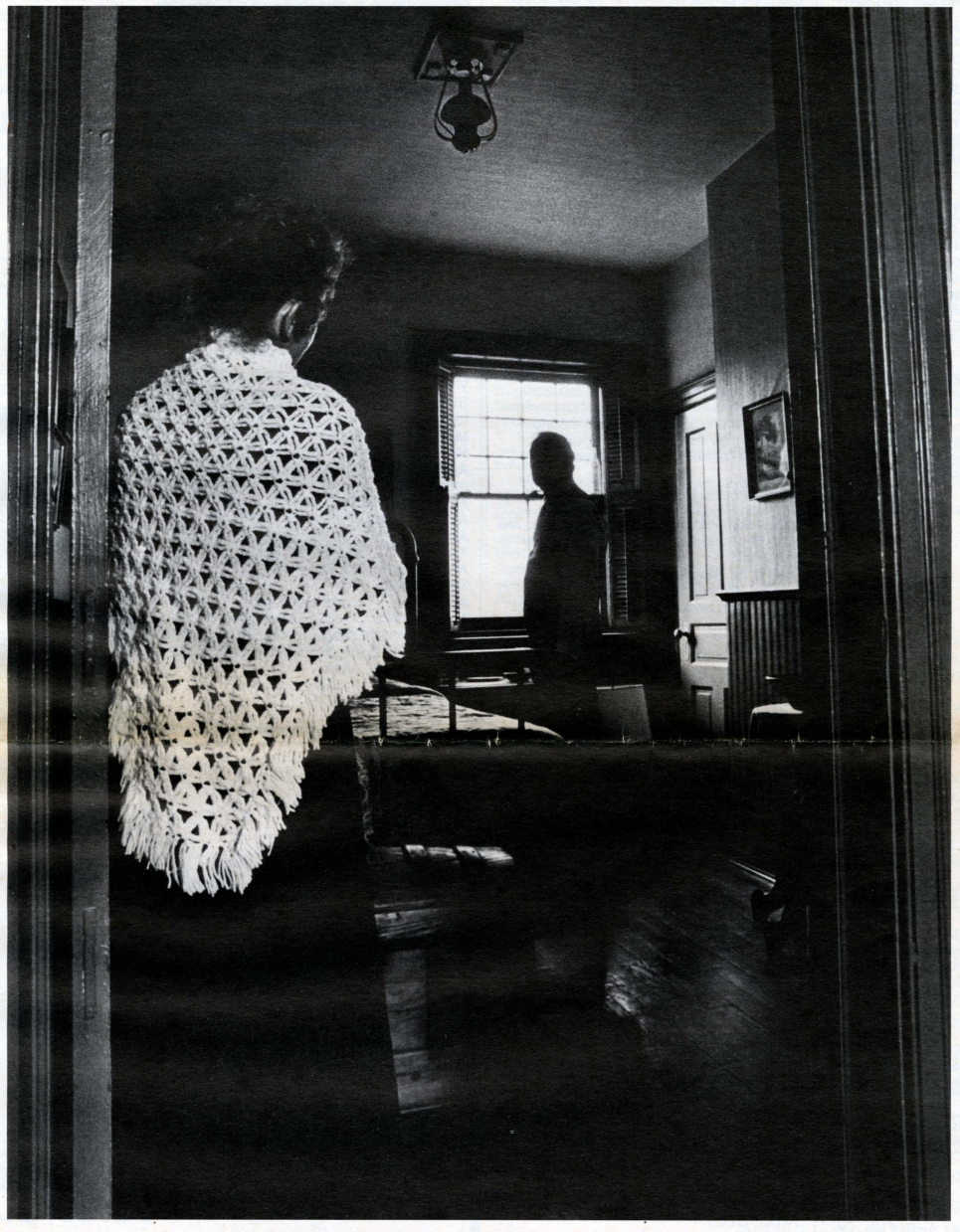
Permit 3/25/88

VCU MAGAZINE

Virginia Commonwealth University Winter 1988



SENIOR RELATIONSHIPS

PLASTIC SURGEONS IN EAST AFRICA • BLACKWELL SMITH: MCV'S FINAL PRESIDENT

VCU Magazine
VCU Publications
826 West Franklin Street
Richmond, VA 23284-2036

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ARTS

Alumni Weekend
April 22-24: The School of the Arts Alumni Weekend, featuring Jim Bouton, former Yankees baseball pitcher, artist, and author of *Ball Four.* The weekend includes the annual Alumni Awards Reception as well as special activities hosted by each of the school's departments. For more information, call (804) 367-0129.

Drawing Studio
Arts alumni are invited to participate in a weekly open drawing studio on Tuesdays, 6:30-8:30 pm, room 321, Pollak Building. No reservations are necessary. The fee is $3 per studio, and each class has a nude model. For more information, call (804) 367-0129.

Arts in the Hospitals
Arts in the Hospitals is a program of MCV Hospitals offering rotating art exhibitions of artists from around the state; weekly performances in music, dance, and drama; the Art Cart (framed prints for patient rooms); and free art instruction and supplies for patients. For more information, contact Wayne Fitzgerald, Director, Arts in the Hospitals, MCV Hospitals, Box 510, Richmond, VA 23298-0510; (804) 225-4706.
March 7-April 13: Photographs by Carolyn Wells. African Sculpture exhibit from the collection of Otti Windmueller, program chairman, MCV/VCU Auxiliary, and Dewey Hickman, hospital administration, MCVH. Prints by Winslow Homer (on loan from the collection of the Anderson Gallery). Paintings by Doug Canfield.
May 2-June 14: Sculpture by Aggie Zed. Prints by Ronnie Sampson. Photographs by Matthew Phillips and Allen Jones.

BUSINESS

April 7, 8: Charles G. Thalhimer Family Scholar-in-Residence Program, featuring Dr. Philip R. Cateora, expert in marketing and international business.
May 20: Commencement reception for graduating students, their families, and the School of Business Alumni Board.

For more information, contact Linda Dalch, Director of Development, School of Business, Box 4000, Richmond, VA 23284-4000; (804) 367-1485.

COMMENCEMENT

May 21: Richmond Coliseum, 10 am. For more information, contact University Enrollment Services/Records and Registration, Box 2520, Richmond, VA 23284-2520; (804) 367-1341.

COMMUNITY AND PUBLIC AFFAIRS

March 15, April 11, May 10, June 13: Board meetings, 397 Azalea Avenue, Richmond, 6 pm. Alumni welcome.
April 24: School Picnic, Forest Hill Park, 2-5 pm.

For more information, contact Agnes Cain, Director of Development, School of Community and Public Affairs, 919 West Franklin Street, Richmond, VA 23284-2513; (804) 367-1282.

DANCE

April 1: Student-Works-in-Progress, VCU Dance Center, 1315 Floyd Avenue, 6 pm. Free.
April 15, 16: Faculty/Student Concert, Empire Theatre, 114 West Broad Street, 8 pm. $5 admission.
April 29, 30: Spring Project Concert, VCU Dance Center, 8 pm. Free.
May 6: Informal Faculty/Student Concert, VCU Dance Center, 8 pm. Free.

For more information, contact the Department of Dance and Choreography, 1315 Floyd Avenue, Richmond, VA 23284-3007; (804) 367-1711.

DENTISTRY

Continuing Dental Education
March 19: Dental Radiation Safety, 9 am-4 pm, Richmond.
April 23: A Dental Update: Mini-Lectures, 9 am-3 pm, Richmond.
April 28-May 4: Everyday Approaches to Restorative Dentistry and Practice Management, 4-6 pm, St. Maarten in the Caribbean.
June 4, 5: Management of the Periodontally Compromised Patient, 9 am-3 pm, Washington, D.C.

For registration information and additional details, contact Dr. F. B. Wiebusch, Office of Continuing Dental Education, School of Dentistry, Box 566, Richmond, VA 23298-0566; (804) 786-0869.

MANAGEMENT CENTER

Information Systems Program
The Management Center sponsors professional continuing education for computer competency. Course fees include tuition, instructional materials, diskette, refreshments, and parking; lodging is not included. Registration is on a first-come, first-served basis, and enrollments in some workshops are limited. Seminars are conducted in the Management Center Conference Room 1101, School of Business. Class times are 9 am-4:30 pm.
March 24, 25: Intermediate LOTUS 1-2-3, $350.
Beginning March 29: SMART Overview, $50 to $375 depending on number of days of enrollment.
April 6: PC Maintenance and Repair, $175.
April 14, 15: Introduction to LOTUS 1-2-3, $350.
April 21, 22: Understanding and Using Your PC, $350.
May 4, 5: dBASE III Plus, $350.
May 12, 13: Intermediate LOTUS 1-2-3, $350.
May 18: PC Maintenance and Repair, $175.
May 19: Advanced LOTUS 1-2-3, $175.

For more information, contact the Management Center, School of Business, Box 4000, Richmond, VA 23284-4000; (804) 367-1279.

MCV ALUMNI ASSOCIATION OF VCU

April 1: Pharmacy Division, R. Reginald Rooke Lecture, Richmond.
April 8, 9: Reunion 1988 Weekend, Omni Hotel, Richmond. Dental Homecoming, Richmond Marriott.
May 1: Medical School Honors Day for 1988 degree candidates, Richmond.
May 3-8: Basic Health Sciences Division, American Society of Microbiology, Miami.
May 5: Medical Division, North Carolina Medical Society, Pinehurst Hotel.

For more information, contact the MCV Alumni Association of VCU, Box 156, Richmond, VA 23298-0156; (804) 786-0434.

