The Peck Era in Medicine
The Doctor in Art  Third-year medical student Avital Harari admires "The Prescription," one of seven paintings by American illustrator Norman Rockwell recently on display at the School of Medicine's Bernard Becker Medical Library. The paintings, which comprise the Pharmacia Rockwell Collection, were commissioned by the Upjohn Company in the 1930s, 40s and 50s to promote advances in the world of pediatric health care.
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See page 36

Class Notes
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2003!
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Washington University in St. Louis
SCHOOL OF MEDICINE

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Washington University in St. Louis
SCHOOL OF MEDICINE
FEATURES

8 What Causes Asthma?  BY GILA Z. RECKESS
Allergies no longer are believed to be the lone cause of asthma. New research shows that viral infection in early childhood also may play a significant role.

12 Yesterday's Cutting Edge  FROM THE ARCHIVES
Photographs from Archives and Rare Books in the Bernard Becker Medical Library reflect the earliest “good old days” at the School of Medicine.

15 Uterus Saved  BY DIANE DUKE WILLIAMS
A new, minimally invasive procedure can control benign uterine tumors, providing patients an alternative to the usual, more drastic treatment—hysterectomy.

18 The Peck Era in Medicine  BY STEVE KOHLER
William A. Peck, MD, and colleagues reflect on the School of Medicine's growth and transformation during his tenure as executive vice chancellor for medical affairs and dean.

DEPARTMENTS

2 Pulse

24 Student Stage

26 Alumni & Development
   26 Honorable Continuum
   28 Profile
   30 News
   32 Class Notes

15 Better fibroid treatment

12 Scoping out the School's history

PHOTO BY ROBERT BOSTON
The key to health care

Will R. Ross, MD, associate dean and director of the School of Medicine’s Office of Diversity Programs, talks with a high school student at the Health Professions Fair held on the medical school campus Feb. 11. The annual, one-day event is a collaboration between the Office of Diversity Programs and the St. Louis City Public Schools’ Office of Community-Based Resources. Each year, the fair provides a forum for more than 150 students from 15 area high schools to explore various health-related career opportunities.

Goldstein leadership awards announced

Recognizing faculty members who have made outstanding contributions to medical education is the purpose of the annual Samuel R. Goldstein Leadership Awards in Medical Student Education.

The 2002 recipients of the award are: Dana R. Abendschein, PhD, associate professor of medicine and of cell biology and physiology, L. Michael Brunt, MD, associate professor of surgery, and Jeffery E. Saffitz, MD, PhD, the Paul E. Lacy and Ellen Lacy Professor of pathology and immunology and professor of medicine.

Alison J. Whelan, MD, professor of medicine and of pediatrics and core co-director of hereditary cancer at the Alvin J. Siteman Cancer Center at the School of Medicine and Barnes-Jewish Hospital, received a special recognition award.

The leadership awards were established in memory of Goldstein, a longtime friend of the medical school, and are among the highest reaching honors at the School of Medicine. The recipients of the Goldstein Leadership Awards are selected by faculty peers after a formal nomination process.

Ley, Petersen chosen as AAAS fellows

Two faculty members at the School of Medicine have been elected fellows of the American Association for the Advancement of Science (AAAS).

Earning this recognition are Timothy J. Ley, MD, the Alan A. and Edith L. Wolff Professor in Medicine and professor of genetics, and Steven E. Petersen, PhD, the James S. McDonnell Professor of Cognitive Neuroscience and director of the division of neuropsychology in neurology.

Ley was chosen for his studies of the mechanisms used by cytotoxic lymphocytes to kill their targets, and for advances in understanding the biology and genetics of acute leukemias. He has spent his career studying and developing new genetic strategies for treating inherited and acquired blood diseases.

Ley joined the School of Medicine faculty in 1986. He directs the division of oncology’s stem cell biology section, and serves as associate director of basic research for the Alvin J. Siteman Cancer Center.

Petersen is known for his research on how the brain processes information and functions during daily life. A pioneer in brain imaging, he uses several modern techniques, including positron emission tomography and functional magnetic resonance imaging, to directly observe the human brain during learning, memory and attention tasks. He also investigates the effects of disease and brain damage on these cognitive processes, bridging a range of psychological and neurological fields.

Petersen, who joined the university in 1985 after three years as a research fellow at the National Eye Institute, also is professor of anatomy and neurobiology and of radiology, and associate professor of neurological surgery. He additionally serves as professor of biomedical engineering in the School of Engineering and Applied Science and professor of psychology in Arts and Sciences. He also is co-director of the School of Medicine’s neuroscience program.
Outstanding Professors
Medical students honored faculty for distinguished service at the annual teaching awards ceremony: Horacio M. Maluf, MD, 2004 Lecturer of the Year; Barry P. Sleckman, MD, PhD, 2005 Stanley Lang Lecturer of the Year; Erika C. Crouch, MD, PhD, 2004 Coursemaster of the Year; Scott J. Hultgren, PhD, 2005 Coursemaster of the Year; and Dana R. Abendschein, PhD, 2005 Professor of the Year. Jeffrey E. Saffitz, MD, PhD, 2004 Professor of the Year, and Henry V. Huang, PhD, 2005 Coursemaster of the Year, are not shown. For a complete list of honorees, please visit outlook.wustl.edu.

Swaddling may help sleeping babies remain on their backs

Infants sleep with fewer awakenings when swaddled, and swaddling may help sleeping infants remain on their backs, say researchers at the School of Medicine. The findings were reported in the December 2002 issue of Pediatrics.

Deaths from Sudden Infant Death Syndrome (SIDS) have decreased nearly 50 percent since the American Academy of Pediatrics' 1992 recommendation that babies be placed on their backs to sleep. But when infants reach 2 months of age, about 20 percent of parents in the United States place their babies on their stomachs to sleep, reporting the babies appear to be more comfortable or sleep better in that position.

"That's also the time when babies have enough strength and are big enough that they can escape from the typical "burrito" wrap style of swaddling," says Claudia M. Gerard, MD, clinical instructor in pediatrics and lead author of the paper. "But in other cultures where swaddling is practiced, it's common to continue swaddling babies until they are much older."

According to Bradley T. Thach, MD, professor of pediatrics and the study's senior author, swaddling is practiced almost universally in hospital nurseries. Swaddling may make a baby feel more secure and may limit the startle reflex.

Also, since swaddled infants tend to stay asleep on their backs, parents would be less likely to move infants to the risky stomach-sleeping position.

This study examined the effect of swaddling on spontaneous arousals during sleep. Twenty-six healthy infants 3 weeks to 6 months old were alternately wrapped in a specially designed cotton spandex swaddle or not swaddled during daytime naps in a sleep laboratory. The cotton spandex swaddle did not restrict the babies' hip movements or breathing, but it did limit their breaking free of the swaddle.

After the infants fell asleep, the researchers evaluated rapid eye movement (REM) and quiet sleep (QS). These sleep states were determined by breathing patterns, eye movements and brain waves. The number of sighs, startles and full arousals also were recorded.

The frequency of startles was decreased with swaddling during QS and REM sleep, and the frequency of behavioral arousals was decreased with swaddling during QS sleep. The duration of REM sleep almost doubled with swaddling.

"Now we have scientific evidence to support the age-old belief that swaddled infants sleep better than unwrapped infants," Gerard says. "It helps babies stay asleep and ... in the safer back position."
BIOMEDICAL ENGINEERING

Non-invasive imaging detects plaque formation in vessels

A new imaging method successfully identifies miniscule, young blood vessels that form during the development of plaques, according to a study in rabbits led by researchers at the School of Medicine. The plaques are akin to atherosclerosis in humans, the primary cause of heart attack and stroke.

“We’ve developed a way to take non-invasive images of very early plaques, before they’re detectable by any other means,” says Samuel A. Wickline, MD, professor of medicine and biomedical engineering and one of the study’s senior authors. “This same technology, we think, will allow us to detect very early cancers and other inflammatory events as well.”

Patrick M. Winter, PhD, research instructor of medicine and first author of the study, presented the team’s results last November at the American Heart Association’s Scientific Sessions 2002 in Chicago. Gregory M. Lanza, MD, PhD, assistant professor of medicine and biomedical engineering, is co-senior author.

Atherosclerosis—the progressive hardening of arteries—results from the accumulation of plaques in key blood vessels. In order for plaques to form, a crowd of smaller vessels, called capillaries, must develop around the diseased site.

In the study, the team used a relatively new imaging method—developed primarily at Washington University—to label growing capillaries, thereby identifying locations where plaques were about to form. They loaded an extremely small particle, just 200 nanometers long and called a nanoparticle, with about 80,000 atoms of gadolinium, which shows up as a bright spot on a magnetic resonance image (MRI).

In order to ensure that gadolinium highlighted only new capillaries, the team also packed the nanoparticle with molecules that specifically detect a protein called avb3, which is abundant in rapidly growing capillaries.

“The targeting agent allows us to select where the particle goes, and then we can either add an imaging agent, like gadolinium, or a drug, like plaque stabilizing medications or anticancer agents,” explains Wickline.

