

Class Notes

1960s



Richard A. Lewis (M.D. 1969, Residency 1974) is the recipient of The Jewish Guild for the Blind's first annual Alfred W. Bressler Prize in Vision Science. He holds professorships at Baylor College of Medicine in ophthalmology, medicine and pediatrics, as well as in molecular and

human genetics. His subspecialties at Baylor's Cullen Eye Institute are retinal diseases and ocular genetics. The Bressler award is given to a vision care professional whose leadership, research and service have resulted in important advancements in the treatment of eye disease. Some of Lewis' contributions to vision science include mapping and identifying some of the first genes for inherited eye disorders, facilitating clinical availability of direct molecular testing, and delineating a molecular pathway important to age-related macular degeneration.

1970s

Elson Haas (M.D. 1972) is founder and director of the Preventive Medical Center of Marin, an integrated health care facility in San Rafael, California, where he specializes in family and nutritional medicine, detoxification and individualized health programs. He also lectures to corporations, conventions and associations all over the world and has authored many books.

1980s

Marcel Salive (M.D. 1985) was chosen for this year's Department of Health and Human Services Primary Health Care Policy Fellowship based upon a nomination by the American College of Preventive Medicine. The fellows study primary health care policy, education, and research in order to become more effective advocates for improving primary health care at all levels of government and the private sector. Salive is a senior preventive medicine researcher in the National Heart, Lung and Blood Institute, NIH, where he serves on the research team for major multicenter prevention clinical trials and administers grants. He resides in Rockville, Maryland.

Tor Shwayder (M.D. 1980, Residency 1983) writes from The Netherlands:

"Three years ago I realized that there would always be another 40 patients to see on the next day's schedule. That plus a desire to give my kids a com-



Aimee Ergas and Tor Shwayder

pletely new experience outside of America pushed me to take a year-long leave of absence. So in July 2002, my wife (Aimee Ergas) and I moved our family to a small town outside The Hague. I'm loosely associated with a children's hospital in Rotterdam (The Sophia Kinderziekenhuis). We are here without car, TV, VCR, or paycheck. We bicycle everywhere and soak in the Dutch lifestyle. It is a wonderful experience, liberating us from the myopic views of the day-to-day grind. One begins to realize what makes life important and what you can do without and still be happy. The most cherished ongoing experience is dinner each night in our tiny Dutch row house. With no competing distractions, we sit and talk with our two children (remaining at home) Kobey, 18, ➤



Gerald Kangelaris, James Broome, Sarah Vanston and Ashu Tyagi in the "OR."

The 85th annual (and first ever murder-mystery) Galens Smoker, "Clue Cells," was performed April 18-19 at Lydia Mendelssohn Theatre in the Michigan League. Based on the cult classic 1980s movie "Clue," which was derived from the popular Parker Brothers board game, the plot involves six well-known hospital personalities summoned to the hospital cafeteria on a stormy night. Weapons, including a reflex hammer and an incompetent intern, are distributed. When a former executive vice president for medical affairs turns up murdered, the game is on to figure out which suspect is responsible, in which room of the hospital and with which weapon.

Each year at the closing of the second show, the Galens Medical Society presents the Silver Shovel Award to the faculty member they deem the most popular and beloved by their students. This year's recipient was Gilbert Upchurch Jr., M.D., assistant professor in the Department of Surgery.

—MF



Visit www.medicineatmichigan.org/magazine to see additional photos from this event.

THE 'END OF THE BEGINNING' OF BIOMEDICAL RESEARCH

Raynard Kington takes his place in the 'bigger picture' as NIH deputy director

Raynard Kington was a young medical student in Michigan's Inteflex Program in the late 1970s, thinking about a career in anesthesiology, when he had a conversation that opened his horizons.

"Dr. Sheagren was the chair of medicine at the VA and the director of the Division of Infectious Disease at U-M. He was an extraordinary man. He took the time to talk to me about careers and tell me that I had the potential to do good things," Kington recalls. "The entire Inteflex staff was very good at allowing students to think broadly about their careers. I spent the first two summers doing internships on Capitol Hill. And it was then I knew I was interested in public policy, the bigger picture."

Due, in part, to Sheagren and Inteflex, there may be one less anesthesiologist in the world, but Kington was recently named deputy director of the National Institutes of Health.

The path from Michigan, where Kington earned his M.D. in 1983, to the halls of the NIH is one dotted with distinguished accomplishments. He completed his residency at the Michael Reese Medical Center in Chicago and a fellowship at the University of Pennsylvania, where he was a Robert Wood Johnson Clinical Scholar and also completed his masters in business administration, as well as a Ph.D. in health policy and economics. From 1990-97, he served on the faculty at UCLA while part of a think tank at the Rand Corporation in Santa Monica.