MUSIC

1987-88 Terrace Concert Series
Concerts are held in the VCU Performing Arts Center, 922 Park Avenue, 8 pm. The Terrace Concert Series is cosponsored by VCU's Department of Music and the John F. Kennedy Center for the Performing Arts. The series is supported by the CSX Corporation.
May 2: Bonn Woodwind Quintet.
May 12: Richard Stoltzman, clarinetist; Lucy Stoltzman, violinist; Richard Goode, pianist.

Fast Forward
The 1987-88 *Fast Forward* series is sponsored by the Virginia Museum of Fine Arts, with several programs cosponsored by VCU's Departments of Music and Dance and Choreography. For more information, contact the Department of 20th Century Art, Virginia Museum of Fine Arts, Boulevard and Grove Avenue, Richmond, VA 23221; (804) 257-0817.

Richard Stoltzman, clarinetist; Richard Goode, pianist.Terrace Concert Series, May 12

March 26: Kodo, VCU Performing Arts Center Concert Hall, 8 pm.
May 19: Kronos Quartet with Terry Riley, Marble Hall, Museum West Wing, 8 pm.

VCU Music
The following concerts are held in the Performing Arts Center Concert Hall.
March 11, 12: Richmond Sinfonia, 8 pm.
March 13: Richmond Sinfonia, 7 pm.
April 7: Jordan Ball, presented by the Richmond Classical Guitar Society, 8 pm.
April 8, 9: Richmond Sinfonia, 8 pm.
April 10: Richmond Sinfonia, 7 pm.
April 11: VCU Percussion Ensemble, 8 pm.
April 16: VCU Madrigalists, 8 pm.
April 17: VCU Wind Ensemble and Orchestra, 3 pm.
April 19: VCU Marimba Ensemble, 8 pm.
April 23: VCU Choral Group, 8 pm.
April 24: VCU Collegium Musicum, 3 pm.
May 1: VCU Opera Theater, 3 pm. VCU Choral Arts Society, 8 pm.
May 6, 7: Richmond Sinfonia, 8 pm.
May 8: Richmond Sinfonia, 7 pm.

For more information, contact the Department of Music, 922 Park Avenue, Richmond, VA 23284-2004; (804) 367-6046.

PHYSICS

Spring 1988 Colloquium Speakers
April 8: Robert V. Coleman, J. W. Beams Laboratory of Physics, University of Virginia: Charge Density Waves and Tunneling Electron Microscopy.
April 15: Deborah Warnaar, Department of Chemistry, VCU: Evidence Supporting the Proposed Soccerball Structure of C_{60} Clusters.
April 22: Tara P. Das, Department of Physics, State University of New York at Albany (title to be announced).
April 29: Kundan S. Singwi, Department of Physics and Astronomy, Northwestern University: Zero-Sound and Its Damping in Normal Liquid He^3.

For more information, contact Dr. Bijan K. Rao, Department of Physics, Box 2000, Richmond, VA 23284-2000; (804) 367-1313.

SUMMER STUDIES

May 23-August 19: Summer Sessions. Registration is under way for VCU's summer studies, offering over 800 classes in 13 different sessions.
June 21: Fall '88/Spring '89 Evening Studies *Bulletin* will be published in the *Richmond News Leader.* Copies also can be obtained by calling the Evening and Summer Studies Office.

For registration materials and more information, contact Evening and Summer Studies, 827 West Franklin Street, Richmond, VA 23284-2523; (804) 367-0200.

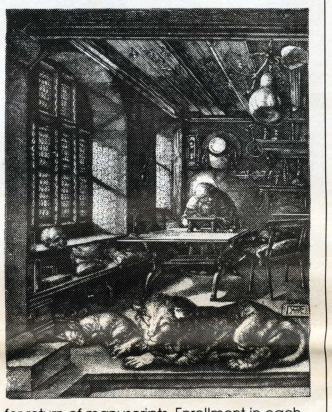
THEATRE

Admission to Theatre VCU is $5 for general admission and $4 to senior citizens, groups, students, and VCU faculty and staff; VCU students free with I.D. The Box Office is open Monday-Friday, 2:30-4:30 pm. During productions, the Box Office is open 7:15-8:30 pm for evening performances and 1:45-3 pm for matinees.
March 31; April 1, 2: "The Fourposter," Jan de Hartog. Shafer Street Playhouse, 221 North Harrison Street, 8 pm.
April 13-16; 19-23: "A . . . My Name is Alice," Joan Micklin Silver and Julianne Boyd. Raymond Hodges Theatre, 922 Park Avenue, 8 pm.
April 17: "A . . . My Name is Alice," 2:30 pm.

For tickets and more information, contact the Theatre VCU Box Office, 922 Park Avenue, Richmond, VA 23284-2524; (804) 367-6026.

WRITERS CONFERENCE

Workshops
July 10-23: VCU's Department of English is sponsoring the first annual Writers Conference. Faculty Dave Smith, VCU (poetry); Mary Morris, University of California, Irvine (fiction); and Jack Matthews, Ohio University (fiction and nonfiction) will conduct graduate-level workshops on Mondays, Wednesdays, and Fridays, 9 am-noon. Admission requires the submission of a manuscript by April 15; enclose a stamped, self-addressed envelope



for return of manuscripts. Enrollment in each workshop is limited to 15. Instructional fee, $200. In-state tuition, three graduate credits, $267; out-of-state, $642. Dormitory suites, double occupancy, $165.

Readings by Distinguished Writers
During the conference, evening sessions will be held for visiting writers and poets to give readings and discuss their work. These are free and open to the public. The writer and poet guest list includes Ai, Gerald Barrax, Richard Bausch, Ann Beattie, Horton Foote, George Garrett, Margaret Gibson, Josephine Humphreys, Reynolds Price, Susan Shreve, Lee Smith, Ted Solotaroff, Henry Taylor, Ellen Bryant Voigt, and Bruce Weigl.

For more information, contact Susan Robbins, Department of English, Box 2005, Richmond, VA 23284-2005; (804) 367-1667.

ETCETERA

Open House
April 16: VCU's Open House is offered to prospective students, their parents, friends, and high school guidance counselors. Open House familiarizes prospective students and other interested persons with academic programs and support services and introduces them to campus life. Faculty and currently enrolled students are on hand for the day's activities. The program will originate from the Student Commons, 901 Floyd Avenue, starting at 9:30 am. For more information, contact Dennis Baily, Assistant Director, University Enrollment Services/Admissions, 821 West Franklin Street, Richmond, VA 23284-2526; (804) 367-1190.

Phonathon
February 22-April 21: VCU's Fifth Annual Phonathon. The phonathon will be held for 26 nights, during which alumni will be contacted by student or alumni volunteers seeking their pledges and contributions to VCU.

M A G A Z I N E

VCU

Volume 16, Number 3 Winter 1988

A publication for alumni and friends of Virginia Commonwealth University

VCU PUBLICATIONS 87-88

Elaine Jones, *editor*
Ben Cornatzer, *designer*
David Mathis, *director of VCU Publications*

Located in Richmond, Virginia's capital city, Virginia Commonwealth University traces its founding date to 1838. Today, VCU is an urban public university enrolling nearly 20,000 students on the Academic and Medical College of Virginia Campuses.

VCU Magazine is produced quarterly by VCU Publications. The opinions expressed in *VCU Magazine* are those of the author and not necessarily those of VCU.

Readers are encouraged to send their comments to the editor, *VCU Magazine*, VCU Publications, Box 2036, Richmond, VA 23284-2036.

Cover photography by Doug Buerlein.

CAMPAIGN UPDATE

Total to Date
The Campaign for VCU has garnered in excess of $33 million in gifts and pledges toward its $52 million goal. The alumni phase of the Campaign was officially kicked off in October.

Gumenick Gift
Mr. and Mrs. Nathan S. Gumenick have pledged $1,050,000—the largest gift thus far—to the Campaign for VCU. The Gumenicks' gift will establish three sets of special-service accommodations at MCV Hospitals. These six special rooms will enhance the quality of care for patients and their families, according to Carl R. Fischer, executive director of MCV Hospitals.

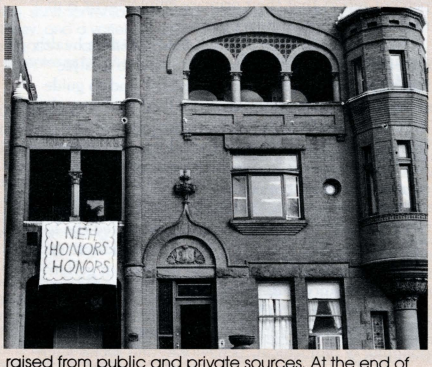
Mr. and Mrs. Gumenick, formerly of Richmond and now of Miami Beach, are well known for their generous support of programs in medical care and education throughout the United States. They made their gift through the Nathan and Sophia Gumenick Philanthropic Fund, managed by the Jewish Community Federation of Richmond's Endowment Fund. Mr. and Mrs. Jerome Gumenick and Mr. and Mrs. Harry Grandis also played a vital role in making this support available to VCU.

The special-service accommodations are designed to provide a relaxed, homelike atmosphere for recovering patients and can also be used for overnight and longer visits by friends and family members. Each room will have access to a sitting room with a kitchenette, entertainment center, and other amenities, so that patients and guests may enjoy an unconfined, informal setting without sacrificing the best in hospital facilities and care. The concept of special-service accommodations is being adopted by many of the nation's finest teaching hospitals. These units will help MCV Hospitals offer the kind of personal care usually found in private hospitals, while continuing to provide the most technologically advanced care and services.