The team injected nanoparticles loaded with avb3 detectors and gadolinium into 13 rabbits. Four of the rabbits had been fed normal diets; nine had been fed high-cholesterol diets. The researchers then took MRI scans of each animal’s abdominal aorta—the largest artery in the body. The cholesterol-fed rabbits injected with targeted nanoparticles had gadolinium signals in the abdominal aorta more than twice as bright as the other rabbits. Post-mortem examination confirmed that the cholesterol-fed animals were developing dangerous capillaries around the aorta, in contrast to the control diet rabbits.

“These preliminary results suggest that we can manipulate nanoparticles to image plaques just as they are beginning to form.”

SAMUEL A. WICKLINE, MD
Dialysis center moves, expands services

The Chromalloy American Kidney Center at the School of Medicine has moved to newly renovated and expanded ground-floor space in the former location of the Barnes-Jewish Hospital Emergency Department.

Owned and operated by the School of Medicine, the Chromalloy American Kidney Center is the largest kidney dialysis center in the St. Louis region. It is one of five dialysis units in the St. Louis area staffed by Washington University's renal division, and a major base for the teaching and research activities of the division.

At the new location, dialysis patients can be dropped off at the door and will experience brighter, more comfortable surroundings during treatment. The new center offers 32 dialysis stations, compared to 27 at the former location, and expects to perform nearly 30,000 dialysis treatments annually. The staff includes physicians, nurses, dietitians and social workers.

"The Chromalloy American Kidney Center is more than just a dialysis unit," says Marc R. Hammerman, MD, the Chromalloy Professor of Renal Diseases in Medicine and director of the renal division. "It supports the full spectrum of activities required to deliver world-class care to individuals with renal failure."

The center also helps to educate and train medical students and professionals and has played a leading role in national and international kidney-disease research.

Politics and Race

Juan Williams spoke at the School of Medicine's Martin Luther King Jr. Celebration Lecture held on January 20, 2003, at the Eric P. Newman Education Center.

Custodial services sponsors blood drive

Fifty-one custodians at the School of Medicine recently donated blood as part of the premier Department of Custodial Services Charles Drew Blood Drive. Eighteen of those who gave were first-time donors.

Gregg Evans, manager of custodial services, thought a blood drive directed to his 125-person staff — many of whom are African-American — was a great way to get them more involved in the university community. He asked Michael R. DeBaun, MD, MPH, assistant professor of pediatrics, to speak to the group.

"We have great people on our staff, but they never really have been exposed to the university experience (because of their midnight-to-morning shift)," Evans says. "Mike came in the middle of the night to talk about sickle cell and explained how they can help save a child."

Sickle cell disease is an inherited red-blood cell disorder that affects nearly one in 300 African-American infants. The ability to provide ongoing blood-transfusion therapy is vitally important for children with sickle cell, who often require frequent blood transfusions.

DeBaun told the packed auditorium that children with sickle cell often have subtle differences in red blood cell proteins that make it more likely that the best-matched donor will come from someone with a similar ethnic background. After his talk, dozens of custodial staff signed up for the blood drive.

"The talk made it really personal because it was for us," says Rodney Brown, a custodial services supervisor who had not given blood since high school. "I was really motivated by Gregg's spirit and his efforts to get us involved with the university. It also appealed to my sense of duty. I wanted to do something to help sick kids."
New islet transplantation center launched, will focus on treating type 1 diabetes

The Juvenile Diabetes Research Foundation International (JDRF) has officially announced the launch of the $2.9 million JDRF-Danielle DeNight Center for Islet Transplantation at the School of Medicine. The center is funded by a three-year grant from the JDRF and is directed by Kenneth S. Polonsky, MD, the Adolphus Busch Professor and head of the Department of Medicine.

The center focuses on islet transplantation techniques as a treatment for type 1 diabetes. Research at the center will address two important challenges that must be overcome before islet transplantation can become a viable treatment for people with type 1 diabetes: generating new sources of islets and finding a way to induce tolerance to transplantation.

"Washington University has a long history of research involving the use of insulin-secreting islets to help patients with type 1 diabetes," Polonsky says. "Significant breakthroughs were made in the Edmonton Protocol in Alberta, Canada, but we still need to explore various initiatives toward the goal of insulin independence for patients without long-term immunosuppression."

Scientists using the Edmonton Protocol have successfully transplanted islets into patients with type 1 diabetes, and more than 100 transplant recipients are currently insulin-independent worldwide. During the current research project, 11 transplants have been performed at the DeNight Center.

The center will employ a multidisciplinary approach that hopes to adapt the Edmonton Protocol for islet transplantation using a single donor pancreas. Currently, it requires islets from two donor organs. In addition, the center's investigators hope to develop and apply novel methods to evaluate the function of pancreatic islets in transplant recipients and to investigate new therapies using less toxic immunosuppression.

The Juvenile Diabetes Research Foundation and the School of Medicine have a long-standing partnership in diabetes research, with the JDRF providing more than $13 million since 1974 to support diabetes research projects at the university.

Peter Van Etten, president and CEO of JDRF International, presents center supporters Janet and Bruce Bergman and their granddaughter, Danielle DeNight, with a plaque announcing the launch of the JDRF-Danielle DeNight Center for Islet Transplantation.
A team of researchers from the United States and Australia has found that the age when a person begins to smoke marijuana has a significant influence on whether he or she will develop problems with drugs and alcohol later in life, independent of genetic and family backgrounds.

In a large study of Australian twins, the researchers found that those who used marijuana before age 17 were two to five times more likely to use other drugs or to develop alcohol or drug abuse or dependence. The study appeared in the January 22, 2003 issue of the Journal of the American Medical Association.

"There is a fairly long history of research showing that early cannabis (marijuana) use is associated with increased risks for later use of so-called 'hard drugs,' but that research is based on the fact that most heroin and cocaine users report first having used cannabis," says lead author Michael T. Lynskey, PhD, a visiting assistant professor of psychiatry at the School of Medicine and senior research fellow at the Queensland Institute of Medical Research in Brisbane, Australia.

Lynskey says past studies have not been able to adequately control for familial factors—such as genetics, environment and family background—that may predispose people both to early marijuana use and to subsequent use of illicit drugs. In this study, Lynskey and colleagues from both institutions studied same-sex twins from Australia: some identical, some fraternal. In 311 pairs of twins, one twin began using marijuana before the age of 17 and the other did not.

"By studying twins, we were able to compare pairs of individuals of the same age, same family background and—in the case of identical twins—individuals with exactly the same genes," Lynskey explains. By the time these twins were interviewed in their late 20s and early 30s, the early marijuana users had developed higher rates of problems with alcohol and other drugs. Some 46 percent reported that they later abused or became dependent upon marijuana, and 43 percent had become alcohol dependent. They also used other drugs at higher rates, including cocaine and other stimulants (48 percent) heroin and other opioids (14 percent) and hallucinogens (35 percent).

"Controlling for other known risk factors for drug use and drug use problems, these rates were between 1.8 and 5.2 times higher than the rates we observed in the co-twins who did not begin cannabis use before age 17," Lynskey says. Results were similar when comparisons were limited to identical twin pairs.

"We actually were expecting that by using twins and controlling for genetic and familial effects, we'd find the association between early use and later abuse would disappear," Lynskey says. "But this study demonstrates that there is more to the relationship than we previously thought."

Study leader Andrew Heath, DPhil, Olin Professor of Psychiatry and director of the Missouri Alcoholism Research Center at the School of Medicine, agrees.

"I think one important thing to say to the parents of a 16-year-old using marijuana is that the majority of kids who use cannabis do not go on to experience problems with drugs or alcohol, but it's important that we, as parents and as a society, recognize that there is an increased risk," Heath says.

Heath believes that marijuana use by children and their parents has been so frequent that societies in the United States and Australia may downplay the importance of early marijuana use as a potential risk factor for later problems. Lynskey agrees, but he believes it also is important to emphasize that simply using marijuana prior to age 17 does not guarantee such problems.

"I think it often is implicitly assumed that the association between cannabis and other drugs is somehow pharmacological, that using cannabis changes your brain or makes you crave other drugs," Lynskey says. But the researchers believe it also is likely that people who use marijuana at a young age may be more likely to be involved in the type of lifestyles that will put them at increased risk for a whole range of problems.
The belief that allergies cause asthma is commonly held, both by asthma sufferers and the specialists who treat them. But according to Mario Castro, MD, MPH, associate professor of medicine, about 20 percent of his asthma patients do not have allergies.

“There's plenty of allergy without asthma, and plenty of asthma without allergy,” concurs Michael J. Holtzman, MD, the Selma and Herman Seldin Professor of Medicine and professor of cell biology and physiology.

“It's easy to explain things away by saying that the allergic response is complex and not fully understood,” says Holtzman, “but I personally think there's something missing from the equation.”

BY GILA Z. RECKESS
Beyond allergens, other culprits—viruses—also may pose a risk.
The missing link, Holtzman and Castro believe, is a virus. Each year, an estimated 125,000 infants in America are diagnosed with respiratory syncytial virus (RSV), the most common respiratory illness in infants and children. About 40 percent of those later develop asthma, approximately four times the rate seen in the general population.