"I began to get more interested in socioeconomic and race and how they impact health and health care, particularly aging in the African American community" says Kington, who went to the Centers for Disease Control in 1997 to spend two years studying the demographic differences in health status. Then the NIH called.



In September 2000, he was named the NIH associate director for behavioral and social sciences research and, for most of 2002, he added duties as acting director for the National Institute on Alcohol Abuse and Alcoholism. It was during this time that Kington oversaw the release of a major — and much-discussed — report on college drinking. "This was one of the few reports to look at the entire country and try to estimate the burden on America of college drinking. It helped us to set a research agenda on how to address this."

In his new position, Kington helps oversee all 27 institutes and centers at the NIH, setting policy in a wide range of research fields — everything from alcohol abuse to cardiology, cancer, and complementary and alternative therapies. He does not hide his pride in the Institutes.

"This is a system that is tapped into the creativity of scientists experimenting in universities and academic centers across our country. Our goal is to promote new paradigms of research that are more consistent with how and where science is now. We're thinking of ways to create

new interdisciplinary teams — to share resources."

He adds that, with the celebration of the 50th anniversary of James Watson and Francis Crick's 1953 paper on the double helix and the recent completion of the map of the human genome, "there could not be a more exciting time to be working in biomedical research. Some people call this the 'end of the beginning,'" says Kington. "We have taken this extraordinary step but are a long way from understanding how the genome works, how we go from a number of functional genes to a human. How environment interacts. We're figuring out a few more glimpses into the complexity of the human body. It's finally, as we like to say, 'getting into the mind of God.' And in areas of behavior and social research, we're beginning to understand how we can use behavioral and social science to get people to stop smoking or to engage in safer sexual behaviors, how the community context affects whether or not a kid gains weight and becomes obese. [Across the gamut of science] we have a lot of work to do. And I look forward to making whatever contribution I can."

Kington looks back fondly upon his education at Michigan, including four years in East Quad, but admits he has one strong regret — and some advice for Michigan medical students. "When I was a student there, I walked by the Institute for Social Research many times. One of the premier population research centers was right there and I didn't know it! There are extraordinary resources at Michigan. You have to take advantage of that and look around. Go to seminars and explore. I'd particularly encourage minorities. We need a diverse research community. Being at Michigan is a great opportunity to see the best in science that there is. It doesn't get much better ..."

—WH

THE EMERGENCE OF EMERGENCY MEDICINE

John Wiegenstein spends a life saving lives — and helping establish a medical specialty

John Wiegenstein (M.D. 1960) trained to be a priest, an engineer and a fighter pilot before ending up at Michigan's medical school in the mid-1950s, but once he got there, a single life goal soon became clear. Today, Wiegenstein is widely acknowledged as the primary force that made emergency medicine a recognized specialty in this country.

Earning his M.D. with a wife and small children to support, Wiegenstein rarely slept. "You weren't allowed to have a job while you were in medical school, but I worked 40 hours a week at the information desk at University Hospital and had to duck when one of my professors came through," he recalls from his Naples, Florida, home. "I worked nights and went to school in the day." In his final two years, he got a glimpse of his future, while working as an assistant in the emergency room at Beyer Memorial Hospital in Ypsilanti. "We had the room to ourselves, sewed people up without much supervision. I got pretty proficient with my suturing. We saw a lot of accidents there."

But Wiegenstein says he didn't begin to fully understand the deficiencies of emergency medicine until his emergency rotation at St. Lawrence Hospital in Lansing. Emergency rooms, he says, were dismal places, staffed by doctors who couldn't keep a job: alcoholics and drifters. "One time I had a fellow come in to relieve me — he was a dermatologist — and he told the nurse, 'I'm going to sleep. Call me if a life-threatening rash comes in.' Things were bad. People could easily die.

"I was in my first year at St. Lawrence and a nurse called and said, 'Hurry out to the parking lot. A man is bringing in his child who looks dead.' I rushed out and this child was blue-black and the father was trying to breathe for him. I looked in the baby's throat and he had epiglottitis, from an illness, blocking his



Photo: Anne Cooper

"People didn't believe that one specialty could encompass all the lifesaving techniques you need as an emergency room doctor."

throat. And I thought, 'I've never done a tracheostomy on a child before,' but it was the only way. I put in a tube and he survived."

This and many other sobering experiences made Wiegenstein determined to learn, and learn some more, about what needed to be done in that first "golden hour" to save critically ill and injured patients. On his own time, he went to College of Surgeons seminars, orthopedics seminars, and even sat alongside firefighters in EMT courses. "I realized I didn't know what I needed to know. As it was, the surgeons often didn't even see patients in the first hour. They would be called in from home and the intern would kind of be twiddling his thumbs waiting to see if someone would come in before the guy died."