Support for the Mellette Fund
A major gift to the Campaign has come in the form of a bequest from the estate of Thomas Tabb. The bequest in memory of his wife, Ann Poindexter Tabb, will provide approximately $600,000 in support of the Dr. Susan J. Mellette Fund. Income from the fund will be used for scholarships and fellowships for medical students in the field of cancer research. Mellette is director of the Massey Cancer Center's Cancer Rehabilitation and Continuing Care Program, which is designed to help ease the adjustments of patients and their families to the psychological and physical hardships of cancer.

NEH Challenge Grant
The National Endowment for the Humanities has awarded VCU a challenge grant that will result in the equivalent of a $1 million endowment for the Honors Program.

Through the terms of the grant, NEH will provide $150,410 in funding; over the next three years, the University will match each NEH dollar with three dollars



raised from public and private sources. At the end of the three-year period, the endowment will total more than $600,000. The endowment will then qualify for matching funds through the state's Eminent Scholars Program, making the project worth the equivalent of $1 million.

The NEH challenge grant will enable VCU to bring major scholars in the humanities to teach in the Honors Program, one every other year. In alternate years, the grant and matching funds will provide for a lecture series. Additional funds will support development of new honors courses.

VCU was one of 12 successful applicants from a field of 75 colleges and universities. At a press conference, NEH program officer Abbie Cutter said that the "competitive" peer review system through which the grant was awarded made it "one of the highest honors that can be bestowed on an educational institution." Cutter quoted one reviewer's praise for "the great strides forward that the University has made in its humanities education in recent years."

In Memory of Governor Dalton
Former Governor John Dalton died of cancer in 1986 at the age of 55. His untimely death served to focus attention on the need for dedicated research into the causes and treatment of the disease. To honor his memory, a fund has been established at the MCV Foundation to support cancer research at the Massey Cancer Center.

The goal for the fund is $1 million, with more than $340,000 already received. When a substantial amount has been received toward the goal, VCU's Board of Visitors will be asked to name the center's new interdisciplinary facility the Governor John N. Dalton Oncology Clinic.

The Honorable Mills E. Godwin, Jr., twice governor of Virginia, and former U.S. Senator Harry F. Byrd, Jr., are serving as honorary co-chairmen for the fund. Robert H. Patterson, Jr., Governor Dalton's former law partner, is chairman. Organizing committee members are Bruce C. Gottwald, Sr., Frederick Deane, Jr., and James C. Wheat, Jr.

Largest Foundation Gift
The Theresa A. Thomas Memorial Foundation has pledged $1 million for programs on the MCV Campus. This gift is the largest single foundation gift to the Campaign thus far.

The Thomas Foundation's gift will be used to endow a scholarship fund in the School of Nursing; to establish a daytime care center and preventive care program for the elderly; and to set up continuing education facilities for medical professionals in outlying communities. The foundation was created by the late George A. Thomas in memory of his wife, who died when he was unable to summon help to their rural home. Its donations are aimed at improving the accessibility and quality of health care in rural Virginia.

HIGHER EDUCATION AND THE AGING OF AMERICA

By Robert L. Schneider

Who needs educating about getting old? Why should we listen to gerontologists tell us about "you and your aging parent?" Doesn't aging pertain to "them" and not "us?" Why all this attention to the elderly?

A demographic revolution is taking place all around us. Consider the following facts and trends:

- The older population in the U.S., currently 27 million persons or nearly 12 percent, has grown rapidly in this century and will grow even more rapidly over the next 50 years. By 2030, there will be over 50 million older Americans, representing over 20 percent of the total population.
- Life expectancy in the U.S. has increased from an average of 47 years in 1900 to over 74 in 1987.
- Today, 23 nations have more than two million residents each 65 and older; by 2025, that number is expected to grow to 50 nations.
- Men and women 85 and older constitute the fastest growing age group in the U.S. By the year 2000, more than 100,000 Americans will be 100 or over, three times the present number.
- Four-generation families are already commonplace; five-generation families are beginning to turn up.
- Per capita hospital spending of the 65 and older group is more than 250 percent higher than that of the under-65 group. With the 85 or older group, it is 77 percent higher again.
- The proportion of the average person's life spent in retirement increased from 3 percent in 1900 to 20 percent in 1980.
- Efforts to slow the rise of medical costs have failed. Medical costs rose 6.7 percent in 1987 compared to an estimated 3.9 percent increase in the Consumer Price Index. Among the factors for the failure of medical cost containment is an aging U.S. population, which is pushing up the demand for medical care.
- The average American woman can expect to spend more years caring for an aging parent than for a dependent child. In 1900 a woman spent 19 years with children and only nine years with a parent. Today, the average woman spends 17 years of her adult life as the mother of a dependent child and 18 years as the daughter of a dependent elderly parent.
- Although 79 percent of Americans think Medicare pays for long-term care, it does not.
- The poverty rate is 73 percent for black women over 85 living alone.

These phenomena are revolutionary because they have never existed before in the history of humankind. As one demographic expert said, understanding aging is like trying to map the world—the *terra incognita*—of previous centuries. The U.S., as well as the rest of the world, is struggling to respond to and plan effectively for these population trends.

Higher education has to face the implications of this demographic revolution. These implications include the serious dearth of trained professionals in health care and human services fields, the areas that will be hit the hardest by our aging society. At present, we are not sufficiently equipped to deal with the very near future.

The elderly will make about 230 million annual visits to physicians by the year 2000, a projected increase of about 40 percent from the 165 million such visits in 1980. Older people are expected to account for 40 percent of personal health care expenditures by the year 2020, more than two-and-a-half times their proportion of the total population. Moreover, persons 65 years of age and older may use about 160 million days of care in short-term hospitals by the twenty-first century. This is a gain of 55 million days over the 1980 level, or an increase in utilization of over 50 percent.

Today, approximately 1,400 basic professional education programs prepare nurses to provide patient care in institutions. Although all these programs include content related to the needs and care of the elderly, only about 14 percent have specific courses in gerontological nursing. A nationwide survey in 1980 estimated that about 420 nurses hold master's or doctoral degrees with a primary focus on geriatrics and gerontology, which is less than 1 percent of nurses with such degrees. In dentistry, the number of faculty members with special preparation in geriatric dentistry is not known. One estimate suggests that number to be less than 20. Of the 450,000 doctors caring for patients, fewer than 2,000 call geriatrics their primary specialty.

Conditions in social work are not much better. Only a small percent of social workers report a primary focus on serving the elderly. Among 50,000 trained social workers, 5 percent indicate services to the aging as their primary field of interest. Another 1 percent report services to the elderly as their secondary field. Only 2 percent report that their primary employment is in a nursing home or hospice program.

Most critically absent in the field of public health are epidemiologists and biostatisticians to analyze health problems specific to the elderly and to guide realistic and efficient solutions. Allied health students in physical therapy, podiatry, pharmacy, occupational therapy, optometry, speech pathology, and dietetics are not being prepared in sufficient numbers to treat the increasing elderly population.

Anticipating these conditions, the U.S. Department of Health and Human Services has projected the following personnel needs by 1990: a tenfold increase in geriatric physicians; a fivefold increase in geriatric medicine faculty; a doubling of registered nurses in geriatrics; a sixfold increase in geriatric dentistry faculty; a doubling of geriatric community health nurses; a doubling of biomedical, behavioral, and social scientists; a substantial increase in geriatric social workers and in social gerontologists and gerontological aides; a tenfold increase in occupational therapy faculty; and a tenfold increase in research and training funds for the National Institute on Aging.

Clearly, then, higher education has an agenda in aging. To help guide that agenda, the National Institute on Aging has produced the report, *Education and Training in Geriatrics and Gerontology*. It urges that all students preparing for careers in health and other human services professions receive education about the aging processes and the strengths and problems of the aged. Professional schools should have faculty with expertise in aging to conduct substantial and high-quality educational programs and to serve as professional role models. The report also urges that faculty members have opportunities to engage in research on aging and the aged to maintain their expertise and expand the available body of knowledge.

The report recommends that educational programs include both didactic and clinic experiences, involve work with well and ill elderly, and integrate information on aging throughout the curriculum wherever possible. Furthermore, interdisciplinary experiences should be a regular and integral part of training programs in geriatrics and gerontology in light of the complex needs of elderly persons. The report stipulates that academic programs be linked on a continuing basis with community programs, including hospital, long-term care, and ambulatory services and that educational resources be shared among schools, academic health centers, and other university centers to achieve maximum impact and avoid duplication.

In recent years, VCU has begun to respond to the demographic revolution. It has made serious efforts to strengthen education and training for health care professionals and related personnel in geriatrics and gerontology and, thus, to respond to the shortage of health personnel trained to meet the needs of a growing elderly population.

Such efforts must continue nationwide. In the inexorable aging of America, universities must educate about the later, longer years of life.

Dr. Robert L. Schneider is associate professor of social work. He also is a fellow in the Gerontological Society of America and former chairman of the Governor's Advisory Board to the Virginia Department for the Aging.

Illustration by Mike Hodges.

VCU'S COMMITMENT IN AGING

Geriatric Assessment Clinic, Department of Internal Medicine, (804) 786-1572
Division of Geriatric Medicine, (804) 225-4456
Geriatric Psychiatry Program, (804) 786-9157
Dementia Clinic, (804) 786-9349
Neuropsychology Research Lab, (804) 786-8590
Alzheimers-Memory Disorders Clinic, (804) 786-9350
Geriatric Education Center, (804) 786-9060
Department of Gerontology, School of Allied Health Professions, (804) 786-1565
Department of Gerontologic Nursing, School of Nursing, (804) 786-0835
Virginia Center on Aging, (804) 786-1525
Elderhostel, (804) 786-1525
Free University, Division of Continuing Studies and Public Service, (804) 367-6032
Joint Degree Program: Certificate in Aging Studies, Department of Gerontology and Master of Social Work Program, (804) 367-8488

GETTING THE SHOW DRESSED

By Audrey Hingley

According to Elizabeth Weiss Hopper, the biggest misconception people have of professional costume designers is that "they sew clothes."