Holtzman, Castro and their School of Medicine colleagues have proposed a new model of asthma that incorporates their findings into existing allergy theory: They believe that both allergens and viruses are capable of making a person with the right genetic predisposition susceptible to asthma. As a result, some people with allergies may not develop asthma, thanks to good genes, while others who develop asthma will not have allergies, because their disease is rooted in a virus like RSV.

"I think the reason diseases like asthma are so common is that they can result from multiple factors," Holtzman says. "By bringing together clinical and laboratory expertise from different fields, we're hoping to get a clearer understanding of asthma development."

While there are drugs available to alleviate some of the symptoms of asthma, such as tightness in the chest and shortness of breath, researchers still are trying to understand the precise underlying mechanism that causes the disease in order to develop more effective treatments.

Asthma is characterized by inflammation of the airways that connect the nose to the lungs. Two main factors make it difficult for people with asthma to breathe: Excessive amounts of mucus-producing cells, called goblet cells, accumulate in the airways, and the muscles around the airways tighten and spasm.

Drugs such as steroids help combat inflammation and mucus production, and another class of drugs called bronchodilators aids in relaxing tightened muscles. But neither effectively fixes the problem. Steroids do prevent asthma exacerbations.

To develop better therapies, scientists must first find the root cause of chronic inflammation in asthma. The most commonly accused culprit is an immune response triggered by allergies combined with the right genetic milieu.

People with allergies are overly sensitive to particular substances. Just as the immune system is activated during a cold or virus, people with allergies experience an acute immune response when they encounter an allergen.

Immune cells flood to and deal with the offending particle and send messages back to their home base, where...
an army of new cells is mobilized and trained to patrol the body thereafter for signs of similar foreign substances. When the individual later encounters the allergen, trained immune cells spring into action and produce chemicals that cause the symptoms of asthma.

Based on the assumption that asthma results from an allergic response, investigators have been trying to interfere with immunoglobulin E (IgE), the protein largely responsible for activating the immune system during an allergy attack. Thus far, drugs that eliminate IgE have failed to solve the asthma predicament.

"If the allergic-response theory is correct, anti-IgE drugs should in theory wipe out the allergic response and cure asthma," says Holtzman. "But after almost a decade of research with these drugs, it's pretty clear that they don't even work as well as the anti-inflammatory steroid treatments already available."

However, says Holtzman, anti-IgE drugs may very well work for a subset of asthma sufferers. But without separating asthma patients whose disease is largely dependent on the allergic response from those whose asthma also may result from other factors such as an anti-viral reaction, it may be impossible to discern the drug's true effectiveness on allergy-triggered asthma.

Because RSV in particular is known to increase the risk of asthma later in life, Holtzman and Castro have joined together to examine the role of RSV on immune response and respiratory illness in mice and humans.

Castro's research team is following 206 babies admitted to St. Louis Children's Hospital with RSV. The trial, called RSV Bronchiolitis in Early Life (RBEL), recently received five additional years of funding from the National Heart Lung and Blood Institute.

"We're trying to determine whether children with RSV have a higher risk of developing airway obstruction and asthma," Castro explains. "It's too early to say anything conclusive, but what we've found so far has been quite surprising."

Unlike many chronic diseases, Caucasian children appear more likely to develop respiratory problems after RSV than children of other races. Also, the amount of allergens infants are exposed to does not seem to correlate with the risk of asthma.

"Our ultimate goal with this project is to develop an asthma predictive index based on babies' immune cells and genetic background," says Castro. "Only then will we be able to intervene and prevent children from developing the disease."

In the laboratory, Holtzman has been putting RSV to the test in animal models. In the July 2002 issue of the Journal of Clinical Investigation, his team reported that mice infected with a mouse version of RSV end up with asthma-like conditions.

Mice in the study immediately responded to infection. Moreover, the airways of the lung remained extremely sensitive, or hyperreactive, for more than a year, and the airway lining became overpopulated with goblet cells, similar to human asthma patients. Even when the initial, acute airway response was prevented, the long-term changes and symptoms of asthma still appeared.

Mice that were exposed to a common experimental allergen, called ovalbumin, also developed inflammation of the airways, but recovered within months.

"This type of single, viral infection is generally thought to cause problems for a couple of weeks, but not to result in lifelong alterations," says Holtzman. "Our findings suggest that a virus early in infancy or childhood may create a hit-and-run effect in which this brief infection causes permanent changes in the body's anti-viral system."

The team's research also implicates another suspect: genes. When the same virus was given to a different strain of mice, the animals only developed a short-term, acute infection, not long-term asthma. Investigators now are breeding the susceptible and resistant strains of mice and have used genetic techniques to isolate potential susceptibility genes and are testing for the role of these genes in causing asthma in humans.

Interestingly, it appears that some of the same genes overexpressed in the viral model of asthma also are overexpressed in response to allergens. In other words, viral and allergen responses may represent two separate routes along the same genetic and clinical problem. The question is not whether immune cells flood the respiratory tract and cause inflammation, but why.
Origins of the university's modern medical school
THE EDUCATION OF PHYSICIANS AT WASHINGTON UNIVERSITY BEGAN IN 1891.

The independent St. Louis Medical College was then brought under the wing of the well-established university. Eight years later, the Missouri Medical College was added. Thus St. Louis’ two renowned medical colleges enhanced the growing university.


In the spring of 1912, construction began on buildings for teaching and patient care—forming the nucleus of today’s medical center. At the dedication in April 1915, Brookings voiced the hope that “our efforts will contribute, in some measure, to raising the standard of medical education in the West, and that we will add, through research activities, our fair quota to the sum of the world’s knowledge of medicine.”
All the comforts of home: Rooms like this one were typical quarters for Barnes Hospital house staff—hence the name “residents,” 1914.

The Washington University Training School for Nurses offered instruction in anatomy, chemistry, physiology and bacteriology in the laboratories of the medical school.

Long before multi-media and the Web, students made good use of the School of Medicine’s brand new library, located in the North Building, 1914.

The School of Medicine, circa 1915. From left, West Building, North Building, South Building. Barnes Hospital, not pictured, is located to the left of the West Building.
A minimally invasive procedure can control benign uterine tumors, providing one alternative to the usual, more drastic treatment—hysterectomy.

BY DIANE DUKE WILLIAMS

Outlook Spring 2003
Last year, Kristin Macon of Webster Groves MO, found out that a large fibroid was causing her heavy periods, pressure in her lower abdomen and frequent urination. It also had caused her uterus to grow to the size of a 16-week pregnancy. Her gynecologist told Macon she had only one treatment option: a hysterectomy.

“I was very upset,” Macon says. “I was 44 years old, and I didn’t want to have a hysterectomy.”

At least 20 to 40 percent of American women have uterine fibroids, non-cancerous growths that develop in the muscular wall of the uterus. For African-American women, that number may be considerably higher. About 25 percent of women with fibroids develop symptoms like Macon’s; in some women, the heavy menstrual bleeding can lead to anemia, requiring a blood transfusion. These benign tumors also can cause pelvic pain and infertility.

For women with troublesome fibroids, hysterectomy was the principal treatment for many years. During a hysterectomy, the uterus is removed surgically. Women who have this surgery often spend several days in the hospital and must recuperate for four to six weeks. They also lose the ability to bear a child, and psychologically, some women lose a part of their gender identity.

In the past two decades, new, less drastic treatments have become available, including myomectomy and uterine fibroid embolization (UFE). A myomectomy is a surgical procedure performed by a gynecologist that involves removing individual fibroid tumors while leaving the uterus in place. It is the standard treatment for women who plan to have children, but it is a more complicated operation than a hysterectomy, requires general anesthesia and may miss problem-causing fibroids.

The other alternative is UFE, an innovative procedure that shrinks fibroids by cutting off their blood supply. David M. Hovsepian, MD, associate professor of radiology, and Suresh Vedantham, MD, assistant professor of radiology, have been performing the procedure at the School of Medicine for five years. The minimally invasive procedure takes about an hour, and patients are sedated but do not undergo general anesthesia. One of the biggest advantages of UFE is a shortened recovery time—an overnight stay in the hospital and a week or so off from work.

During UFE, an interventional radiologist makes a tiny nick—less than one-fourth of an inch—in the patient’s groin and inserts a small tube, or catheter, into an artery. With X-ray guidance, the catheter is threaded through the artery to the uterus and then sends a shower of plastic beads, each the size of a grain of sand, into the artery supplying blood to the fibroid tumor. The particles follow the blood flow into the fibroids, then wedge into the vessels, essentially “starving” the tumors of blood and causing them to shrink.

About 90 percent of women who undergo the UFE procedure get relief from their symptoms, and their fibroids shrink measurably, says Hovsepian, who also is an associate professor of surgery and director of Washington University’s Comprehensive Fibroid Center.

“T’m very excited about this procedure,” Hovsepian says. “It’s a simple treatment that can have a huge impact.”
Uterine fibroid embolization had its beginnings in the early 1990s, when a French doctor named Jacques Ravina performed preoperative embolization in a group of women in an attempt to decrease blood loss during myomectomy. Many women were so happy with the results—the fibroids shrank and the bleeding stopped—that they cancelled their planned myomectomies. The investigators then conducted a multicenter trial and had the same results.

