commercial laboratory and two for non-profit health-care-related organizations. He enjoys sailing and learning about Greek and Roman history. He and his wife, Barrie, live in Hillsborough, N.C., and have three children, one in commercial construction in Florida, one a gastroenterologist, and one a dean for student judicial affairs at Duke.

1960s

Lenard E. Jacobson, MD’60, T’64, Davison Club, a retired urologist, recently moved to Boca Raton, Fla., with his wife, Elizabeth. They have two sons, one an architect in San Francisco, and the other an assistant professor at the University of Sussex, U.K.

Alexander McLeod, MD’60, taught in the Medical and Management Schools of Vanderbilt University as a clinical professor of medicine, clinical professor of medical administration, adjunct professor of management, and clinical professor of medicine emeritus, and left clinical practice in 1998. He and his wife, Dorothy, live in Nashville, Tenn.

Alden W. Dudley, Jr., T’58, MD’62, Davison Club, is chief of staff at the Salem, Va., Medical Center and the associate dean of academic affairs at the University of Virginia School of Medicine. He has been busy building a house and helping to build the College of Osteopathic Medicine at Virginia Tech. He enjoys gardening, bridge, and genealogy. He and his wife, Mary Dudley, WC’59, MD, have two sons, R. Adams, T’86, MD’91, who is married to Kirsten Johansen, MD’91, and Eric, T’89, who graduated in 2002 from the University of Houston’s College of Optometry.

Kenneth J. Kahn, MD’62, HS’62–’63, lives with his wife, Norma, an artist, in Jaco, Costa Rica, where they enjoy frequent travel and hiking. His son, Neil, operates a canoe and kayak tour business and lives nearby. His daughter, Julie, lives in Boston and was nominated for an Emmy Award in 2002 for video editing.

David L. Kingsley, MD’62, Davison Club, practices diagnostic radiology at the John F. Kennedy Medical Center in Edison, N.J., and is also the president of the New Jersey Quality Improvement Organization. He and his wife, Elaine, live in Edison and have three children and five grandchildren.

William J. Massey III, T’58, MD’62, Davison Club, has privately practiced internal medicine for 34 years in Williamsburg, Va. His son, Kant, T’86, holds a PhD in forestry from the University of Montana and daughter, Kelly, recently gave birth to Virginia, his first grandchild.

Joseph Francis Frauen- meni, Jr., MD’58, Davison Club, is the director of the National Cancer Institute’s Division of Epidemiology and Genetics research program and
Has Your Interest Income Dragging Its Feet?

Perhaps it’s time you considered a Charitable Gift Annuity with Duke Medical Center

Among the benefits you can expect:
• Secure payments for life, partially tax-free
• Income tax charitable deduction

Here are some sample rates:

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>5.1%</td>
<td>70</td>
<td>5.8%</td>
</tr>
<tr>
<td>70</td>
<td>5.1%</td>
<td>75</td>
<td>6.5%</td>
</tr>
<tr>
<td>75</td>
<td>6.5%</td>
<td>80</td>
<td>7.1%</td>
</tr>
<tr>
<td>80</td>
<td>7.1%</td>
<td>85</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

A gift annuity is a great way to help yourself and support the work of Duke Medical Center.

Explore the many planned giving options at DUMC, and try our personal gift calculator on the web at dumcdevelopment.duke.edu

For more information, please mail this coupon or call our office:

Ashley Cannon, J.D.
Duke University Medical Center
512 South Mangum Street, Durham, NC 27701
telephone: 919-667-2521
e-mail: ashley.cannon@duke.edu

Name:

Address:

City/State/Zip:

Dates of birth of beneficiaries:

Phone:

We will mail you, without obligation, a brochure and personalized illustration showing just what a Charitable Gift Annuity can do for you.

of the Association of University Radiologists 2003 Gold Medal for his contributions to that organization, as well as to the field of academic radiology in general. His many professional accomplishments include serving on the faculties of Harvard and Johns Hopkins medical schools, acting as chairman of radiology and radiological sciences at Vanderbilt University School of Medicine for more than 15 years, and serving as president of the Society of Chairmen of Academic Radiology Departments, the Association of University Radiologists, and the American Roentgen Ray Society. He has been a Picker Academic Fellow, a Duke Distinguished Medical Alumnus and Humanitarian Awards recipient, and a founding member and cover editor of the International Journal of Art in Medicine. He has published more than 20 books on medicine, law, ethics, art, folklore, and fiction; his newest, Rutledge: A Novel, is a story of medicine, family, war, and love. James and his wife, Dr. Nancy Jane Farmer, live in Chapel Hill, N.C., and have three children, Everette, Jeannette, and Elizabeth, and four grandchildren.

Peter Kohler, MD’63, HS’63-'64, Davison Club, received the Oregon Chapter of the American Jewish Committee’s 2002 Human Relations Award in December. He was recognized for, among other achievements, increasing the number of primary care providers available to care for vulnerable and underserved populations; strengthening the diversity and cultural competency of the state’s health care workforce; initiating employee volunteer and giving programs; and encouraging young people to consider careers in health care and biomedical research.