Hopper should know. She is VCU associate professor of theatre, teaching undergraduate and graduate courses in costume and makeup design and in research for design. She holds degrees in theatre and design from the University of Evansville and the University of Wisconsin at Madison. In addition to working in numerous theatrical productions over the years, she taught for four years in the theatre department at the University of Massachusetts and helped to create that university's graduate design program before joining VCU 13 years ago.

Recently, costume designs she created for two VCU productions, *The Merchant of Venice* and *Lysistrata,* were chosen from more than 135 entries in the Biennial Design Exposition sponsored by the United States Institute for Theatre Technology. Aside from unions, the organization is the only one in the country exclusively for designers and design technicians.

Costume design, like other design specialties, is much more than "sewing clothes." It involves a total concept from start to finish. Hopper says if a director already knows what he wants from a costume designer, "then he doesn't want me."

The scenario of work for a professional costume designer goes something like this: The designer reads and analyzes the production's script to understand the focus of the production, conducts extensive research if necessary, and analyzes the characters to decide how to dress them.

"You costume yourself every morning," Hopper says. "A designer has to get inside someone else and decide what they would wear. Then the costume design can become a whole painting on stage."

There are several components to creating this "painting on stage" effect, and Hopper says to get it, a costume designer must work closely with the set and lighting designers and the play's director.

"You get together and decide what kind of color palette will be put on stage. It may be influenced by the historical period of the production, the mood of the piece itself, or simply a gut instinct that says, 'I think it should be this way,' " she explains. "For instance, if it is a serious piece, the colors may be darker, more somber. A comic piece will have brighter, more cheerful colors."

Despite the fact that costume designers, like all technical people involved in theatre, television, or movies, are essentially behind-the-scenes people, Hopper says that audiences today are more sophisticated. It is for those people who "really care about what they are seeing" that Hopper aims her costume design abilities.

"For example, when I did the Theatre IV play, *Quilters,* I felt very strongly that those women should look real, because what they were saying was real. The script used diaries and letters of that period and put it together with songs, and I felt the women should look the way they really looked in the 1800s. After the show, people came up to the actors and said, 'I know you were wearing corsets. I could tell by the way you moved.' That was very important to me, because I knew that corsets changed the way the women moved. So even the proper underwear was important. And the boots. Everyone loved the high-buttoned boots."

The fact that costume designers are basically an unknown lot doesn't seem to disturb Hopper: "Most people don't know any of the technical people on a show. You don't know who the cinematographer is unless you are interested and follow those people's work. There are only a couple of well-known designers. Most people know who Edith Head was and perhaps Bob Mackie, mainly because of the outlandish clothes he designed for Cher on her TV show."

Hopper notes that many actors, particularly in the movies, are cast because of who they are, often portraying the same type of character over and over. But a costume designer needs to be more diverse if he or she is to make it in a highly competitive field.

"I tell students, 'You have to diversify to survive.' They are tempered by reality; they want to pay the bills. But the key to professional success in this business is versatility. You need to be willing to work in video, TV; you need to be willing to do costumes for bands or work with historical commissions who want to outfit employees in the proper garb. If you have tunnel vision and say, 'But that's not really theatre,' you will have a hard time."

Costume designers, however, occasionally go through phases in which they do specialty work for a period of time.

"I went through what my students called my 'early American ditsy print period,' " Hopper says, laughing. "I was very interested in middle America and normal clothing, rather than high fashion, and I concentrated on a lot of 'normal American' shows. We did *Spoon River Anthology,* and I reproduced one of my grandmother's dresses for it. I did *Diviners* for Theatre IV, which takes place in Indiana in the 1930s, with farm families, calicos, and worn-out jeans."

Lysistrata presented an entirely different challenge to Hopper. "I can teach anybody how to do a really good period show," she explains. "If you are willing to do at least three weeks of research, you can come out with a good-looking show. When you change to a stylized show, however, like 'Mad Max' or 'The Muppets,' much of it depends on imagination. You can help with imagination, but imagination cannot be taught."

For *Lysistrata,* Hopper says she didn't want it to look like a Greek period piece, "because it's a comedy, and the director wanted to include modern music. Even so, since the show is set in that period, we wanted to have some flavor of it." Hopper admits, "We floundered for about a month. We finally used the nonrealistic cartoons of British artist Ronald Searle for inspiration.

"You have to go to the library and sift through a lot of stuff," she says. "Searle has a strange sense of humor in his drawings."

With a script filled with sexual humor and double entendres and calling for Greek phalluses, typical of Roman and Greek comedy, Hopper had another challenge: "No way could we show that to a modern audience, so I had to figure out how to make it true to its comedy without offending a lot of people." She decided to have phallic symbols that commented on the personality of the character wearing them.

"All the men had to wear phalluses, and none of them were realistic looking," she says, laughing. "For instance, the actor who was the military leader had a phallus designed to look like a mortar, covered in Army green, about two feet long and six inches in diameter. You could never take it for anything normal, yet the symbol was making a comment on the character."

Hopper has obviously enjoyed much success in her field, but students who are interested mainly in job security would do well to look elsewhere for a future career. Theatre careers are marked by words such as "freelance," "freestyle," "versatility," and "adaptability." For this reason, Hopper says she prefers older students or transfer students as design major candidates, "because they are usually people who have come to the decision that they really want to do this."

Hopper says, "You have to be an incredibly organized person, given the deadlines and stress of the field. You may have to work three or four shows at a time. And the business of professional theatre or costume design is very much a word-of-mouth profession. You need to be able to market yourself."

Older students, she adds, "are not coming straight out of high school saying, 'Gee whiz, I'm in college.' Older students are more centered, more focused. I'm not knocking 17- and 18-year-olds. It's just that for four years, I need students' undivided attention if I am going to teach this business—and it *is* a business."

Despite the professional difficulties in a competitive field, Hopper says with pride that "VCU has been really good about helping students stay in the business. Many of them have gone to television and movie work, moving to where the jobs are, in New York and California.

"One VCU grad, Jeremy Conway, has been a long-time designer with 'The David Letterman Show,' and he recently served as art director on the upcoming sequel to 'Crocodile Dundee.' "

Costuming Greek comedy: Lysistrata.

Because there is no summer stock at VCU, Hopper says that students are forced to "get out and make contacts" that are essential to success in the business. VCU design students work in costume and set design at theme parks and summer stock companies, and many have worked in the numerous movies filmed on location in Richmond during the past several years.

What would Hopper like to see happen in the future for VCU's theatre department?

"I'd like to see the design program become a little larger, and the only way to grow is to devote more money to the graduate program," Hopper says. "Just about every theatre department in the country is competing for the best graduate students. To compete, you need to offer tuition waivers, assistantships, and other assistance. We don't need to be huge," she concludes, "just a bit larger."

Audrey Hingley (B.S. journalism, 1973) is a freelance writer based in Richmond.

Photographs courtesy of Elizabeth Hopper.

SENIOR RELATIONSHIPS

By Cynthia McMullen

Bob and Marie have lived in a nursing home for two years. It's not a bad place; the food is acceptable, the grounds are well-kept, and their son and his family live nearby. Both Bob and Marie are in their mid-70s. Bob has cardiovascular disease and Marie's diabetic condition requires monitoring, but they're both in reasonably good health.

There's just one problem. They're not allowed to sleep together. In fact, they don't even share a room. Bob has mentioned this to his son more than once, but Bob, Jr. acts embarrassed: "Dad, aren't you a little old to be thinking of *that*? After all, you and Mom spend most of the day together in the game room."

Bob, Jr. shares a misconception common in today's society, and it's one that is particularly difficult to combat. That is, a majority of people still believe that the elderly shouldn't, can't, or don't want to participate in sexual relationships.

"It was hard enough to think about my parents having sex when I was young," says Dr. Thomas Mulligan, "but God forbid my grandparents should still be engaging in any form of sexuality." Mulligan, who is chief of geriatric medicine at the VCU-affiliated McGuire Veterans Administration Medical Center (VAMC), points out that this attitude is one of the most damaging in fostering negative postures about sex and the aging individual.

In Bob and Marie's case, for instance, it's not just their son who is unwilling to deal with their needs, although they, unlike most elderly people, would be willing to discuss the problem and seek a solution. The nursing home itself is ignoring and denying their right to privacy and a conjugal relationship.

Are Bob and Marie asking too much, and do they really know what's best for them? Could they sue the home for not allowing them to live as husband and wife? And if they were allowed to share a room—and a bed—would it make any difference, anyway? After all, they are in their mid-70s, and everyone knows it's all downhill after the age of 30.

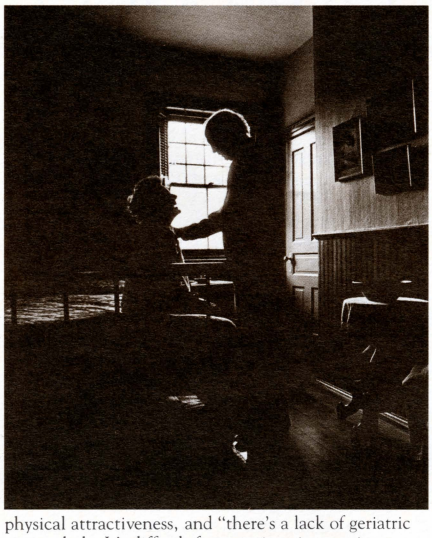
Or is it?