At the University of California, Los Angeles (UCLA), doctors heard about the French group’s published reports and, in 1996, began studying uterine fibroid embolization. In a study of 11 women who had had previous treatment for fibroids who underwent embolization, the procedure was very successful.

Hovsepian, who has a clinical interest in gynecologic interventional radiology, was intrigued when he saw the UCLA researchers present the data. “Uterine fibroid embolization was a new application of an old technique,” he says. “We had been embolizing uterine arteries for decades, mostly for trauma, postpartum hemorrhage and other uterine conditions responsible for severe bleeding. I think embolization for fibroids will prove beneficial for many women.”

Hovsepian established the Comprehensive Fibroid Center at Washington University in 1998, along with Vedantham; Thomas J. Herzog, MD, associate professor of obstrtetrics and gynecology, division of gynecologic oncology; and Valerie S. Ratts, MD, assistant professor of obstetrics and gynecology, division of reproductive endocrinology.

“THE COMPREHENSIVE FIBROID CENTER gives women an avenue to find out more about the procedure and the doctors who perform UFE at Washington University,” says Hovsepian, information they weren’t always receiving from their primary care doctor or gynecologist.

The center, which now is one of the largest fibroid treatment centers in the Midwest, is one of 26 core sites in a national registry to study long-term outcomes of UFE on pregnancy and recurrence rates.

“It’s still a relatively new procedure,” says Ratts, “but if a patient is close to menopause, UFE may provide symptom relief for several years. Getting women to menopause is the key. At menopause, fibroids typically shrink and stop causing problems.”

Since 1996, more than 15,000 women in the United States have undergone UFE for their fibroids, including Kristin Macon, who underwent UFE in October 2002. It was a welcome alternative to hysterectomy.

“It has helped symptoms that I was feeling before the surgery, and it gave me an option other than going through major surgery,” says Macon. “I think many women want a less invasive procedure for fibroids.”

Deborah Booker of Clayton MO, couldn’t agree more. Fifteen years ago, she had a myomectomy, and her obstetrician/gynecologist warned her then that the fibroids might return. A few years ago they did; Booker’s physician told her a hysterectomy and UFE were her options. She had UFE at the Comprehensive Fibroid Center in September 2002.

Booker, who also is associate dean and director of external relations at the university’s Olin School of Business, was back at work after a week and exercising at the gym three weeks after her procedure. “I was out of commission for six weeks after the myomectomy, and since I do have a comparison, I can say having UFE was much, much easier on me and my family.”

Uterus Saved
As William A. Peck, MD, concludes his 14-year deanship, Washington University School of Medicine reflects on its transformation.

The Peck Era in Medicine

BY STEVE KOHLER

The size of the Washington University Medical Center complex nearly doubled during the tenure of William A. Peck, MD, a growth that reflects the ongoing transformation in both medical education and clinical practice.
A N ACADEMIC LEADER IS ... 
“educator, wielder of power, pump; 
his is also officeholder, caretaker, 
heir, consensus seeker, persuader, 
bottleneck. But he is mostly a mediator.”
CLARK KERR, AMERICAN EDUCATOR

“Bill could have been eminently successful 
in a dozen walks of life—business, finance, 
music, and anything that requires skills 
with people. Luckily, he chose medicine 
and Washington University.”
WILLIAM H. DANFORTH, MD, 
CHANCELLOR EMERITUS

William Danforth was talking about William A. Peck, MD. And Clark Kerr, commenting 
on the work done by leaders of modern aca­ 
demic institutions, easily might have been.

Now in his 14th year in the dual offices of 
dean of the School of Medicine and executive vice chancellor for medical affairs, Peck has 
excelled in the tasks Kerr sets for an academic leader. And he has comfortably worn all of 
the hats—businessman, negotiator, political 
figure and more—that Danforth imagines 
for him. In a punishing 14-hour-a-day 
schedule that seems to some to have fused 
the school and the man into a complex 
hybrid, he even has found a way to incorpo­ 
rate his love of music.

“The Peck era in medicine will be 
regarded as one of unprecedented progress,” 
says Washington University Chancellor Mark S. Wrighton, PhD.

“Dean Peck has been a national and 
international leader in academic medicine and 
has contributed to the building of the school 
in every aspect of its mission: research, educa­ 
tion, patient care and public outreach.”

Ralph G. Dacey Jr., MD, head of neurosurgery and a colleague of Peck’s, says, “We all 
have our various talents, but Bill’s intellectual 
capacity allows him to function as a scientist 
and a clinician in a complex business and 
regulatory environment, cycling back and 
forth between roles in a way that few can.”

The changes and challenges have ranged 
so widely that Peck himself says he can’t 
identify an outstanding success. Instead, as 
he steps down, he’s most proud that the 
school is a great institution — in every regard.
Peck is “an incredibly good communicator, articulate and perceptive of others.” Ralph G. Dacey Jr., MD

In 1988, when first approached about assuming the posts of dean and executive vice chancellor, Peck was at a regularly scheduled pizza lunch/science roundtable with a colleague. “At first, I said, ‘It can’t happen. It’s not on my agenda.’” But then, in an initial stroke of the vision that would come to mark his tenure, he “began to see the opportunities and the needs to satisfy them,” he says. When the offer came from the committee that was reconsid­er­ing the medical school’s governance, “there was little to negotiate.”

“Wet behind the ears,” he says he began to “learn as much and as fast as possible,” from outstanding department heads like David M. Kipnis, MD. “I also studied at the feet of great academic administrative leaders: then-Chancellor Danforth and Sam Guze, who was leaving the vice-chancellor’s job. And I learned by example from Ken King (the departing dean). Guze and I had perhaps 14 focused meetings, maybe 20 hours. I’d ask questions and take notes. And I observed Ken King, a master at achieving his goals without people even knowing.”

Managed care was about to disturb the established order, and with it came the concept of competition for contracts with insurers. “We had to decide whether we wanted to compete. It’s a two-edged sword, requiring time, effort and angst, with inevitable tension between academic divisions,” Peck says.

As a result of the decision to compete, the school fostered a clinician track to accommodate physicians focused on patient care and teaching. That change enriched the academic environment and enhanced the school’s competitiveness as a clinical entity. Revamping of clinical business practices included the formation of the Washington University Physicians Network, dedicated to negotiating health care contracts. What is now the nation’s second largest faculty practice plan, named Washington University Physicians, was created to manage the clinical third of the school’s mission. And most recently, much of the treatment delivered by clinicians was relocated to the Center for Advanced Medicine, the Alvin J. Siteman Cancer Center and the Charles F. Knight Emergency and Trauma Center.

Peck says the secret to being able to manage so many projects of such size is in three parts: 1) Entertain a vision of what is possible, no matter the source. 2) Effect a buy-in by others involved. 3) Rely on talented people whom you know can turn vision to reality, including department heads and key administrators. For much of his administration’s success, he generously cites the prodigious contributions of others. As examples, he names Lee F. Fetter, for 13 years the school’s associate vice chancellor and associate dean of administration and finance and currently president of St. Louis Children’s Hospital, and James P. Crane, MD, the CEO of the Faculty Practice Plan, as two of those without whom much of the restructuring would not have occurred.

More faculty, more space
THE NUMBERS THEN AND NOW

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Faculty</th>
<th>Square Feet</th>
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<tbody>
<tr>
<td>1988</td>
<td>831</td>
<td>2.9 million</td>
</tr>
<tr>
<td>2003</td>
<td>1,460</td>
<td>5.1 million</td>
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But equally important is step two of the three-part recipe for success, which many say is Peck’s strongest talent. Dacey calls him, “an incredibly good communicator, articulate and perceptive of others.” Lois Hengehold, for 13 years Peck’s assistant, says he is “a wordsmith who can convey vision and bring together brilliant people with their own ideas.” And Danforth says he is “a master explainer, able to make complicated issues understandable to others.”

Among the challenges that began almost immediately for the new dean was the recruitment of department heads to replace leaders who were retiring or moving on. Peck says he always has devoted the greatest attention to the task because, “The secret of our success is good people on the faculty. The departments and divisions are the operating level, and the right department heads and division chiefs are key. They recruit and retain the best faculty members.” Over his 14 years, Peck has named 17 of 20 department heads and created the departments of orthopaedic surgery and radiation oncology.

Hengehold, who has staffed those searches, says, “Dean Peck always strives to take a department to the next level, to always improve. I’ve never heard him say that an issue is resolved or complete.”

Also early in Peck’s tenure, the Liaison Committee on Medical Education, which accredits medical schools, visited, and necessary changes to curriculum became clear: “We had no central oversight of the curriculum, and no planning for curriculum changes. Today, the curriculum bears almost no resemblance to what it was when I began,” Peck says. For much of the advance, he credits S. Bruce Dowton, MD, at the time associate dean and associate vice chancellor for medical education and now dean of the medical school at the University of New South Wales, and Alison J. Whelan, MD, associate dean for medical student education.

Recruitment of an extraordinary group of academic deans—including W. Edwin Dodson, MD, in medical student admissions; Will R. Ross, MD, in diversity; and Leslie E. Kahl, MD, in student affairs—has enabled the school to attract what Peck calls, “the best students in the world.”