Angus M. McBryde, Jr., MD’63, HS’67-'71, is a professor in the University of South Carolina’s Department of Orthopedic Surgery, as well as the director of sports medicine for the university’s football and basketball teams. He and his wife, Kay, live in Columbia, S.C., and have eight children.

William W. Baxley, Jr., MD’64, is retired from practicing otolaryngology and now spends his time traveling, golfing, and helping his wife, Charlene, with her antiques business near their home in Macon, Ga. His daughter, Anne, holds a PhD in philosophy and teaches at Virginia Tech, while his son, William, is a broker with Merrill Lynch.

Frederic H. Gerber, MD’65, although retired from practicing radiology full time, still performs mammograms some 70 days per year. He and his wife, Zenta, live in Medina, Wash., but spend half the year traveling inside and outside the U.S. Their son, David, is a senior at Northern Illinois University and plans to attend law school. Their son, Michael, is a clinical psychologist practicing in San Luis Obispo, Calif.

J. Fletcher Lee, MD’60, HS’60-'67, Davison Club, is a retired neurosurgeon, clinical professor of surgery at the University of Texas-San Antonio, and past president of the Congress of Neurological Surgeons. He was the recipient of the Distinguished Practitioner Award of the Southern Neurosurgical Society in 2000. He enjoys travel, photography, model-ship building, and carving duck decoys. He and his wife, Barbara, married in 1995. Between them, they have six children and 12 grandchildren. They live in San Antonio.

Norman W. Wetterau, MD’67, is a family physician with Tri-County Family Medicine in Nunda, N.Y. He serves on a number of national addiction-related committees, has led workshops at national meetings of AAFP and ASAM, and conducted a workshop in Budapest, Hungary in 2002. He was named the New York State Family Physician of the Year and is currently working to educate primary care physicians on the screening and treatment of addiction problems. He and his wife, Nancy, live in Dansville, N.Y., and have a son, a daughter, and four grandchildren.

Carl S. L. Eisenberg, MD’68, was named to a three-year term as president of the Wisconsin Chapter of the American Academy of Pediatrics in July 2002. He practices pediatrics with Advanced Healthcare in Milwaukee. He and his wife, Susan, live in Mequon, Wis.

Thomas F. Henley, MD’68, HS’69-'73, Davison Club, has practiced with Greensboro OB-GYN Associates for more than 27 years. He enjoys playing golf and is also active in the North Carolina Senior Games, in which he is the state...
champion in discus and shot put. He and his wife, Sandra, married for 34 years, live in Greensboro, N.C., and have three children, Tommy, Brian, and Kristen.

Harlan Ira Wald, T’64, MD’68, HS’68, Davison Club, lives in Ft. Lauderdale, Fla., where he is retired from a 26-year career in plastic surgery. He now practices legal medicine.

Henry G. Utley, PhD’66, MD’69, Davison Club, and his wife, Elaine, live in Athens, Ga. They celebrated the marriage of their daughter, Eliza, in August 2002.

Dana Andersen, T’68, MD’72, Davison Club, lives in Princeton, Mass. Since 2001, he has been the Haidak Professor and chairman of the Department of Surgery at the University of Massachusetts and surgeon-in-chief of University of Massachusetts Memorial Health Care, Inc. His wife, Cindy Gingalewski, MD, is a pediatric surgeon on staff at U.Mass. They have one daughter, Lauren.

1970s

W. Andrew Cies, MD’71, HS’71-’72, Davison Club, has a private practice in internal medicine and keeps busy outside of work by golfing, traveling, and working toward an MBA. He and his wife, Leslie, call Newport Beach, Calif., home and have two children, Jennifer, T’99, and Andrew, E’01.

Allen R. Dyer, MD’72, PhD’80, is a professor of psychiatry and behavioral sciences at East Tennessee State University. A textbook he was involved in writing, A Concise Guide to Ethics, is due in print in May 2003. A decade of the administrative work that comes with running a state psychiatric hospital, as well as two academic psychology departments (Albany and East Tennessee) have proved challenging. He enjoys triathlons, marathons, skiing, swimming, mountain climbing, and traveling to Nepal and Italy. He and his wife, Susan, an East Tennessee State University English literature teacher and owner of a technical-writing business, live in McAfee Bluff, Tenn. Their son, Will, a software engineer, and his wife, Jaime, made them first-time grandparents in 2002. Their son, Cliff, is an information sciences graduate student at UNC.

Elwood W. Hopkins III, MD’72, HS’72-’73, is the senior medical officer at the U.S. Naval Academy. He enjoys running marathons, boating, skiing, and cooking. He and his wife, Judy, a freelance writer, live in Annapolis, Md.

Nancy T. Livingston, WC’68, MD’72, is in private practice as an adolescent and adult psychiatrist and psychoanalyst and is a teaching assistant professor of psychiatry at Emory University School of Medicine in Atlanta, Ga. She devotes much of her time to teaching at Emory and to her practice of psychoanalysis and general psychiatry. She is currently the director of the Psychoanalytic Center. Her office is in Buckhead, Atlanta.