A group of five VCU professors who are experts in the study of aging joined forces this winter to answer questions such as these. In a live teleconference sponsored by VCU's Geriatric Education Center (GEC), several different aspects of sexuality in later life were candidly discussed for the benefit of participants at various sites across the country. Viewers were encouraged to call in questions following each presentation; their questions ranged from the practical to the scientific.

Several studies surveying the older population do suggest that the frequency of sexual activity declines dramatically with advancing age, and laboratory research indicates that physiological sexual response also slows. Like their younger counterparts, the sex lives of older adults can be affected by physical health problems, absence of suitable partners, and poor communication between partners. And then there's the problem of society—often including one's own family—maintaining negative attitudes toward active sexuality in the elderly.

"They have no business doing that." "It's behind them now, they shouldn't have those feelings." "It's sick." Dr. Jodi Teitelman, assistant professor of gerontology, begins her portion of the teleconference with a tape of two VCU theatre students portraying young people who have obviously stereotyped ideas of geriatric sexuality. Teitelman, who also serves as training director of the GEC, says common stereotypes include the following: The elderly are not interested in sex. They're sexless. Even if they were interested, they couldn't be active. If they say they're sexually active, they're senile or they're lying. And if they're not lying, they certainly can't be enjoying it; sexuality in older people must be deviant, unclean, or "cute."

Seeing senior sexuality as taboo can be attributed, says Teitelman, to three basic causes. First, today's society is youth-oriented, with specific standards for



physical attractiveness, and "there's a lack of geriatric sex symbols. It's difficult for us to imagine graying, wrinkled bodies locked in an embrace," she says. A second attitude is based on the belief that sex is appropriate only for procreation, not recreation. Once past a certain age, procreation simply is no longer possible for elderly individuals. Thus, say some, sex also must end. And finally, the incest taboo, according to Teitelman, forms the basis for an abhorrence of family members engaging in sex; that personal emotional resistance generalizes itself to the total population, and one becomes horrified at the idea of any older person being sexually active.

Teitelman points out that one must keep in mind sexuality's two major components: the physical, where the elderly *will* experience changes, and the emotional, which remains a lifelong need. But, she says, problems that may occur in either area often are amenable to treatment.

On Being an Older Woman

It may or may not be true that men "age better," as far as physical appearance goes, but women experience far less physiological deterioration, says Amie Modigh, associate chief of the geriatric nursing service at McGuire VAMC and adjunct professor at VCU's Schools of Medicine and Nursing. In fact, she says, usually the only deterioration that does occur in women is during and after menopause, due to changes in estrogen level.

It also should be noted that losing interest in sex after menopause is a myth, says Modigh; many women enjoy sex even more once the fear of pregnancy has been alleviated. But, she adds, the same women often may feel unattractive as they age—a fact that can adversely affect their sex lives—when they remember society's emphasis on appearance and forget the advantages of their own background and experience.

Concerning potential physiological changes as a woman ages, Modigh notes that decreases in vaginal blood flow and a thinner and less elastic vaginal lining may cause irritation, and there may be changes in certain phases of the sexual cycle. For example, vaginal lubrication and clitoral stimulation may take longer, and the orgasmic phase may be shorter and "less explosive." But, stresses Modigh, though there may be gradual changes, they do not preclude sex at the orgasmic response level, particularly if the woman has remained sexually active and is appropriately stimulated. Surveys indicate that couples who received satisfaction from just being close, hugging and touching, adjusted better to normal age changes than those who received satisfaction only from intercourse. And most physiological complications in women, Modigh says, can be treated successfully.

So, says Modigh, the normal aging process for women does not preclude active sexuality—including hugging, kissing, intercourse, or just being close—as a tender and satisfying experience. If there is a problem, it is most likely due to disease, dysfunction, or lack of a partner.

"How a woman deals with her own aging is important," she comments. "If a woman is interested—and according to surveys, lack of interest is not a problem—then it should be physiologically possible for her to experience satisfying sexuality."

The Aging of Man

In a discussion of normal male aging, Mulligan notes that although interest in sex does decline with age, surveys indicate that 50 percent of men over 85 remain interested in sexual activity. Men, he says, do experience clearcut physiological changes that may cause any or all of the following: decrease in seminal volume, expulsive force, ejaculatory demand, and erectile rigidity and maintenance; a prolonged refractory period (it may be as long as 24 hours before the next erection can be achieved); and erectile failure.

There's been a paucity of research data on the subject of erectile failure since Kinsey's mid-1940s studies, according to Mulligan. However, Mulligan and Dr. P. Gary Katz, assistant professor of urology at VCU, have found that impotence becomes more common with advancing age. In these studies, their elderly subjects have been relatively healthy in other ways.

Mulligan notes that "impotence" has many definitions, but in this instance he and Katz are referring to the inability to obtain or maintain an erection of sufficient rigidity to enable vaginal penetration. Erection occurs in response to sexual stimulation, which generates an increase in blood flow to the penis.

Asked whether "constant intercourse" in life affects one's later experience, Mulligan says it may predispose one to continued success. Going a long time without sexual activity, however, may cause men to lose some erectile capability. In other words, says Mulligan, "What you don't use, you lose."

As women rarely lose their ability to engage in sexual intercourse, Mulligan points out that within a couple, it is usually the male who cannot perform when he ages. There are many reasons for sexual dysfunction in elderly men, including the degeneration of the nerve supply or blood supply to the penis; psychopathology, or thinking "they shouldn't be able to," which Mulligan says happens in about 20 percent of cases; insufficient testosterone; drug effects, particularly with antihypertensive drugs; elevated prolactin levels; or multifactorial etiologies, that is, a number of problems combined.

In determining what problems are giving rise to individual male dysfunction, Mulligan notes a variety of specific tests that should be performed during evaluation, including assays of prolactin and testosterone; nocturnal penile tumescence assessment (if erection can be achieved at night, but not during the day, the cause most probably is psychogenic); and penile vascular assessment.

Final diagnosis may isolate vascular, neurogenic, psychogenic, endocrine, drug-related, or multifactorial causes. Then the patient and his doctor must decide whether the problem(s) should be fixed and if so, how. Mulligan notes that a variety of treatment options is available; the least likely choices can be found in popular magazines, he says, "that advocate everything from bee pollen to zinc, none of which works."

"If It Don't Work, Fix It"

Although penile failure often is due to vascular difficulties, attempts at penile revascularization to increase blood flow have not been very successful. However, says Gary Katz, there are other options that have met with success, including external suction devices, intracavernosal therapy, and penile implants.

A relatively new device created to treat penile failure involves external suction. How the system works

depends upon the specific device, but basically, a hand pump creates a vacuum to draw blood into the penis, and a constricting band helps maintain the erection. Katz says these devices can work well, though the constricting band should be kept on no longer than 30 minutes.

Another option is intracavernosal therapy, or the injection of drugs directly into the penis. Used also for state-of-the-art diagnosis in penile vascular assessment, this method usually involves the drugs papaverine or phentolamine. There are two possible concerns, or side effects: a prolonged erection, which if it occurs, must be reversed at four hours duration, and scarring or fibrosis if the injection method is used too often or for prolonged periods of time.

Penile implants, or prostheses, have been used since the mid-1970s. The semi-rigid implant consists of a wire covered by a solid cylinder that is implanted in the penis. According to Katz, this implant is well-tolerated, and rarely causes infection. The semi-rigid prosthesis results in a permanent erection, so the penis must be bent up or down to position for comfort. Inflatable penile implants, on the other hand, have the advantage of allowing for both the flaccid and erect states; a pump implanted in the scrotum allows inflation or deflation, and hollow cylinders allow transmission of fluid. Patient satisfaction with this method, says Katz, is high.

Jodi Teitelman points out that a low percentage of the elderly population looks into possibilities for help in the area of sexuality, in spite of available treatment options. Ideally, says Katz, both the patient and his partner should be consulted when considering treatment for any physiological dysfunction; total cost, the man's general health, and the couple's expectations are important in making choices and a final decision.

Is It All in My Head?

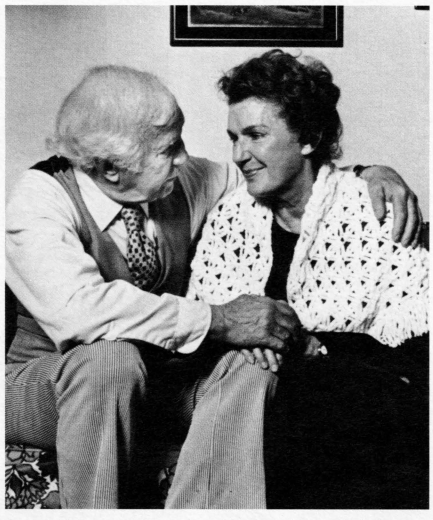
If physiological problems are not causing sexual dysfunction, the problem may be psychogenically-based. Psychogenic treatment does not differ radically across one's lifespan, according to Dr. Linda Dougherty, assistant professor of gerontology and psychology at VCU. Problems specific to the elderly may include performance anxiety or misunderstanding the overall aging process.

As with physiological problems, a thorough examination and evaluation must be conducted to clarify the psychogenic cause(s) of sexual dysfunction. It's necessary, says Dougherty, to find out why the client thinks this problem is occurring, as well as a history of the problem and related life events, a history of relationships, and the client's attitudes toward sexuality.

"The goals of treatment," Dougherty says, "are to find out what the client thinks he or she needs, how involved he or she expects to be in treatment, and why this person is seeking help at this particular time." She points out that the interviewer/clinician must not have a negative attitude toward sexuality in the aging and that a rapport must be established with the individual, who may wonder how a younger person can understand what he or she is experiencing.