While dealing with the demands of an uncommonly diverse institution, Peck’s commitment to students always has been both resolute and apparent. S. Andrew Josephson, MD ‘01, president of his class from 1997 to 2001, recalls a dean who listened carefully and supported student causes.
Peck to focus on shaping health policy, moving biotechnology forward

It's not so much retirement as it is a change of focus for William A. Peck, MD. Leaving the School of Medicine posts of dean and executive vice chancellor for medical affairs, he will become founding director of the Center for Health Policy at Washington University in St. Louis.

Building on Peck's deep experience and close associations in business, government and health care, the new Center for Health Policy will foster studies to influence federal, state and local policy regarding health care.

Peck says he will concentrate on the nature and quality of the health care workforce, improving policy that governs care delivery and cost effectiveness. "Our brilliant faculty should have the opportunity to explore these important issues," he says. Chancellor Wrighton calls the work, "an extremely significant undertaking of importance to us and to the nation."

As part of Peck's legacy, friends and admirers have created the Peck Scholars in Medicine, an endowment to assist medical students with the rising cost of their educations. "The majority of students leave medical school indebted, and their ability to repay is curtailed by the declining incomes of many doctors' practices," he says.

Peck also plans time to follow his interests in securing venture capital for biotechnology start-ups and in fulfilling his obligations as a director of several corporations. He will maintain his faculty appointment as the Alan A. and Edith L. Wolff Distinguished Professor in the Department of Medicine. He makes no mention of golf or beach resort time.
concerted media relations push, and attention to the U.S. News & World Report rankings have changed that.

At the particularly influential Association of American Medical Colleges (AAMC), Peck served first on the Council of Deans, then as the council’s chair, and finally as chairman of the entire association. “Bill Peck brought a measured tone to our debates and was able to guide discussions so that diverse opinions were heard and crafted into a consensus. This is not always easy to do on our Executive Council, comprising as it does deans, hospital directors, faculty, students and residents,” says Jordan J. Cohen, MD, president of the AAMC, in yet another recognition of Peck’s abilities as a consummate consensus-builder. Today, Peck is vice-chairman of Research! America, reflecting his continuing interest in biomedical research.

Another interest—alumni relations—has taken Peck to meet with alumni around the country and the world. “They love their school,” he says, “but they hadn’t been spoken to lately, and they were stunned to learn all that was going on.” In large measure because of Peck’s interest and involvement, alumni interest has grown so that there are now 5,000 alumni donors, compared to fewer than 3,000 when Peck began. The interest in the school that he has fostered has resulted in 67 endowed professorships.

Though he rarely speaks of it, the energy and broad involvement that now define him were not always Bill Peck’s to enjoy. At the age of seven, having suffered a spate of childhood diseases before being diagnosed with osteomyelitis—a chronic inflammation of the bone—he weighed just 25 pounds. At the time, the mortality rate for the condition was 80 percent. Effective treatment didn’t come until Peck was 16.

Increasing revenue supports teaching, medicine and research

The son of a physician, Bernard C. Peck, MD, who kept an office in the family home, Peck’s early years revolved around medicine and music. Social life centered on his father’s colleagues, and Peck’s health meant that he spent many long stints in the hospital. He’s certain now that those experiences aimed him in the direction of medicine, perhaps even to the extent that his research interests in bone metabolism spring from his childhood condition.

They also forged his strong sense of family: An elegant portrait of his father hangs so that it is over Peck’s right shoulder when he is at his desk. The sideboard in his office holds more than a dozen photographs of his wife, Pat, children and grandchildren. He attributes much to Pat’s great support and understanding.

Early talk of a career in music faded when, he says, “it became clear as a teenager that I would not be one of the world’s great pianists.” Nonetheless, he continues to play the piano at a near-professional level and has issued a CD of his music, “Listen to the Beat.” He often performs at social functions and at fund raisers.

And excellence—that notion of being one of the world’s best that mixed the music career—is still Peck’s determining factor, his

<table>
<thead>
<tr>
<th>NIH FUNDING</th>
<th>1988 MILLIONS OF DOLLARS</th>
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<td>69</td>
<td>289</td>
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<tr>
<th>CLINICAL INCOME</th>
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<tr>
<td>150</td>
<td>400</td>
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<table>
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<tr>
<th>WU MEDICAL ENDOWMENT</th>
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<tr>
<td>0</td>
<td>443</td>
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raison d’être. Dacey says it’s at the center of Peck’s character: “Some people just do; they’re compelled to achieve, to perform in a superior way.”

Speaking to the subject, Peck says that the school under its new dean and executive vice chancellor, Larry J. Shapiro, MD, is poised to be successful into the future and to take the next step toward still greater excellence, despite many uncertainties. “It won’t be easy. But then the pursuit of excellence is a strange journey. You never really arrive; you never are all that you can become.”
One student’s

Hard work and determination, long with a hefty dose of modesty, have made third-year medical student Ephrem Olweny a valuable asset to the university’s research and clinical communities. Now, as the recipient of a two-year Paul & Daisy Soros Fellowship for New Americans, his potential to benefit American society as a whole has been recognized.

Growing up in war-torn Africa, in his native Uganda and then as a refugee in Kenya, Olweny suffered from severe asthmatic attacks that often left him hospitalized. His first desire to become a doctor came from watching the hospital staff.

"I began to appreciate the kind of work that doctors and everyone else in the medical field — the nurses, the staff — did, and I felt like that was something I ultimately wanted to do with my life," he says.

Throughout high school, Olweny tailored his education toward math and science, eventually winning a full scholarship to Macalister College in St. Paul MN, where he graduated magna cum laude with majors in biology and chemistry. A visit to a friend’s family during spring break of his sophomore year first brought him to Washington University in St. Louis.

"I liked it at the time, and I applied to the School of Medicine when I was a senior," says Olweny. "I was glad to come here."

Olweny’s status as a nonresident alien required him to pay the four years’ tuition up front, which he was unable to do. He deferred admission for two years, and by "some sort of big fluke, but a very good fluke — one of the best that could happen," he landed a job working as a junior research technician in the laboratory of Ralph V. Clayman, MD, former professor of surgery and of radiology.

Through “a very good fluke,” Ephrem Olweny parlayed his medical interest into productive research. And the “New American’s” accomplishments have been rewarded.

By Michelle Leavitt
"New American" Dream

"Dr. Clayman was a great individual, and he went out of his way to help me. He sponsored my green card application," says Olweny, who, as a college student, had thought that the employment route to gaining resident alien status was his least likely alternative.

"During the time I worked with Ephrem, I became very impressed with his intelligence, hard work, dedication and ability to think creatively," says Clayman, who is now professor and chair of the Department of Urology at the University of California, Irvine. "As a result of his efforts, we had one of our most productive periods in the lab. I supported his green card application as I was convinced, and remain so, that he will be a superb addition to the citizenry of this country."

In the two years he worked in Clayman's laboratory, Olweny completed 12 manuscripts. All of these have been published, and two more are pending publication. He is the primary author on three.

"One of the most attractive things about Washington University is that there is a strong collaborative effort among many of the departments, which enables us to get a lot done that might have otherwise been impossible," says Olweny.

His time in Clayman's laboratory also profoundly influenced him on a personal level. "Dr. Clayman is someone who, without having met him, I would never imagine existed. Not only is he extremely accomplished himself, but he is just a very down-to-earth person. He reached out to me, and many others, and helped us grow and learn, and in a way establish our niche. Everybody that worked with him developed a new work ethic that they hadn't found within themselves until that point, and I think it's benefited all of us in a huge way."

Olweny has tried to emulate the assistance he has received since beginning his medical training at the School of Medicine in 2000. Currently a third-year student on clinical rotation, he mentors minority high school students who have an interest in science and math, and he hosts prospective medical students. He also leads the Surgery Interest Group, which is designed to introduce first- and second-year medical students to the realities of being a surgeon.

Last year, Olweny was selected from more than 1,000 applicants to receive the Paul & Daisy Soros Fellowship for New Americans. The fellowship comprises half-tuition and a $20,000 stipend, and seeks naturalized citizens, resident aliens or the children of naturalized citizens who exemplify talent, initiative, entrepreneurship and a commitment to the values of the U.S. Constitution and Bill of Rights. The award is for up to two years of graduate-level study.

"I looked at the profiles of previous winners and I didn't think I stood a chance," says Olweny. "The fellowship committee looks for people who have accomplished a lot based on where they've started from, and to support them in terms of furthering their education. They want to lend a helping hand to people who they feel are at the very least trying to make a difference, to contribute in a big way to American society."

Warren Ilchman, director of the Soros fellowship program, says: "Ephrem truly exemplifies the kind of creative, multitalented and extraordinarily accomplished New American that Paul and Daisy Soros want to honor and support through this program."

Olweny just smiles at Ilchman's words. "I still feel I'm not worthy."
A Narrative in Medicine

**Liz (Elizabeth) Haberfeld, WUMS III**, grew up in Englewood, NJ, "surrounded by doctors." Her father is a psychiatrist, her mother a market research executive specializing in pharmaceutical research. Although she was interested in medicine, Haberfeld saw it as an "exclusionary undertaking" and, wanting to pursue her many other interests, majored in English literature at Vassar College, earning a BA with general honors in 1992.