The Tradition Lives On. On January 24, Replay Photos officially unlocked Duke University’s photo archive. Through a unique licensing agreement, the company provides students, alumni, family and friends access to some of the images that define the duke University name. Decorate your home or office with these ones in a life time images, visit www.replayphotos.com
Charles G. McClure, T'68, MD’72, is a neurologist who has been in private practice for more than 26 years. Currently practicing in Augusta, Ga., he is active in short-term medical missions to locations including Peru and Venezuela. He and his wife, Catharine, live and have four children. Their daughter, Catie, has a four children. Their son, Chad, is a photojournalist for The Chattanooga Times/Free Press. Their daughter, Elizabeth, T’00, works with Davidson College’s intervarsity Christian fellowship; and their son, Matthew, is in high school.

H. Grant Taylor, Jr., MD’72, Davison Club, is a hematologist-oncologist who works in a Charlotte, N.C., group practice. He enjoys bike riding, running, and has recently taken up yoga. He and his wife, Janet, have two children, Lock, a 2002 UNC graduate who hopes to go to medical school, and Caitlin, a high-school senior.

David Wellman, T’68, MD’72, HS’71-78, Davison Club, is the chief medical officer for United Emergency Services, an organization that staffs emergency rooms in the Southeast. He and his wife, Carol, have five children, Anne, Christine, Jenny, Emily, and Billy, and two grandsons, Matthew and David.

George Homer Durham II, MD’73, is a pediatrician working to implement behavioral health integration in primary care within Intermountain Health Care. He recently traveled to England to visit friends. He and his wife, The Honorable Christine M. Durham, live in Salt Lake City, Utah, and have one son, Trey, who is in the MBA program at the University of Pennsylvania’s Wharton College.

John William Hallett, Jr., MD’73, Davison Club, is the director of Eastern Maine Medical Center’s new Vascular and Cardiac Wellness Center, as well as a clinical professor of surgery at Tufts Medical Center. He lives in Orrington, Maine.

Louis Andrew Koman, T’70, MD’74, HS’74-79, is an orthopedic surgeon and professor at Wake Forest University’s School of Medicine. He is the author of Botulinum Toxin Type A in the Management of Cerebral Palsy, published in 2002. He and his wife, Leigh, WC’71, live in Winston-Salem, N.C., and have two children, Amy, T’01, who works for Abercrombie and Fitch, and Alex, a freshman in N.C. State University’s School of Engineering.

Arthur G. Spector, T’70, MD’74, was the recipient of the 2002 Faculty Teaching Award for a Tufts University-affiliated residency and is also the residency program director at Cambridge Hospital. He enjoys sailing, flying, skiing, and Harley-Davidson motorcycles, and is expecting a grandchild.

George Stephen Eisenbarth, PhD’74, MD’75, is a diabetologist and executive director of the Barbara Davis Center for Childhood Diabetes in Denver, Colo. He lives in Golden, Colo., and has two grown children.

Robert Elliot Gentry, T’72, MD’76, is a cardiologist in private group practice at East Tennessee Heart Consultants in Knoxville, Tenn., where he and his wife, Darlene, live. They have two children, Kristen and Thomas.

J. Wesley Jones, T’72, MD’76, HS’76-79, HS’81-83, Davison Club, lives in Fayetteville, N.C. Since 1993, he has led ten medical and construction teams to Montero, Bolivia, under the umbrella of Curamericas, a non-profit founded by Henry Perry, T’69. He has wrestled for years about how to truly help Bolivians, some of the world’s poorest people. He has given generously of his time and money to help them build schools and buy computers, and he led a fund-raising effort at the Montero hospital. He is teaching Bolivians how to annually raise significant sums of money through fund-raising activities to help support their hospitals and schools.

Richard P. Polisson, MD’76, A’92, is the senior vice president of Genzyme Corporation’s clinical research division. He and his wife, Sharon O’Quinn, live in Swampscott, Mass., and have two children. Matt graduated from Harvard College in 2002, and Beth is at Tufts University.

Thom A. Mayer, MD’77, Davison Club, was awarded the American Public Health Association’s first annual Public Health Hero Award in 2002 in recognition of his leadership in creating a system to care for Washington, D.C.-area anthrax patients in late 2001. In addition to his role as president and CEO of Emergency Physicians of Northern Virginia, he was named medical director of the National Football League’s Players’ Association, which oversees the care of more than 1,900 NFL players.

Karen L. Bigler, MD’78, Davison Club, interim chairman of pediatric surgery at Children’s National Medical Center, has been appointed to the Board of Commissioners of the Joint Commission on Accreditation of Health Care Organizations. He helped care for the 13-year-old victim of the D.C.-area sniper shootings. (See this issue’s feature article.)

William G. Ward, Sr., MD’79, HS’84-89, is an orthopedic surgeon and professor at Wake Forest University School of Medicine. He recently completed a CD-ROM textbook entitled Musculoskeletal Tumors: An Interactive Clinical Radiology and Pathology Textbook. He and his wife, Corinne, live in Winston-Salem, N.C.

1980s

Douglas J. Sprung, MD’80, HS’80-83, Davison Club, is a gastroenterologist in Maitland, Fla., where he lives. In 2002, he collaborated with his son, Greg, on a retrospective clinical
class notes

research project on “Barrett’s Esophagus in a Community Setting, the Incidence of Dysplasia and Cancer,” a ten-year follow-up study they hope to have published.