By 1968, Wiegenstein was ready to organize. He called a group of eight like-minded physicians to a meeting in Lansing, put a page of bylaws on the table, and incorporated the American College of Emergency Room Physicians. Its goal: to create a national awareness of the need for qualified emergency care and training, to promote research in emergency medicine, and to develop emergency medicine as its own, board-certified specialty. Soon, physicians across the country were joining in. The first emergency medicine residency was established at the University of Cincinnati in 1970. St. Lawrence — a Michigan State University-affiliated hospital — followed suit in 1973. In 1979, the American College of Emergency Room Physicians was recognized as a

conjoint board by the American Medical Association and the American Board of Medical Specialists. Ten years later, the group was designated a primary board.

“It’s become a respected profession, but it took 20 years. We had an awful fight from the other specialties. Surgeons thought we were invading their turf. The internists thought they might lose their resident training opportunities. People didn’t believe that one specialty could encompass all the lifesaving techniques you need as an emergency room doctor.”

Today, Wiegenstein enjoys a busy retirement with his wife, Iris, and says he does not miss the hectic life of the ER. “I needed to have adrenalin as part of my diet through my career until I was 60 and then I didn’t need it any more!” he laughs. Then he recounts one more story that encapsulates the importance of his chosen field, and the distinct satisfaction that has come from a life spent saving lives.

One day in the early 1990s, Wiegenstein was at work as chief of emergency medicine at Ingham County Medical Center, when a young man came up to him and introduced himself as a new orderly. The two shook hands. Then the young man said, “Actually, I met you once before. See this little scar?” and pulled down his shirt collar to point at his neck. They had indeed met before, in the parking lot of a Lansing hospital 25 years earlier. Recalls Wiegenstein, “He eventually asked me to write a letter to help him get into medical school. He became a resident, a graduate of my program and then an emergency room doctor. It’s really kind of great...”

—WH

Wiegenstein will receive the Medical Center Alumni Society’s 2003 Distinguished Achievement Award at Reunion this fall in Ann Arbor.

and Maya, 14, while the candles burn low. I recommend such a break in life to all who can finagle it. The very first step is to realize that you are not indispensable to your job. The second step is to envision dinner without your children.”

1990s

Sanjay Gupta (M.D. 1993), a medical correspondent for the health news unit at CNN, delivered a series of live news segments from Kuwait City as military build-up increased there earlier this year. His reports included an intimate look at the work of the Marine Corps’ “Devil Docs,” who are responsible for running operating rooms in the field, very close to conflict, to treat soldiers wounded in battle. A practicing neurosurgeon, Gupta’s work with CNN includes daily reports, the half-hour weekend show “Your Health,” and coverage



of breaking medical news. Based in Atlanta, Georgia, he also contributes health news stories to CNN.com.

Lives Lived

Alan Donald Dawson (M.D. 1956) died Saturday, January 11, in Cape Coral, Florida. Born in Toronto, Canada, Dawson practiced in Toledo, Ohio, for 25 years before joining the U.S. Air Force Medical Corps, where he reached the rank of Colonel.

Robert D. Kiess, M.D. (Residency 1950), died on June 4 in Toledo, Ohio, at the age of 89. Kiess maintained an ophthalmology practice in Toledo for 30 years, was chief of ophthalmology and a member of the executive committee of Toledo Hospital, and served on the faculty of the Medical College of Ohio. Kiess had a strong belief in lifelong learning. Following his retirement from the Medical College of Ohio, he enrolled in their graduate school and earned a Ph.D in 1987, at the age of 73. His research during this time involved the development of a non-invasive test to determine risk factors for diabetic retinopathy.

OPHTHALMOLOGIST FLEMING BARBOUR DIES AT 93

Fleming Barbour (M.D. 1936, Residency 1940), age 93, died on March 5 at McLaren Regional Medical Center in Flint. The son and grandson of physicians, Barbour graduated from high school in Vassar, Michigan. After receiving his medical degree and completing his residency at the U-M, he opened his own practice in Flint, becoming the city’s first fully trained ophthalmologist. Barbour was extremely active in his community, serving as president of several clubs and organizations, including the YMCA, the Flint Academy of Surgery, the University of Michigan Club of Greater Flint and the Flint City Club. He also helped bring the U-M to Flint and was sponsor of the Flint Cultural Center. Barbour and his wife, Marian Elizabeth (Patch) Barbour, who preceded him in death April 3, 1998, made annual trips to third world countries for more than 20 years and provided eye care to those who would not have received it otherwise. The glaucoma and research unit at the U-M’s W.K. Kellogg Eye Center is named for Barbour, who helped to raise funds for the existing Kellogg building in the early 1980s and established an endowed fund to support vision research there.



Photo: Lin Ganges