She embarked on a career in publishing, working for The New Yorker magazine, the Bantam Doubleday Dell Publishing Group and publishing some of her cartoons in national magazines. But her interest in medicine "wasn't going away."

Haberfeld enrolled in a pre-medical program at Columbia University in 1996. While there she coordinated a Program in Narrative Medicine, co-editing a "Humanism and Medicine" essay series in *Academic Medicine*. She also coordinated Dr. Rita Charon's study on "The Parallel Chart: Developing Empathy, Reflection and Courage in Physicians," assessing the use of educational tools to foster those qualities in medical students.

Before she came to Washington University in 2000, a residency director she respected advised Haberfeld, "Keep a journal," and that, added to her Columbia experiences, inspired her to start a Narrative in Medicine student group at the School of Medicine. With funding from the Washington University Medical Center Alumni Association, the group provides blank journals to first-year students, encouraging them to record and discuss their experiences as evolving doctors. Haberfeld says, "Medicine and literature have a lot in common; both demand curiosity and imagination, and require a balance between empathy and analytic detachment... medical school brings formative experiences, and writing and discussion make students more purposeful about what they learn. Tremendous compassion and sensitivity are possible; what happens is, medical students and MDs have intense experiences that drive them either away from human connection, or, if they are lucky, further into it." Clearly, Haberfeld is one of the lucky ones.

She confesses a "growing professional bias: Before entering medicine, I always thought there was room for improvement on the humanistic front. However, I've been even more impressed with the numbers of dedicated, compassionate physicians there actually are. Now I think that medicine has a public relations problem with the general public, who seem not to know this."

On a Medical Mission

**Tom (Thomas J.) Ferrer, MD '91**, is a general, trauma, critical care and burn surgeon, assistant professor of surgery, and principal investigator for several clinical trials at the University of Arkansas for Medical Sciences in Little Rock. He also directs the surgical intensive care unit at the Veterans Administration Hospital there.

Ferrer was influenced to go into medicine by his physician father, his interest in science, and what he describes as "the usual wanting to help people." After graduating with high honors and a bachelor of science in microbiology from the University of Michigan, he was "lucky enough" to be accepted at Washington University. He says that the most important thing he learned at the School of Medicine was how to teach himself—how to continue learning beyond medical school.

The critically ill and burn patients he encountered at the University of Arkansas during his surgical residency made him want more expertise in treating such cases and led him to a fellowship in trauma and surgical critical care at the R. Adams Cowley Shock Trauma Center at the University of Maryland.

Ferrer thinks of himself as a Midwesterner (he grew up in Michigan, where his parents settled when they...
emigrated to the United States from the Philippines), but his desire to help and his surgical skills benefit people far beyond Arkansas. For the past two years he has volunteered on a medical mission team to Honduras organized by a local church. There he met now 5-year-old Jhonny, who, as an infant, suffered severe injuries from burning kerosene accidentally spilled on his right leg and foot.

The resulting contractures of his foot and knee prevented him from walking until Ferrer did knee surgery in 2001. The child still needed extensive foot reconstruction, possible leg lengthening and rehabilitation therapy not possible in Honduras, so Ferrer arranged to bring him to Arkansas Children’s Hospital last November for a six-to-eight-month stay. He says, "The outcome is far from certain, but we are trying."

When he has time, Ferrer likes to "hike, camp, run, bike, relax and play pool, hang out with friends, and do photography."

A Love of Work Shines Through

Robert Edelman, AB ’58, MD ’62, says that his work is his fun. His accomplishments show that he has lots of fun!

Edelman holds multiple positions at the University of Maryland School of Medicine in Baltimore: professor of medicine in the division of geographic medicine; professor of pediatrics, division of infectious diseases and tropical pediatrics; associate director for clinical research, Center for Vaccine Development; and director of the Travelers’ Health Clinic. He chairs the university’s Institutional Review Board, monitoring all human research protocols to weigh the benefit of the research versus the risk to volunteer subjects.

Earlier, Edelman served in the U.S. Army Medical Research and Development Command, heading research efforts in immunology and infectious diseases in the Surgeon General’s office in Washington, DC, and at Ft. Detrick MD. His interest in tropical diseases grew during duty as acting chief of the Department of Virology at the SEATO Medical Research Laboratory in Bangkok, Thailand. Eight years of Army service were followed by 12 as medical director in the Commissioned Corps of the U.S. Public Health Service serving as chief of the Clinical and Epidemiological Studies Branch at the National Institute of Allergy and Infectious Diseases.

In 1988, Edelman joined the University of Maryland faculty, and the National Academy of Sciences’ Institute of Medicine recruited him to serve as senior co-coordinator of a unique Middle East Regional Research Program spawned by the Camp David Accords. The project involved Israeli, Egyptian and Palestinian scientists working collaboratively on controlling infectious diseases, notably hepatitis C. Ben Gurion University awarded Edelman the Medal of Appreciation for this work, now discontinued because of terrorist activity.

Edelman’s research has focused on clinical trials of anti-infectious vaccines, among them Lyme Disease (he helped discover its cause), dengue and malaria. Currently he is principal investigator on a study of vaccines in the elderly and immunosuppressed. His work on bioterror agents, including anthrax and smallpox (he helped lead one of the studies to determine the efficacy of diluted smallpox vaccine) has resulted in frequent TV and radio interviews. He has made presentations in many countries, and his publications number more than 200.

Aside from his “fun,” Edelman is devoted to his faith and his family, which has often included foster children that he and his wife, Marjorie, have nurtured over the years in addition to their three sons, one daughter, and 21 grandchildren.
The achievements of Floyd E. Bloom, MD '60, are staggering—not only in his own specialty of brain research, but across the entire field of science. Despite the many demands on him, he has consistently managed to find time to serve the School of Medicine and Washington University.

Bloom has served on the National Council for the School of Medicine for five years, the last two as chair, a position he still holds. Alumni and friends of the medical school come together on the council to use their cumulative experience to help guide the school into the future.

"It's been an excellent experience," Bloom says, "a wonderful way of staying in touch with the school, seeing the problems it's facing and the solutions being applied." He also is serving his second term on the Washington University Board of Trustees. His memberships on its committees dealing with graduate education and faculty tenure bring him into contact with every school and department of the university.

Recognizing that the medical school must continue to draw the most promising students in an era of rising education costs, Bloom was one of the first alumni to contribute to the Peck Scholars in Medicine campaign, which will provide four-year scholarships. The $5 million campaign honors William A. Peck, MD, executive vice chancellor for medical affairs and dean, who will conclude his deanship this year.
"It's my great pleasure to help sustain Bill's many contributions to the medical center by helping his dream of the Peck Scholars to be realized," Bloom noted when the gift was announced.

The two men have known each other since they were medical students. They did their internship at Barnes Hospital together. "We were on every other night," Bloom says. "You came to know the other interns very well. Bill and I both knew we could relax when the other was taking care of our patients." During quiet moments the interns played bridge, at which Peck was accomplished. He was also a fine jazz musician, who introduced Bloom to many new groups.

After two years of residency at Barnes, Bloom went on to a distinguished career at the National Institute of Mental Health, Yale University and the Salk Institute in San Diego. In 1983, he moved to The Scripps Research Institute, also in San Diego, where he now is chairman and professor of the Department of Neuropharmacology. His lifelong research interest has been in understanding the chemical basis by which the anatomical connections in the brain function.

"It's not just the circuits but the neurotransmitters and receptor mechanisms by which they work," he explains. Nearly all the drugs used to treat diseases of the brain and nervous system benefit patients by acting on these chemical messengers. Bloom's work helps researchers understand the effects of the drugs and the underlying mechanisms of the diseases. The author or co-author of 26 books and hundreds of articles, he is a leading authority on the neurological impact of substance abuse, and on the new field of neuroinformatics, in which the latest information technology is brought to bear on research data.

Not limiting himself to his specialty, Bloom has been a leader in the field of science as a whole. He was editor in chief of Science, one of the world's foremost research journals, from 1995 to 2000. It was a time when scholarly journals were converting from print-only to print and online publication. Under Bloom's guidance, Science was one of the first journals to make the transition in a comprehensive and effective way.

"It was totally exciting and totally demanding," he recalls. He also has held several top leadership posts in the American Association for the Advancement of Science, currently serving as its president-elect. In 1989, he received both the Janssen Award in the Basic Sciences and the Pasarow Award in Neuropsychiatry.

In 2000, Bloom helped start Neurome, Inc. The small biotech company seeks to speed development of the mouse models used in the study of human neuropsychiatric diseases by developing better methods of determining where in mouse brains genes known to be important to these diseases are being activated.

Bloom is married to Jody Corey-Bloom, MD, professor of neurosciences at the University of California, San Diego. Two children and four grandchildren round out Bloom's family.

During his student years, Bloom was deeply impressed by the dedication to discovering the causes of disease and the high standard of patient care at Washington University Medical Center. Even today, in what he regards as a troubled time for the practice of medicine, these qualities endure.

"I wouldn't have achieved what I have had if it not been for the education and the principles of being a physician-scientist that I learned at the School of Medicine."  