Dougherty notes three potential routes of treatment. Masters and Johnson, she says, were the first to combine scientific knowledge into effective treatment. Theirs is a two-week intensive program that stresses mutual responsibility for the problem, conjoint treatment (the patient *is* the couple), and education and training in areas such as new ways of interacting in pleasurable activities that may or may not include intercourse. Masters and Johnson courses also depend upon a male-female co-therapy team to help both partners feel their needs are being heard.

A second mode of treatment, called the PLISSIT



model, focuses on sexual problems as being at different levels of complexity, which should be treated thusly. The levels include Permission giving, Limited Information, Specific Suggestions, and Intensive Therapy. These areas run the gamut from clearing up one's stereotypes or correcting false information about sexuality to acknowledging that other problems, such as fear of illness or death, may be causing sexual dysfunction.

Non-demand pleasuring is the basis of another form of treatment. In this option, no one sexual act is seen as more important than another. As Dougherty describes the treatment, it is most important to enjoy the sexual experience, whatever it is, and to be comfortable with it.

Long-term Senior Sexuality

"It's hard to feel attractive when you've been sitting in the same nightgown for three days and no one has combed your hair," says one nursing home resident. Although love and sex are getting more play in the movies, they're almost always portrayed within the community. But what about nursing homes and other long-term care institutions for the elderly? According to Amie Modigh, it's a topic most nursing homes won't discuss. The prevailing attitude, she says, is "We don't allow sexuality."

In fact, she says, there has been an emphasis on "controlling" sexual behavior in long-term care facilities, where it is seen as unimportant to the individual or as a problem to be solved or even punished. Many such institutions are segregated and may not even allow married couples, like Bob and Marie, to share a room.

Surveys indicate that, depending upon the physical, mental, and sexual health of nursing home residents—and their interest in it—sexuality in its many forms *is*, or can be, an important part of their lives. Perceptions older people sometimes hold that echo society's taboo against geriatric sexuality are formed by their upbringing, religion, feelings about procreation, and feelings about their own sexuality.

Modigh feels most older people are much more interested in the topic of their own sexuality than they will admit in public. "When I asked one home's residents if they would be interested in a lecture on sexuality, only three raised their hands. When I asked the group in a written survey, 92 percent said they were interested, and rated it either first or second, next to information on arthritis."

If health care professionals haven't had formal education in human sexuality, says Modigh, they still need to be informed of the physiological differences and needs of the elderly, to be understanding and nonjudgmental, and to know to whom patients with problems can be referred. "Knowing that interest often exceeds opportunity has implications for how we plan our care for the older adult," she says. One must also recognize different types of intimacy to help the elderly meet their needs. As Modigh says, "It's not restricted to the genitals," but includes social, physical, intellectual, emotional, spiritual, and sexual intimacy. She gives the example of an Alzheimer's patient who prepares at noon each day for her husband's visit by putting on lipstick and combing her hair. This ritual, this feeling of intimacy, is important enough to be remembered by a woman whose intellectual capacity has been severely impaired.

Are the patient's rights to sexuality guaranteed in a long-term care institution? Privacy, says Modigh, should be provided, and the patient's rights bill could be challenged, if necessary. But currently, people like Bob and Marie must either accept their separation, challenge it and risk being asked to leave, or move to a home that does allow them the freedom of expressing their sexuality. A hug in the game room is important, according to VCU's teleconference presenters, but a more involved sexual relationship—when it is desired—is just as important.

So should sex and the senior citizen be mentioned in the same breath? By all means. After all, sexuality doesn't necessarily stop when Social Security starts. Nor, say the experts, should it.

Cynthia McMullen is an editor in VCU Publications.

Photography by Doug Buerlein.

TELECONFERENCE OUTREACH

When asked, the executive director of VCU's Geriatrics Education Center (GEC) is hard put to select any one project she would want to feature from the center's varied offerings. But when pressed, Dr. Iris Parham admits that the annual teleconference series has been one of the more exciting, and successful, activities sponsored by the GEC.

In fact, the increase in numbers of participant sites resulting from national marketing of the teleconferences has necessitated a number of changes in coordination procedures. People who coordinate local sites, for example, may now market each teleconference to constituencies in their surrounding areas and thus gain visibility for their own institutions as program cosponsors. If response to the program on sexuality is any indication, local sites are becoming more and more interested in using the conferences as educational tools for students or health care professionals who may or may not have previous training in geriatrics. Continuing education units or credit for continuing medical education also is available to interested participants.

From their original statewide orientation, the broadcasts have been expanded to a national satellite hookup. And it's not just a group of talking heads that viewers at local sites see; experts in geriatrics share information with the aid of slides, charts, and pretaped role playing situations, and participants have the chance to ask questions and share ideas with the presenters. Thirty-four educational institutions that have GECs or are members of the National University Teleconference Network and about 330 hospitals served by the Healthcare Information Network were privy to the recent program on sexuality and the aging. In fact, viewer-presenter interaction may be limited due to the teleconferences' very success; during the sexuality conference, people from several states called in with questions following each speaker's presentation, and only time constraints kept the conference from continuing past its allotted hours.

Three teleconferences are scheduled each year by Dr. Joan Wood, educational services director for the GEC. "Sexuality in Later Life" and "Management of Urinary Incontinence in the Elderly" already have been produced for 1987-88, and the season will close with "Health Promotion and Wellness in Older Adults" in April. Wood says plans are now in progress for next year's teleconferences. Topics that have been covered in the past include geriatric medicine, sensory changes with age, suicide and abuse, and recognition and treatment of depression in the elderly. After each conference, participants are asked for an evaluation and for suggestions for future programs.

In addition to the potential live interaction, all teleconferences are videotaped and are available upon request to persons interested in geriatric health care. Providing the tapes helps further one of the GEC's objectives: reaching out to communities that may not have immediate access to this type of educational material.

In discussing the teleconferences, Parham noted several other activities and programs that are just as important to the work being accomplished by VCU's GEC in its third year. For instance, it has trained over 50 individuals through month-long mini-fellowship programs in geriatrics, and Greenwood Press published a book in February that incorporates several of the center's curriculum resource guides. Mentioning that funding for the GEC is now up for competitive renewal, Parham notes that the center is filling a need "that's always been there. This is our golden opportunity to make a contribution to quality care of our older population."

NOTES FROM KENYA

From May 23 to June 15, 1987, a team of VCU surgeons performed 103 operations on young Kenyan children with birth defects and accident deformities. They worked at Kenyatta National Hospital at the University of Nairobi. The team was put together under the auspices of Operation Kids, a collaborative effort of MCV Hospitals, the Richmond-based Christian Children's Fund, and the University of Nairobi School of Medicine.

The team was led by Dr. Austin Mehrhof, vice-chairman of the Department of Plastic and Reconstructive Surgery. Team members included Drs. Joseph Boykin, Arthur Simon, and David Turner, plastic surgeons and faculty in plastic and reconstructive surgery; Dr. Mark deBlois, an orthopedic surgeon, and Dr. Michael Estes, an anesthesiologist, at MCV Hospitals; and Dr. Makena Marangu, a Kenyan who graduated from VCU's School of Medicine last spring.

While in Kenya, Boykin and Mehrhof kept personal journals. Following are their notes from Kenya.

—E.J.

Dr. Joseph V. Boykin, Jr.: Operation Kids

Departure, May 22

After months of intense logistical preparation, Operation Kids had finally come to the day of departure. Preliminary press and television coverage of the project had some of us wondering if we were really the same doctors that they were talking about with such praise. It also made us realize that we had no way of knowing what to expect, except perhaps that this would really be a challenge.

We hoped, by now, that the 10,000 pounds of equipment we had personally crated were in Nairobi, or somewhere nearby. We laughed about the things we hoped wouldn't go wrong and silently anguished at the thought of how awful it could get if anything did go wrong. But today was not a day for negative thinking.

Total flight time was about 18 hours—Washington to Boston to Paris to Nairobi. You learn a lot about your lower back and chair abuse when you sit for that long. We had a 12-hour layover in Paris, which allowed us to do some hasty sightseeing—in the rain. We departed at night from Paris and saw the sunrise over Africa from 35,000 feet. By now we were pumped and ready to go.

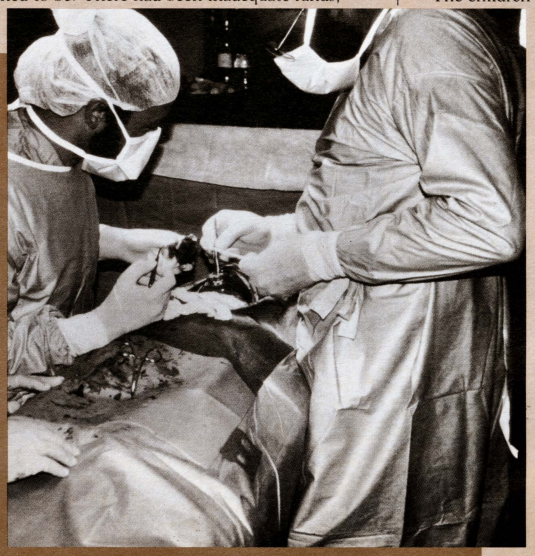
Our first glimpses of East Africa from the air were breathtaking. The Central Migration Plains, the Great Rift Valley, the tropical flora and rugged terrain. You could really believe that this was the birthplace of modern man; what we were looking at had been unchanged for an eternity.

Arrival

We had a warm and cordial reception in Nairobi. Makena Marangu and the CCF staff quickly loaded us into jeeps and vans and transported us to town. Our best news was that all our supplies had arrived intact. Thank God.