L. Faith Birmingham, MD’81, HS’82–83, HS’85–87, Davison
Club, is a family practitioner who has been in private practice since 1999. An avid gardener and volunteer at the Open Door Clinic since 1991, she lives in Raleigh, N.C., with her two children, Joel, a high-school senior and National Merit Scholar finalist, and Rebekka, a high-school freshman.

David W. Trader, MD’81, is the medical director of Geriatric Psychiatry Outpatient Services at Cedars-Sinai Medical Center. He lives in Los Angeles with his wife, Kathleen, and has two children, Christopher and Bryan.

Martha E. Gagliano, MD’82, HS’82–87, is with Durham Pediatrics and was elected by her peers as one of the top pediatricians in the Southeast. She and her husband, Michael Novak, head of Meredith College’s history and politics department, live in Durham with their son, a third-grader at Durham Academy.

Gina L. Michael, MD’82, HS’82–85, is a primary care attending physician who specializes in internal medicine. She recently joined the St. Louis Veterans Administration Hospital, where she supervises St. Louis University medical residents and students. She and her husband, Marc Wallis, an attorney, have been married for 14 years, live in St. Louis, Mo., and have three children.

Karl B. Hiatt, MD’83, Davison Club, is a plastic surgeon and chief of surgery at Mesa Lutheran and Valley Lutheran Hospitals. He is in the process of having a new office building constructed for his practice, which will include an accredited operating room. He and his wife, Diana, have six children and live in Mesa, Ariz.

Glen Ross, T’80, MD’84, is an orthopedic surgeon who specializes in knee and shoulder reconstruction. A tournament-level squash player, he is the team physician for two universities and an assistant physician for the Boston Celtics. He recently had three scientific journal articles published and was named Outstanding Orthopaedic Educator by the fellowship at Boston’s New England Baptist Hospital. He and his wife, Kristin, N’81, have two sons, Anthony and Jake, and live in Wayland, Mass.

L. Stewart Massad, Jr., MD’84, HS’85–89, has joined the faculty of Southern Illinois University School of Medicine as an associate professor of obstetrics and gynecology and chief of the gynecologic oncology division. Recognized as an authority on cervical cancer prevention, he co-authored a lead article in the Journal of the American Medical Association in 2002, which established national standards for evaluating and treating women with abnormal Pap smears. Chief of gynecologic oncology at Cook County Hospital from 1994 to 2002, he was also a faculty member of Rush Presbyterian St. Luke’s Medical Center from 1992 to 1997. He is the associate editor of The Journal of Lower Genital Tract Disease, and he has published approximately 60 peer-reviewed manuscripts as well as many essays and fictional works. He and his wife, Sylvia, live in Oak Park, Ill.

Paul W. Sperduto, T’80, MD’84, G’84, HS’85–87, director of radiation oncology at Ridgeview Medical Center and director of stereotactic radiosurgery at Methodist and Fairview Southdale Hospitals in Minneapolis, was honored by two national organizations for excellence in clinical research. He is the principal investigator on two nationwide clinical trials evaluating stereotactic radiosurgery—during which a high dose of radiation therapy is delivered to a brain tumor while minimally affecting the surrounding brain.

His research was selected for presentation at the 2002 annual meeting of the American Society for Therapeutic Radiology and Oncology and was ranked by his peers among the most important of the 1,200 abstracts submitted. He also received the 2002 Excellence in Clinical Research Award from the Society of Neuro-Oncology. Among his many accomplishments, Sperduto has performed rural health care in Appalachia, cyclone-relief work in India, spina bifida research in N.C., liver cancer research in Taiwan, and has taught medical students in China. He received the Jones-Guerrero Scholarship for rural tube defect research and received the Henry Luce Scholarship for a year of study in Asia. He was a medical staff fellow in radiation oncology at the National Cancer Institute and selected as a 1994-1995 Hubert H. Humphrey fellow in the University of Minnesota Policy Forum. He was one of only four physicians in the country to receive the 1999 Lane W. Adams Award given by the American Cancer Society for excellence in treating cancer patients. In clinical practice at Methodist and Fairview Southdale Hospitals in Minneapolis, he also has served as chief of staff of Ridgeview Medical Center in Waconia, Minn.

In his leisure, he enjoys tennis, coaching Little League and trying to keep up with the three children he and wife Jody, T’80, G’90, a clinical psychologist, have. They live outside Minneapolis.

Thomas M. Amidon, T’82, MD’86, is the director of Overlake Hospital’s cardiology department, as well as the director of Seattle Cardiovascular Research. He and his wife, Jean Burger Amidon, live in Woodinville, Wash., and have four children, two of whom were recently adopted from Guatemala.

Elizabeth Taylor-Albert, T’83, MD’87, Davison Club, is a rheumatologist in private practice in Oklahoma City, Okla., where she and her husband, David Albert, MD’81, Davison Club, live with their four children, Kathy, Michael, Carl, and Luke. Named one of the state’s best doctors in 2002, she spent five years as a faculty member at the University of Oklahoma School of Medicine, as well as five years working for a large corporate medical group.

Grant R. Simons, T’85, MD’89, HS’96–97, is the director of the Englewood Hospital and Medical Center’s Cardiac Electrophysiology program. He and his wife, Sunisa, live in Tenafly, N.J., with their three children.