FLOYD E. BLOOM, MD
Familiar faces seek your support

The seventies are over, but Moses Albert, MD, Mark Frisse, MD, and Carlton Pearse, MD, are planning something as they may have done back in their med school days. Only this time, they don’t mind if their professors are watching!

To commemorate their 25th medical school reunion this year, they have joined with their classmates to launch the Class of 1978 Endowed Scholarship. More than $25,000 has been raised thus far in gifts and pledges.

The Class of 1978 will join 15 other School of Medicine classes that participate in the endowed scholarship program. Over the last several years, these 25th reunion classes collectively have raised nearly $1.2 million.

According to Frisse, “Some alumni have pledged greater amounts, others less, according to their ability. But the results have been outstanding, both in dollars raised and in the percentage of participation.”

The end result is permanent support for medical scholarships and the commemoration of each participating class.

Distinguished Alumni Scholars meet their mentors

First-year medical students met recently with alumni after whom their Distinguished Alumni Scholarships are named. Since its launch in 1989 by the Washington University Medical Center Alumni Association (WUMCAA), this program has bestowed four-year, full-tuition scholarships on 56 students. Each scholarship is named by WUMCAA to honor an alumnus or alumna who has served on the School of Medicine faculty.

Back row, left to right are: W. Edwin Dodson, MD, associate vice chancellor for admissions and continuing medical education, Honorees Frederick Peterson, MD ’57, Deborah Gersell, MD ’75, Alan Lyss, MD ’76, and Paul Mennes, MD ’70, along with John Walters, assistant dean of student affairs and director of financial aid. Student scholarship recipients are seated from left: Daniel Ma, Cindy Herrick, Belinda Yu and Jason Vassy.
**Philpott Challenge 2002–2004**

Young alumni of the Medical School have many priorities: continuing their medical education and training, establishing careers, providing for families. But no matter where they go or what they do, their education is the foundation for their lives and careers, and an asset that continues to grow in value.

Gordon Philpott, MD '61, is challenging young alumni to become regular Annual Fund donors. For every two-year pledge to the Annual Fund—from $5 a year to an Eliot Society gift of $1,000 or more a year—Philpott will provide a matching grant of $100.

"My graduate education at Washington University launched my professional career," says Philpott, who began teaching at the School of Medicine as soon as he completed his residency at Barnes Hospital. "That's why I care, and why I support the university." He joined the faculty as an instructor in surgery in 1968 and advanced to become Edison Professor of Surgery and professor of radiology, retiring in July 1999.

"Gifts from young alumni matter," Philpott emphasizes. "Of course dollars count too, but alumni giving at any level is just as important. It tells others that the value of their education is important and that opportunities for today's students matter."

Philpott and his wife, Susie, will match all gifts from previous non-donors up to a total of $200,000. Their matching support will be directed to the Alvin J. Siteman Cancer Center.

For more information on the Philpott Challenge, please contact Sue A. Adams, senior director of annual giving, (314) 286-0012, adamsue@msnotes.wustl.edu.

**An appeal to young alumni from Gordon Philpott, MD '61, and his wife, Susie, along with a nod from their Corgi, Yoda.**

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**Reunion Ahead! Join us May 8–10, 2003, to celebrate**

Reunion 2003 is on its way for MD alumni celebrating graduation 10 to 60 years ago. Classes will gather to chat, laugh and learn throughout three days of activities.

Continuing medical education sessions will feature alumni and School of Medicine faculty speaking on a variety of topics. Several distinguished alumni will be honored with special recognition at the Saturday awards banquet, May 10.

Reunion-year alumni can return registration materials by mail or register online at Medical Alumni and Development Programs: medicine.wustl.edu/alumni.

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**Speakers:** Barry Farr, MD 78; Edward T.A. Fry, MD 83; faculty members Diane F. Merritt, MD; Carol S. North, MD 83; Bradley T. Thach, MD 68; Richard K. Wilson, PhD

**Alumni Achievement Awards:** Barry Farr, MD 78; W. Allan Walker, MD 63

**Alumni Faculty Awards:** Gregorio A. Sicard, MD, former house staff; Bradley T. Thach, MD 68

**Distinguished Service Award:** Jack H. Ladenson, PhD
30s Leslie Hubbard, MD 37, celebrated his 90th birthday on September 14, 2002. His three children and four grandchildren honored him with a dinner party at The Club in Birmingham AL. Hubbard retired in 1984 after practicing family medicine in the central Alabama area for 50 years. His daughter writes, "He was a true 'country doctor' who made house calls and delivered hundreds of babies in remote rural areas, gave generously of his time to his patients, and has been, throughout his life, a loving and devoted son, husband, father and grandfather." He now enjoys visiting his farm, exercising, reading, keeping up with current events, and spending time with his family and friends.

Benjamin Milder, MD 39, is the author of a new book of verse, Love is Funny, Love is Sad, published in 2002 by Time Being Books. It follows two previous books of verse, The Good Book Says, (Light Verse to Illuminate the Old Testament), and The Good Book Also Says (Numerous Humorous Poems Inspired by the New Testament). Milder has written more than a thousand poems of light verse over the past 40 years and has been published in many magazines and journals, as well as in the anthology The Best of Medical Humor. His textbook, The Fine Art of Prescribing Glasses Without Making a Spectacle of Yourself, won the American Medical Writers Association's Best New Book of the Year Award in 1979 and was included in a list of "One Hundred Important 20th Century Ophthalmic Books" in the May 2001 issue of Archives of Ophthalmology. Milder, who is professor emeritus of ophthalmology at Washington University School of Medicine, is also the author of On the Shoulders of Giants: A History of Ophthalmology at Washington University, published in 1999. He and his wife, Jeanne, live in St. Louis.

40s Ernest T. Rouse Jr., MD 43, and his family mourn the death of his wife, Eleanor Scott Rouse, who died in St. Louis on November 24, 2002. She also is survived by a daughter, Susan Rouse Hall, and three sons, Ernest T. Rouse III, MD 71, Andrew McCown Rouse, MD 86, and John Scott Rouse, as well as 12 grandchildren and two great-grandchildren. The family suggests memorials to the Ernest T. Rouse Jr. Endowment Fund for the Department of Internal Medicine, established in 1981 at Washington University.

Bill Prater, MD 51, and MacDonald Bonebrake, MD 46, of Springfield MO, enjoy "tinkering with" the antique car, a 1911 Model-T Ford, which they own and often drive in local parades. Prater is retired from the practice of ophthalmology; Bonebrake is a retired obstetrician/gynecologist.

Anne Brown Short, PT 51, of St. Louis MO, writes that she is retired and enjoying volunteering.

William L. Brydon, MD 56, and his wife, Doris, are the recipients of the 2002 William J. Bartz Award from Idaho State University (ISU) where he received a BS degree in medical technology and she received a BS in zoology in 1952. The Bartz Award recognizes their support and development of ISU "through personal actions, participation in university affairs, and/or financial support." After completing their undergraduate degrees, the Brydons moved to St. Louis while he earned his medical degree at Washington University and she worked as a physical therapist. He opened his pediatric practice in Pocatello ID in 1962. He later became certified in allergy and immunology and worked at that specialty until his retirement. Mrs. Brydon, who earned a BBA in finance from ISU in 1987, served as financial manager for his medical practice.

50s Betty Hahneman, MD, HS 57, was one of three honorees who received an Outstanding Service Award from the Alumni Association of Northwestern University's Feinberg School of Medicine at a gala at the Four Seasons Hotel in Chicago on September 14, 2002. The award recognized her involvement in alumni affairs, her volunteer faculty contributions, and her generous philanthropy. Hahneman earned her medical degree from Northwestern in 1952 and serves on the Alumni Association's National Board. She is a volunteer faculty member in the Department of Preventive Medicine at Fineberg. She helped organize the department's Master of Public Health Program and now serves as its associate director for special projects. In addition, she funded an endowment in the department and helped organize two gifts to the school from her class. Formerly she practiced internal medicine, with subspecialties in hematology and oncology.

60s Mordecai Blaustein, MD 61, writes, "After nearly 24 years at the helm, I have rendered my resignation as chairman of the Department of Physiology at the University of Maryland School of Medicine. I hope that my successor can be designated by June so that I can spend more time on family and research. In December, I will also complete my term as chairman of the finance committee of the American Physiological Society. To be sure that I don't have too much time on my hands, however, I have been elected treasurer of the Biophysical Society." Blaustein received the Distinguished Service Award of the Association of Chairs of Departments of Physiology in December 2001. In October 2002 he was elected Research Lecturer of the Year by the Professional Schools Faculty Senate at the University of Maryland. His entire family, including children and grandchildren, attended
his lecture on that occasion, which was held in Davidge Hall, the oldest U.S. medical school building still in use, built in 1812. He says that he and his wife, Ellen, had "a traveling road show in late 2001-2002. Trips to London, Canada (Banff), Mexico, Boston (three of those to visit family), Germany (twice), Switzerland, San Francisco, Sweden, New Orleans, Maine (pure vacation) and Denmark (plus several short trips no farther than Philadelphia), were followed by exhaustion. Home has never looked so good!"