Nairobi is a western-looking city with tall buildings, lawns, and parks; all major posters and signs are in English. Definite signs of earlier British habitation are evident in restaurant menus, décor, architecture, and social mannerisms (such as afternoon tea). This time of year is the beginning of the rainy season and winter in Kenya. The average temperature is in the upper 70s to upper 80s. The humidity is not high, and most of the Kenyans wear coats and complain of the cold. It seems very pleasant to me, even though we have a brief daily afternoon shower. We are told that the summers are unbearable with the temperature always in the 90s. This is one winter I'm going to enjoy.

That evening we spent meeting the key members of the CCF field office in Nairobi: Ms. Maragery Kabuya, director, and Mr. Kojwang and Mr. Mwaniki, field office managers. We spent some time getting a crash course in Kenyan history. We learned about the hospital where we would be working, Kenyatta National Hospital, a 2,000-bed facility built by the British. Today it is merely a shell that has lost its ability to serve as the modern and efficient health care facility it was designed to be. There had been inadequate funds,



The first day of surgery at Kenyatta: ". . . like a meeting of the United Nations without interpreters."

graft, corruption, the exodus of the British, and a lack of enthusiasm to care for the masses of needy Kenyans who lived a very poor, rural existence.

Our accommodations were dated by our standards. We spent our first two nights in the new Stanley Hotel; we were later moved to the Nairobi Club, which was within walking distance of the hospital. The meals were well-prepared and the service excellent.

We spent our first full day in Nairobi sightseeing at the Nairobi National Park, a small game preserve just outside the city, and at the Bomas of Kenya where shows of ceremonial tribal dances were performed and where villages from the various tribes were on display. We ended the day with a frantic visit to the CCF field office, where we realized that we had to load and transport all our surgical equipment to the hospital by shuttle cars—in the rain.

Looks like vacation is over.

First day of work

Dr. Agata, director of Kenyatta National Hospital; Dr. Mbalu, chief of plastic surgery; and other staff greet us on our arrival at the hospital. Our first group of patients has already been housed in two previously abandoned open wards (35 beds each); and a cadre of nurses brought in for our operations by the CCF field office are standing by, ready to help us. This is an impressive display of organization, and we sense that there is great pride and dignity in our new staff members and in the children who have traveled to Kenyatta for surgery.

We spent the afternoon screening children in an open area off one of the main wards. A small old wooden table was our clinic desk, and the children were brought in singly, most walking barefoot on the concrete floor. Most of the children were neatly dressed, but some had on well-worn and ill-fitting, but clean, clothes. Many children came from sponsored homes, some from orphanages.

The children were quite animated but well-behaved, and the mothers who traveled with them quietly observed us as we began our evaluations. All these children had carried their afflictions for months or years. They knew that these "strange" doctors had come a long way to help them, and they were excited, nervous, and very brave.

We saw about six dozen children that afternoon. There were large gaping cleft lips and palates; hideous orthopedic problems (one child came into the room walking on her hands, swinging her tightly flexed, deformed feet and legs in between); and severe burn contractures of the face, neck, hands, knees, and elbows, which in many instances had deformed the underlying bones because of the length of time that had elapsed since the injury. This was no picnic for us, but it was obvious these children needed our help.

Austin Mehrhof suggested we each develop a severity scale, which would help us later with scheduling for the days ahead. Using this system, each child would be given a score reflecting the degree of difficulty of their problem. A simple cleft lip would receive a low score, and the more complex cases would get higher scores. For a while, it looked as if every child was tilting the scale . . . what a way to start the week.

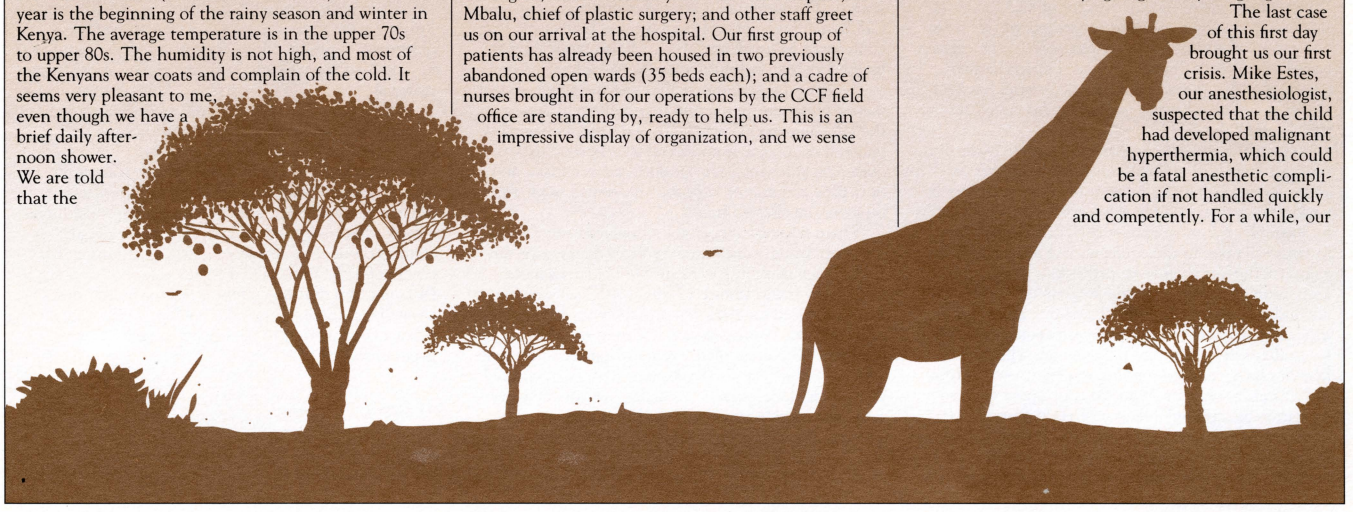
First day of surgery

This was a difficult day.

Our first meeting with our operating room teams, picked to act as scrub nurses and techs in the O.R., was like a meeting of the United Nations without interpreters. English was spoken somewhat and understood, but when compounded by rooms full of new equipment, disposable gowns (in Kenya, nothing is disposable), electronic monitors (a very uncommon finding), and six compulsive American doctors, things got a little confusing. Hand gestures helped, and live demonstrations seemed to be real crowd pleasers. Slowly and painstakingly, our new team began to move forward.

We had our first cases (a burned child and a cleft lip) before noon, and things began to click. No photos were allowed that day (which was corrected the next day), but we were busy enough trying to get everything organized.

The last case of this first day brought us our first crisis. Mike Estes, our anesthesiologist, suspected that the child had developed malignant hyperthermia, which could be a fatal anesthetic complication if not handled quickly and competently. For a while, our



Kenyan nurses and technicians were confused about why we were so concerned. After a frantic search for ice (which they first began bringing to us by the spoonful!) and a quick completion of the case, the child's resuscitation was successful, and she spent the night in the hospital's intensive care unit. This episode was very sobering for all of us. It made us realize how vulnerable we were performing surgical procedures in a facility without the sophisticated resources of MCV Hospitals. Pulling a child out of distress, however, also brought our group closer together. In a way, we felt our teamwork had been tested—and we had passed.

First week

As with all new working relationships, each day allowed us to learn more about our new colleagues and new surroundings. We also learned a little Swahili. Our days were long by Kenyan standards. We would rise at 6 am; breakfast together at our new home, the Nairobi Club; discuss the plan for the day; and walk to the hospital (about a third of a mile). We would make rounds, check wounds, and operate until about 6 to 8 pm; lunch was brought to us in the operating room equipment area. This was a demanding pace but one we all agreed was necessary if we were to help as many children as possible.

There also were plenty of new challenges and crises ahead. One memorable case was that of Francis Kamau Magu, a small, impish ten-year-old from the Marigat District with two-year-old severe burn scars of the face and neck. The scars had resulted in a disfiguring burn contracture of the mouth and lower lip, which had fused the lower lip, chin, and skin of the neck to the child's chest. This left him unable to lift his head away from a flexed position; it also left an open bite of the lower jaw and the inability to close his mouth because of the deformity to the bone that had resulted.

We knew his case would be difficult, and we encountered problems immediately. Because of the severe nature of his contracted chin and mouth, we were unable to place a tube into his trachea for proper general anesthesia. Mike Estes spent nearly an hour of careful attempts to place the tube, but it was obvious more aggressive measures were needed. The massive scar over the chin and neck needed to be released—cut—so that his chin would move away from his chest and the tube quickly placed, general anesthesia administered, and the operation begun. Unfortunately, the manuever would have to be done with a local anesthetic, the patient fully awake. Thinking about the complications that could follow—massive bleeding, an uncooperative patient, aspiration, cardiopulmonary arrest—we were at first reluctant to proceed.

After discussing the alternatives with Austin Mehrhof, we realized that if we did not help this child now, there might not be a better chance for him to be successfully treated—by anyone. Little Kamau bravely followed our instructions during the procedure without even flinching. We quickly proceeded after successfully releasing the chin without complication and reconstructed the scarred lower lip, neck, and chest. The post-op result was good, and we shared a sense of accomplishment in having tackled the problem. In the days that followed, the positive effects the surgery had on Kamau's personality and demeanor were quite obvious.

Many of the mothers waiting for their children's surgery were now excitedly looking at the results of the cleft lip and palate cases performed during the first few days. Soon, word of our favorable results had spread. Mothers now constantly sought confirmation of their child's scheduled surgery, and we were receiving requests for all sorts of reconstructive (and cosmetic) surgery while in Nairobi. It was gratifying for us to see the pleased families following surgery, but the knowledge that there were many more who would remain waiting for treatment after we left was a constant annoyance.