1990s

Adam D. Stein, MD’90, is a facial plastic surgeon who recently opened the fourth location of The Facial Plastic Surgery Center in N.C. He and his wife, Eva, live in Fuquay-Varina, N.C., and celebrated the arrival of a daughter, Gabrielle Sara, in 2002.

David A. Zimmerman, MD’91, is a cardiologist in private practice with Kennestone Cardiovascular Consultants in Marietta, Ga., where he lives with his wife, Karlyn, G’90, and daughters Rachael and Sara.
Eric S. Fromer, MD’92, is a dermatologist and assistant clinical professor at the University of California-Davis Medical School. He and his wife, Irma Garcia, a pediatric dentist, live in Fairfield, Calif., and have three young children, Elena, Clark, and Benjamin.

Thomas J. Noonan, MD’92, HS’92–’95, is an orthopedic surgeon at the Steadman Hawkins Clinic in Englewood, Colo., as well as the team physician for the Colorado Rockies baseball team. He and his wife, Pamela, live in Littleton, Colo., and have two young children.

Kenneth W. Altman, G’84, PhD’88, MD’93, is an assistant professor of otolaryngology and the director of the Center for Voice at Northwestern University. Married to Courtney, he has two sons, Sebastian and Spencer, and lives in Chicago, Ill.

Rosemary H. Aaron, MD’94, is a pediatrician in private practice in Nashville, Tenn., where she lives. She has two children, William and Hannah.

Richard Chao-Chung Wu, T’89, MD’94, a specialist in cardiology and electrophysiology, recently joined the faculty of Wake Forest University’s Baptist Medical Center as an assistant professor of pediatric radiology. She and her husband, Dan, live in Winston-Salem, N.C., with their three children, Walker, Elisabeth, and Isaac.

Christine Chang, T’91, MD’95, is the medical director of the Home-Based Primary Care Program at the Washington, D.C., Veterans Affairs Medical Center. She married Jerry Chang, chief radiology resident at the University of Maryland, in April 2002. The couple lives in Silver Spring, Md.

Katherine G. Romp, MD’95, is a general internist treating private patients and helping to teach residents at the University of Alabama at Birmingham. Active in her church choir and aerobics classes, she and her husband, Robb, M’95, HS’99–’02, a pediatric cardiologist, have two children, Abbey and Logan. They live in Birmingham, Ala.

A Evelyn Y. Anthony, MD’96, a diagnostic and pediatric radiologist, recently joined the faculty of Wake Forest University’s Baptist Medical Center as an assistant professor of pediatric radiology. She and her husband, Dan, live in Winston-Salem, N.C., with their three children, Walker, Elisabeth, and Isaac.

Paul T. Baird, Jr., T’91, MD’96, HS’96–’99, and his wife Tracy, T’94, welcomed their second son, Garrett, in July 2002.

Elbert Tze-Chin Cheng, MD’96, a facial plastic surgeon, is the president of the Los Gatos, Calif., -based Center for Facial Rejuvenation. He and his wife, Esther, MD’96, live in Mountain View, Calif., where Esther currently stays home with two-year-old twins, Elancy and Everett.

John J. Savarese, MD’96, recently graduated from Stanford University’s School of Business and is now the director of Neurogesx, Inc., a San Carlos, Calif., -based pharmaceutical company. He and his wife, Kathleen, live in Burlingame, Calif., with their son, Brando.

Jennifer M. Beamer, T’93, MD’97, and husband William, T’93, welcomed their first child, a son, Drew, in 2002. The Beamers reside in San Diego, where Jennifer is a manager with consulting firm Health Advances, LLC, and William is a portfolio manager with Dowling & Yahnke, Inc., an investment management firm.

Susan M. Watrous, MD’97, was named medical director and chair of psychiatry at Cortland Memorial Hospital in Cortland, N.Y., in September 2002. After living in Arizona for a time, she has returned to New York to be closer to family and friends.

2000s

Aditee Narayan, T’96, MD’00, HS’01–Current, will finish her pediatrics residency this year and has been named chief pediatrics resident for 2003–04. She is married to Drew Narayan, E’96, G’98, PhD’99.

StudentAlumni Link

Ever wish you were back in medical school?
— the thrill of discovery...without the agony of anatomy?

The new Student-Alumni Link program, sponsored by the Medical Alumni Association, pairs alumni mentors with incoming medical students. You’ll share the wisdom of your experience and get a glimpse of medicine from the perspective of tomorrow’s Duke Docs.

For more information or to volunteer, please visit medalum.duke.edu, and click on “Volunteer,” or call Heather Lemons, (919) 667-2527.
1940s
Raymond B. Anderson, MD, HS’41-'42, is retired from practicing pediatrics and being a professor of pediatrics at the University of Missouri School of Medicine. He and Beth, his wife of 63 years, live in Olathe, Kan.

G. B. Hodge, MD, HS’42-’47, Davison Club Charter Member, a retired surgeon, celebrated his 80th birthday in September 2002. Present were his wife, Katie Hodge, N’43; daughter Susan Hodge, B’83; son John Hodge, T’77; son Byron Hodge, MD’78, HS’77-’83; and many others. He resides in Spartanburg, S.C.