William Gondring, MD 62, received a 2002 alumni recognition award from Central Michigan University in Mount Pleasant for his humanitarian work. He earned a Master of Science degree in administration there in 2001. His paper from that work, "An Outcome Analysis of the Surgical Treatment of Tarsal Tunnel Syndrome," was presented at a meeting of the American Orthopedic Foot and Ankle Society and was published in Orthopedics Today. Gondring's humanitarian work has focused on the elimination of land mines and on treating victims of mines from Bosnia, Croatia and Vietnam, and he has brought some of the most severely wounded to the hospital in St. Joseph MO, where he is chief of surgery at Heartland Hospital. He has also cared for patients in El Salvador and in August 2002 spent a week doing missionary medicine in Honduras.

Jerry N. Middleton, MD 63, has been elected to the Board of Trustees of Westminster College in Fulton MO. Middleton, an obstetrician/gynecologist, did his undergraduate work at Westminster, graduating magna cum laude in 1959. He is in private practice in St. Louis and is a clinical instructor at Washington University.

Loren A. Crown, MD 72, was selected as Practitioner of the Year in 2002 by the Rural Health Association of Tennessee. Board-certified in family, emergency and sports medicine, Crown established the University of Tennessee Tipton Family Practice Residency Training program in Covington TN. He is director of the Emergency Medicine Fellowship and an associate professor in the Department of Family Medicine at the University of Tennessee College of Medicine. He also chairs the Board of Certification in Emergency Medicine of the American Association of Physician Specialists, serves on the Executive Committee at Baptist Memorial Hospital-Tipton and is a past-president of the Tennessee College of Emergency Physicians.

Danny O. Jacobs, MD 79, a specialist in gastrointestinal surgery, assumed his duties as chair of the Department of Surgery at Duke University Medical Center on February 1, 2003. He had been chairman and Arnold W. Lempka Distinguished Professor of Surgery at Creighton University School of Medicine in Omaha NE,
Lydia Seibert, PT 80, works part-time in a private clinic in St. Louis, has been happily married to Dan for 20 years, and homeschools three of their six children.

Jennifer Weis Rodriguez, PT 82, writes that she and her husband, Ronney, adopted a baby boy, Noah, in April 2002. She continues to teach at the University of Colorado physical therapy program.

Barry J. Linder, MD 84, has been president and chief operating officer of Imaging Therapeutics, Inc., for the past year. He writes that the company is “developing innovative technologies that address unmet needs in the osteoporosis and osteoarthritis markets” and was recently awarded both a National Institute of Standards Technology-Advanced Technology Program (NIST ATP) grant as well as the California Technology Investment Partnership (CALTIP) award.

Jay Diamond, PT 85, writes: “I have lived in St. Louis 19 years and quickly am approaching the time when I will have spent more time in this locale than any other place on this earth. Does that mean I will become a Cardinals fan? Go Yankees! Please peck me an e-mail soon to commiserate: jdiamond3@mindspring.com.”

Alison Whelan, MD 86, was presented the 2002 Emerson Electric Excellence in Teaching Award at a November 17, 2002 ceremony at the Ritz-Carlton in Clayton MO. The Emerson Award annually recognizes teachers from the St. Louis metropolitan area for their significant contributions to the teaching profession and to their students. Whelan is associate professor in the Departments of Medicine and Pediatrics and associate dean for medical student education at Washington University School of Medicine. Previously she was course master for the third-year medicine clerkship at Barnes-Jewish Hospital and currently co-course master for the first-year medical genetics course. She also has developed and taught seminars on teaching skills for residents and faculty. Students have given her Distinguished Service Teaching Awards in 1998, 2000 and 2001. Nationally, Whelan is a member of the education committee of the Clerkship Directors in Internal Medicine and she chairs the United States Medical Licensing Examination Step II Medicine Committee, which writes and reviews questions for the medical licensing exam.

David Jick, MD 87, married Sharon Knauer, MD, in November 2002. She is chief resident in ophthalmology at Rush St. Luke’s Presbyterian Hospital in Chicago, and will move to St. Louis in June, where Jick is a gastroenterologist in private practice.

Eric Green, MD, PhD 87, was named scientific director of the National Human Genome Research Institute at the National Institutes of Health in Bethesda MD in November 2002. He heads the institute’s Division of Intramural Research, a program with a staff of more than 400 and an annual budget of more than $80 million. Green has been at the NIH since 1994 and has been chief of the Genome Technology Branch and founder of the Intramural Sequencing Center. In addition to his major contributions to the development of technologies and strategies for the large-scale analysis of vertebrate genomes, his research has led to the identification of genes implicated in human deafness, cancer and neurological disease. In his new position, Green hopes to increase the focus on applying genomics to clinical research and expand bioinformatics and computational biology research. Prior to going to the NIH, he had been an assistant professor of pathology and genetics at Washington University. He is married to Gabriela Adelt Green, MD 89. They have two children, Joshua, 6, and Abigail, 3.

Lisa Elges Raymond, PT 90, is co-owner of Peak Physical Therapy, Inc., an outpatient orthopaedic clinic in Pagosa Springs CO. She and her husband, Kurt, welcomed Sophia, born April 20, 2002, sister to Bryce, who is now age 3 1/2.

Julia Steinkamp, OT 92, has relocated from Kentucky to her home state of Illinois. She is working for Ballantrae HealthCare, LLC and was recently promoted to Area Director of Medicare and Rehabilitation Operations. She writes that she “would love to hear from any of my OT classmates.”

Cathy Beck Wilson, PT 93, lives in Rushville IL, where she is director of therapy services at Culbertson Hospital. She and husband Ken, a veterinarian, and their two-year-old daughter, Sara, are looking forward to the arrival of their second child in June.

Sister Angela Laquet, ASC, OT 94, professed her perpetual vows for the Congregation of the Adorers of the Blood of Christ on September 1, 2002. She is currently the staff occupational therapist at St. Vincent’s Home Care in Taylorville IL.

Steven Rudich, MD 94, was named director of Liver Transplant Services at the University of Cincinnati in December of 2002.

Sara (Vik) Meyer, PT 95, and her husband, Nate, announce the birth of Annika Marie Meyer on September 30, 2002. The Meyers live in Chippewa Falls WI, where Nate is a
veterinarian. Sara is a physical therapist in San Francisco at the age of 83. She had lived in San Francisco for 44 years and before retiring had worked at Beverly Manor Nursing Center in Redlands. A member of the San Bernardino Emblem Club 178 and the Church of Jesus Christ of Latter-day Saints First Ward of Redlands, she was a past-president of the Opti-Mrs. Clubs in Pomona and San Bernardino. Survivors include two sons, six grandchildren and 15 great-grandchildren. Memorial contributions may be given to the American Heart Association.

Eliza Mendes De Almeida Chapman, NU 48, died August 4, 2001, after a brief illness. She was 81. Since 1965, she, her husband and three children lived in her hometown of Vitoria da Conquista, Bahia, Brazil. She was co-author of a 1972 book, The Interpersonal Basis of Psychiatric Nursing, published by G.P. Putnam. Survivors include her husband, Dr. Arthur Harry Chapman, three children and seven grandchildren.

Peter P. Rowell, MD 52, died November 7, 2002. He was a retired ophthalmologist in Salem OR. Among survivors are his wife, Edith, and three children: a daughter, Mary Rowell Hawkins, and two sons, Richard Warren Rowell, DE 77, and David Paul Rowell, MD 79.

William B. Blythe, MD 53, died December 21, 2000. He had been chairman and professor of medicine at the University of North Carolina School of Medicine.

Fredrick C. Shaw, MD 82, died of natural causes October 16, 2002, at the age of 47. He had practiced pediatrics at the Rainbow Medical Clinic in Vicksburg, Yazoo City and Canton MS, and served as medical director of Mallory Community Health Center in Lexington from 1995 to 2000. Shaw earned his undergraduate degree at Gustavus Adolphus College in Minnesota and did premedical studies at Harvard University before earning his MD at Washington University, where he received the Mallinckrodt Institute of Radiology Oncology Research Award. He was a Fellow of the American Academy of Pediatrics and the inventor of the pediatric lumbar puncture immobilizer, which he patented in 1994. Survivors include his wife, Brenda Faye Lewis Shaw of Yazoo City, five children, eight sisters, three brothers and a grandson.

**FACULTY**

Matthew Arquette, MD 86, died of a heart attack at his home in Valley Park MO, on December 5, 2002, at the age of 41. He was a cancer specialist and assistant professor of oncology at Washington University and had worked at Barnes-Jewish Hospital throughout his career, specializing in lung and head and neck cancers, as well as sarcomas. He was several times the recipient of the hospital’s “Caring Spirit” award. He is survived by his mother and a sister. Memorials may be made to the Dr. Matthew Arquette Cancer Memorial Fund in care of Washington University, or to Hope Lodge in St. Louis.
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White Coat Lobby Day  Many Washington University School of Medicine physicians were among more than 750 doctors who gathered in the rotunda of the Missouri State Capitol in Jefferson City on January 29, 2003, to push for laws to curb medical malpractice insurance rates. The event was sponsored by the Missouri State Medical Association.
Asthma Origin  Samples of mouse lung tissue illustrate a connection between viral infection and asthma. Purple areas in the sample at top indicate goblet cells — mucus-producing cells that are a hallmark of asthma. For more on this story, please turn to page 8.