Robert B. Tudor, MD, HS’46-’47, is retired from practicing pediatrics and lives in Bismarck, N.D. He has three children, Rachael, an Episcopal priest; Tom, an attorney; and Ann, a physical therapist.

1950s
Charles L. Rast, Jr., MD, HS’48-’50, HS’52-’54, is retired from private cardiology practice. Active in the Kiwanis Club and Methodist church, he belongs to a genealogical society and enjoys walking, musical events, reading, and attending lectures and conferences at the University of South Carolina School of Medicine. He and his wife, Rosalyn, live in Columbia, S.C., and have three children, Charles, John, and Rosalyn, and two grandchildren, Amanda and Emily.

Rudiger Breitenecker, MD, HS’57-’58, HS’61, who retired after 40 years as a general and forensic pathologist, is now a forensic pathology consultant who enjoys riding and breeding horses and spending time at a second home in Vienna, Austria. He and his wife, Robin, live in Cockeysville, Md., and have three sons. Two are stockbrokers and one is an attorney.

1960s
John T. Eagan, Sr., MD, HS’53-’60, is a cardiologist in private practice in Birmingham, Ala., where he and his wife, June, reside. They have four children, Tom, a cardiologist; Christopher, an attorney; Sarah, a homemaker; and Wolton, an art historian; and nine grandchildren, including triplet boys.

John Sansom Forrest, MD, HS’57-’60, formerly an orthopedic surgeon, has spent the past ten years as an independent orthopedic medical examiner. He and his wife, Judy, live in Elmira, N.Y., and have five children and 15 grandchildren.

Richard A. Obenour, MD, HS’60-’62, specializes in pulmonary medicine and is the acting chair of the University of Tennessee’s Graduate School of Medicine. He and his wife, Mary, live in Knoxville.

Mahmoud H. Bahran, MD, HS’63-’64, is a consultant pediatrician at the Amman Surgical Hospital, the Al-Khalidi Medical Center, and the Arabic Medical Center Hospital, all in Amman, Jordan. He has two sons, one a graduate of the University of Houston’s chemical engineering program who is currently pursuing an MBA at Georgetown University; the other a medical student at the University of Texas-Galveston.

John T. Bonner, MD, HS’63-’64, is a neurosurgeon in private practice in Fresno, Calif., as well as the secretary of the California Association of Neurological Surgeons, and chair of the Fresno Moera Medical Association Delegation to CMA House of Delegates. He enjoys running, photography, German short-haired pointers, hunting, and he belongs to the Bulldog Association for Fresno State University. He and his wife, Romona, live in Fresno.

Sushil S. Lacy, MD, HS’63-’64, is the president-elect of the American Association of Clinical Urologists, as well as the South-Central Section representative of the American Urological Association’s Board of Directors. He is in group practice in Lincoln, Neb., where he also resides.

Stafford G. Warren, MD, HS’62-’64, specializes in cardiovascular disease in a group practice in Charleston, W.Va., and is also the chief of the Charleston Area Medical Center. He and his wife, Sue, live there, as well, and have three children, Laura, a medical student; Ben, who plans to attend dental school; and Zach, a college senior.

Joel R. Temple, MD, HS’60-’61, HS’64-’66, is an allergist in private practice, an avid photographer, and an administrator of The Church of Jesus Christ of Latter Day Saints. A resident of Dover, Del., he has eight children—seven daughters and a son—and 14 grandchildren.

Barry R. Tharp, MD, HS’62-’67, is the 2002-2003 president-elect of the American Neurology Society, the chair of the Department of Otolaryngology of the Medical Center of South Carolina, and a professor of neurology and pediatrics at the University of California Davis Medical Center.

Ronald J. Karpick, MD, HS’65-’69, is retired as a pulmonary and critical care specialist and has recently begun working as an internist and geriatrician at a nursing facility near his home in Falls Church, Va. His son, Jonathan, received his degree in aeronautical engineering from Princeton in 1996 and is a doctoral candidate in mechanical engineering at Stanford.

Joseph C. Parker, Jr., MD, HS’68-’69, retired as chair of the University of Louisville Hospital’s Department of Pathology and Laboratory Medicine in 2002. He is now the director of the university’s Pathology Graduate Medical Education program and works in the hospital’s pathology department. He and his wife, Tricia, live in Louisville, Ky. He enjoys visiting his granddaughter, Taylor, as well as Civil War battlefields and studying cosmology. His son, John, is at Vanderbilt University, and his daughter, Nancy, is the head trainer at Dolphins Plus in Key Largo, Fla.

1970s
David Gilbert, MD, HS’69-’72, has donated a bronze heart sculpture he created to the Cape Fear Valley Health System’s Heart Center. The piece, titled “Mended Heart,” took six months and $5,000 to create and will be permanently displayed in the Center’s lobby. He and his wife, Gail, reside in Fayetteville, N.C.

George Maroulis, MD, HS’67-’73, a specialist in reproductive endocrinology, is a professor and

▲ James W. Clower, MD, HS’48, a retired ophthalmologist who practiced in Florida for some 50 years, was awarded a certificate of merit by the Florida Medical Association in 2002. The award, the association’s highest honor, is given to those who have shown long-time exceptional and outstanding service to the association, the medical profession, and the public. He and his wife, Boots, live in Daytona Beach and have two sons, James, a physician, and Michael, a public accountant, and five grandchildren.
is the founding editor of the international *Heart and Lung Circulation Journal*. Also the head of the cardiac surgical research unit at Baker Medical Research Institute and Alfred Hospital Parham since 1978, he is a clinical associate professor in Monash University’s departments of surgery and department of epidemiology and preventive medicine. He and his wife, Anne, who was an ICU nurse at Duke Hospital in the 1970s, live in North Baldwyn and have three children.

Richard H. Daffner, MD, HS’70-’73, has received the American Board of Radiology’s Distinguished Service Award. Since 1982 he has been an examiner for the oral portion of the board exam, and he currently composes questions for the exam’s written section. A Boy Scout leader who resides in Pittsburgh, Pa., he works at Allegheny General Hospital and is the health and safety chairman for the Greater Pittsburgh Council. His son, Scott, is an orthopaedic surgery resident at Jefferson University.

Marjorie A. Bowman, MD, HS’76-’79, specializes in family practice, public health, and preventive medicine. A professor and chair at the University of Pennsylvania Health System, she also recently published the third edition of *Women Physicians: Life and Cancer Management*. She and her husband live in Wayne, Pa., and have five children, four of whom are currently pursuing undergraduate and graduate degrees.

1980s

Joseph J. Muscato, MD, HS’78-’81, and his wife, Mary Slotsky Muscato, MD, HS’78-’81, were honored for their commitment to excellence in medical care, education, research, and service to their community with the 2002 Laureate Award, the most prestigious given by the Missouri chapter of the American College of Physicians. The parents of three sons, Jeff, Andy, and Dave, they practice hematology and medical oncology, respectively, in Columbia, Mo.

Pradip Kumar Rustagi, MD, HS’80-’82, is a private-practice internist specializing in hematology-oncology as well as a clinical associate professor of medicine at Stanford University, where he also administers gene therapy to hemophiliacs. He and his wife, Rashmi, live in Palo Alto, Calif., and have a son and three daughters.

Kazuo Shimizu, MD, HS’80-’82, is a professor in Nippon Medical School’s Department of Surgery, Division of Breast and Endocrine Surgery, in Tokyo, Japan, where he lives with his wife, Takako. He has three sons, Kazuhide, Yusuke, and Motoi.

J. Dirk Iglehart, MD, HS’75-’84, practices general surgery and is the Anne E. Dyson Professor of Women’s Cancer at Harvard Medical School. He has four children and lives in West Newton, Mass.

Gary Bruce Schwartz, MD, HS’85-’86, in private practice as a hand and orthopedic surgeon since 1986, is a clinical assistant professor of orthopedic surgery at the University of Miami’s School of Medicine, clinical assistant professor at Nova Southeastern University’s School of Osteopathic Medicine, and president of the Florida Hand Society. He enjoys Duke basketball and playing jazz harmonica. He and Terri, his wife of 23 years, live in Cooper City, Fla. and have two children, Jared and Lorne.

Colonel Judd W. Moul, MD, HS’88-’89, is the director of the U.S. Department of Defense’s Center for Prostate Disease Research in Bethesda, Md., the city he calls home. In 2002, he was invited to attend a White
House ceremony during which President Bush declared to the nation that the war on cancer will be won.

1990s

Sarah P. Adams, MD, HS’88–91, is a pediatrician in private practice in Wilmington, N.C., where she also lives. She married her husband, Lawrence Gilman, in 2000, and they enjoy rowing, kayaking, and boating. She has one daughter, Jessica.

Diana Heather Heath, MD, T’82, HS’88–91, practices ophthalmology with The Eye Associates in Holiday, Fla. She and her husband, David Wall, have three children, Jennifer, Brian, and Sarah.

Evelyn Shearer-Poor, MD, HS’88–91, is a physician assistant clinical professor at the University of Texas-Houston, as well as the medical director of the hospital’s intensive care unit. She lives in Sugar Land, Texas. Her son, Andrew, attends Baylor University.

Abdhish R. Bhavsar, MD, HS’91–92, was awarded the State Governmental Affairs Innovation Award at the annual meeting of the American Academy of Ophthalmology in 2002 and is in group practice in Great Falls, Mont., where he lives with his wife, Joan. He enjoys fly-fishing, hunting, camping, and skiing, as well as his children, Griff and Bayley.

R. Morris Friedman, MD, T’84, HS’89–95, and his wife, Colleen, had their first child, a daughter, Virginia, in December.

Stephen Paul Combs, MD, HS’92–95, is a pediatrician in private practice and is the medical director of Tri-State Behavioral Health Care, Inc., in Saint Clairsville, Ohio. He recently opened Pomegranate Health Systems. He and his wife, Chinta, have two sons and live in Wheeling, W.Va.

Richard Moore, Jr., MD, HS’96–97, one of only two physicians in southeast North Carolina who are fellowship-trained at Duke in hand, upper extremity, and microvascular surgery, participated in the annual conference of the American Society of Hand Therapists in 2002 at the Ottawa Congress Centre in Ottawa, Canada. He delivered a presentation about hand musculature, performed a surgical demonstration, and served on a physician panel for a question-and-answer session. Moore also attended the 57th annual meeting of the American Society for Surgery of the Hand in Phoenix, Ariz., in October. Affiliated with the Wilmington Orthopaedic Group, P.A., since 2000, he lives in Wilmington, N.C.

2000s

Brian James Malloy, MD, HS’94–00, was certified by the American Board of Urology in 2002 and is in group practice in Great Falls, Mont., where he lives with his wife, Joan. He enjoys fly-fishing, hunting, camping, and skiing, as well as his children, Griff and Bayley.

Your gift to The Fund for DukeMed will work three times as hard this year as it:

1. is matched 1:1 by the Medical Alumni Council through a $100,000 Alumni Challenge Match,
2. helps The Fund for DukeMed alumni participation rate grow from 30% to 40% by the end of THE CAMPAIGN FOR DUKE, December, 2004, and
3. keeps Duke’s medical student debt among the lowest of private schools across the nation.

Please participate with your gift to The Fund for DukeMed.
For information on making your gift, contact:

The Office of Annual Giving
Duke University Medical Center
512 S. Mangum Street, Suite 400
Durham, NC 27701-3973
919-667-2500
To make an online gift, visit fundfordukemed.duke.edu

Alumni News

OBITUARIES

Jesse W. Carll IV, T’41, MD’43, of Palm Beach, Fla., died on March 28, 2003. A longtime resident of Bridgeton, N.J., he practiced general medicine and obstetrics and gynecology in that town for more than 40 years—sometimes as the only practicing obstetrician in the county—before moving to Palm Beach in 1989. Instrumental in the development of Cumberland County College, as well as its nursing program, Carll sat on the college’s board for more than ten years and was its chairman for several years. He also served as a Navy physician in the Asiatic and Pacific theaters during World War II, as a Cumberland County medical examiner and as a state government Medicare administrator.

According to The Philadelphia Inquirer, Carll also served as a deacon at Bridgeton’s St. Andrew’s Episcopal Church and was a member of the Baronial Order of the Magna Carta. Carll is survived by four daughters, a brother, and seven grandchildren.

Paul Green, Jr., MD’51, died on March 6, 2003. Having studied obstetrics and gynecology and internal medicine, he opened his practice in Salisbury, N.C., in 1958, and opened the Salisbury Clinic for Women in 1967. He served as chief of staff of Rowan Memorial Hospital, president and trustee member of the Rowan County Medical Society, and president of the American Cancer Society. He was also a member of the North Carolina State Medical Association and the American College of Obstetrics and Gynecology. He is survived by his wife, Joan, N’51, one son, three daughters, one sister, and eight grandchildren.

Arch S. Morrow, MD’37, died on March 13, 2003. The oldest practicing physician in Jacksonville, Fla., he was 91 years old at the time of his death. He specialized in internal medicine and was still seeing patients in his San Marco, Fla., office five days a week. He is survived by his wife of 61 years, Jean, two sons, one daughter, one brother, five grandchildren, and one great-grandchild.

James L. Titchener, MD’49, died on February 28, 2003. He was a psychiatrist, psychoanalyst, clinical investigator, and writer. After being called for active duty in the U.S. Army during World War II, he continued his undergraduate studies at Princeton University before attending Duke University School of Medicine. During his career, his principal interest was the immediate and long-term impact of psychic trauma. His concern about disasters and trauma led to his co-founding the Cincinnati Chapter of Physicians for Social Responsibility. He resided in Cincinnati, Ohio, and is survived by his wife, Judith, one son, three daughters, one sister, and two grandsons.

W. Howard Tiller, Jr., MD’78, Davison Club, died April 18, 2003 in Spartanburg, S.C., after a brief illness. An orthopedic surgeon who specialized in hand and microsurgery, he was a member of Spartanburg’s medical community for 18 years, most recently as a partner with Orthopaedic Associates.

Tiller completed a six-and-a-half-year internship and residency at Duke, serving as chief orthopaedic resident during his last year. A Spartanburg native, he was a member of the American Academy of Orthopaedic Surgeons, the American Society for Surgery of the Hand, the Piedmont Orthopaedic Society, the S.C. Orthopaedic Association, the S.C. Medical Society, and the Spartanburg County Medical Society. He was certified by the American Board of Orthopaedic Surgeons and was on staff at Spartanburg Regional Medical Center. He also volunteered with the State Board of Health, treating patients of the Crippled Children’s Clinic of Spartanburg, and served as the team physician for the Dorman High School football team. He was a member of the Spartanburg Rotary Club, served for six years on the board of Mobile Meals of Spartanburg, and was an active member of First Presbyterian Church.

Tiller graduated Phi Beta Kappa from Wake Forest University, where he was a member of the Sigma Chi fraternity, and was a lifelong member of the Boy Scouts of America—an Eagle Scout. He is survived by his wife, Nancy; daughter, Louise; son, Walker; three sisters; one brother; and a host of other relatives.


Charles I. Williamson, MD, HS’60-‘63, died on March 11, 2003. He resided in Mobile, Ala.