The Nairobi Club

The Nairobi Club is becoming our home away from home. This facility had been established as a private club for British civil servants during their colonization of Kenya. The club has been kept in operation by Kenyan officials in the same British fashion since Kenya's independence. It is a rather unattractive, two-story building with a soccer field, bowling lawn, and gardens sprawled over about two acres—a stark contrast to the surrounding substandard housing in that area of Nairobi.

One of the Kenyatta Hospital wards: "We would make rounds, check wounds, and operate until 6 to 8 pm."

This little oasis in the desert has all the trappings of a British men's club: sauna (no co-ed mingling allowed), paneled reading rooms, no air-conditioning or showers, billiard room, mosquito netting over the beds (which was needed), porters promptly responding to every request, and a delightful but unimaginative menu in the private dining hall. Coats and ties are required at the evening meal, and no women are allowed in the reading room before 6 pm.

Several club trophies are displayed near the fireplace in the reading room. A neatly framed picture of the royal couple is mounted above the mantle. If you suddenly woke up there, you'd have difficulty believing you were in East Africa—especially after the poached eggs.

Mombasa

As part of our tour of duty with CCF in Kenya, we enjoyed two weekend excursions away from Nairobi for sightseeing, souvenir shopping, and just plain R&R. We spent our first weekend in Mombasa, an old port city on the coast of the Indian Ocean. It had been exploited by the Portuguese and the Moslems, and today it is a rich mixture of the Indian and African cultures.

As a gesture of gratitude for our project, the Kenyan Ministry of Tourism and Wildlife had given us complimentary accommodations at the Trade Winds Hotel on the coast for that weekend. The trip to Mombasa, a 13-hour excursion on the "Night Train," proved to be as exciting as Mombasa. Our group had four private compartments in adjoining cars. The compartments were tightly placed double bunks with a sink, fan, a window, and a sliding-door access to the walkway through the car. The walkway could only handle one person at a time. We observed numerous, interesting international encounters in those tiny passageways as people tried to outmanuever each other for position.

We were in great spirits as we boarded the train at dusk. We had completed a hectic week without any significant problems. We were ready to relax. A previously planned cocktail party on the train was almost ruined by the lack of ice (getting ice in Kenya was becoming a problem), but our group forged ahead undaunted by our warm chasers and oblivious to most things that mattered after the second round. Dinner on the train was another story. My only advice: Don't eat the curry.

Mombasa is a beautiful contrast to the bustling city of Nairobi. Blue waters, palm trees, gentle breezes, and the busy open markets and vendors moving through the streets. The hotel is on a beautiful white, sandy beach, and our rooms have air-conditioning and showers. This weekend is spent sightseeing and shopping and snorkeling and sleeping.

Mombasa is a favorite vacation spot for Europeans, who also are here this week-end. With the exception of an unfortunate episode with a local "beach boy" tour guide who was literally abducted by a former employer whom he owed 700 Kenyan shillings, our visit was very pleasant. Prior to our departure on Sunday, we went to the Tamarind Restaurant, which is probably one of the finest seafood restaurants I've been to anywhere. The food was sumptuous and the presentation elegant. The Kenyan crab, about the size of a two-pound Maine lobster, was an unforgettable treat. We took extra orders of smoked impala and Kenyan crab for the trip back to Nairobi.

The return train trip from Mombasa was subdued compared to our arrival. We quietly reflected about the next week of work and how we were all beginning to show signs of missing our loved ones. Surprisingly, the train porter was able to provide ice for our group. This permitted some of us to explore the shimmering, cool currents of J&B Scotch while transfixed by the clatter of the tracks leading back to Nairobi.

Madaraka Day

Monday morning we were reminded that this is a national holiday commemorating the initial steps toward the independence of Kenya. It is called Madaraka Day, which means Day of Responsibility. Yomo Kenyatta felt that it was imperative a special day be set aside so that the citizens of Kenya could reflect on their individual responsibility to the welfare of the country. This is something that should probably be instituted in some western countries—to remind us that one's freedom and livelihood are not to be taken for granted. These are rights that must be earned and protected on an individual basis.

Because of the train schedule, we were unable to see any ceremonies but used the time to make rounds and to schedule.

We observed our first wound infection that day in one of the burn patients. Plans were made immediately for debridement and wound care. I anguished about this. We had brought a lot of technology with us, but we had no means of modifying the post-operative environment that these children were exposed to. In the states, post-op measures would include careful

instructions about cleanliness and avoiding moisture and the need for immobilization. Here, these were tough ideals. The staff, facilities, and supplies to perpetuate our normal post-op routines were not to be found. We realized, therefore, that it's better to make a small amount of progress with a potential for small loss than to be a hero and place life or limb in jeopardy because of complications. In a setting like this, a plastic surgeon must think function before appearance. Sometimes the solution requires operating on the healthy part so that it matches the range or capacity of the chronically injured part. This is basic bush surgery.

That Monday evening we had the extreme pleasure of being the guests of Richard Leakey at the Nairobi National Museum. He personally toured us through his laboratory and displayed the skulls and long bones of special finds, linking the evolution of modern man as discovered in the central plains of East Africa and in the settlements of Lake Turkana. This was absolutely fascinating. He spent some time describing how this unique terrain and climate had supported man's development from a quadraped to a biped, how man began to use his hands more freely, and how the development of the speech center was noted simultaneously with these advancements. It was inspiring to meet someone who had so significantly shaped our understanding of our evolution. He also turned out to be a very pleasant and charming person.

Second week

The second week of surgery was a much more efficient version of the first. By now, it was becoming popular to determine just how many cases we could do.

A third operating suite had been promised, in addition to the two that we occupied, but because of chronic problems from the hospital anesthesia staff, the use of this third room was very low. I spent as much time as I could working with the Kenyan registrars who were very well-read and eager to assist in our surgeries. They were pleased that we would be operating in their hospital and hoped to learn many new techniques.

By now, our staff was settling into the use of the disposable gowns and gloves (which were secretly being recycled to another part of the operating theater) and could anticipate our procedures and techniques. The Kenyan nurses and technicians also were asking us how we could help them get financial aid for education in the U.S. We were sorry that we couldn't help more in that regard. These were all bright, eager people who wanted to learn as much as they could. At Kenyatta National Hospital, their chances of being at the forefront of medicine were nonexistent.

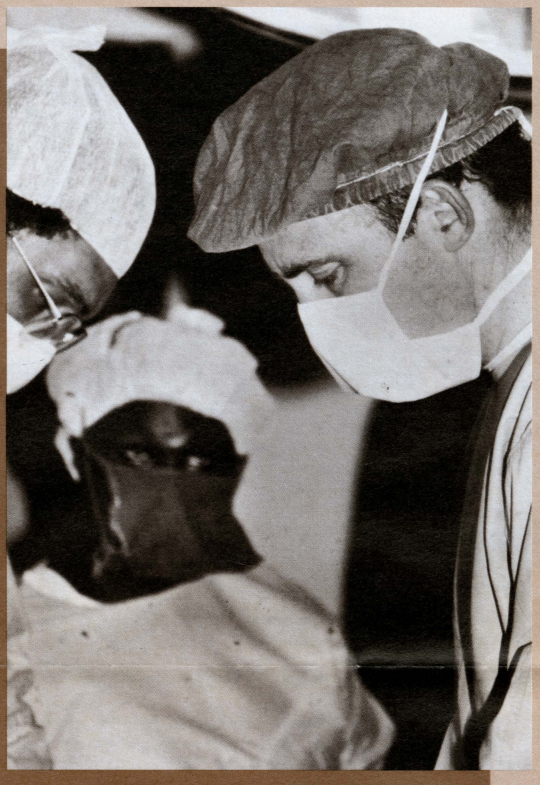
During this week, the CCF field office had organized a special reception for our group so that we might meet the chairman of the CCF advisory board, the Honorable Moody Awori, and the newly appointed Minister of Health of Kenya. The affair was warm and touching; our team and members of the CCF organization were able to give thanks for what was now a very successful collaboration. It appeared that official sanction for the project might be in the works so that Operation Kids might become an annual event for the VCU group and Kenya.

Toward the end of the second week, another screening clinic was organized so that we could complete our scheduling for the last week. Because I was the only surgeon available at the time, I started the screening process. My plan was to evaluate what burn injuries I could and make notes about the cleft lip and palate patients that were available.

Publicity about our project had been spreading. The exam and waiting rooms were on the first floor of the hospital off an open breezeway. From a distance, I could see the darkness of huddled masses in the rooms, which were now filled to capacity. There were over a hundred children and parents in the rooms waiting to see the doctor. As I entered and was recognized, the mothers started toward me with their babies and children held out in front so that I would not miss them. It was very close and hot, and the cries of hungry and tired children made it difficult for me to find my way to the office where I would see them. I knew that we only had time for a small number of extra patients . . . nowhere near the number present. I was depressed and angry at the same time.

One of the clinic nurses, seeing my grief, half-heartedly smiled and said, "You see, that's why you must stay. We see this all the time." I paused and tried to smile at her for a second, but it didn't help the way I felt.

There were perhaps four or five burn patients that I scheduled, one a 16-year-old girl who had lost half her face after falling in an open fire while having an epileptic seizure. Nothing is getting easier around here. I could not believe that there could be so many unrepaired cleft lips and palates in one room. But this was real.



Boykin (left) and Simon: "In a setting like this, a plastic surgeon has to think function before appearance."

After trying to reassure a few almost hysterical mothers, I slowly pulled myself through the crowd to return to the operating room. Arthur Simon would take over the selection of patients from the group in the clinic. I knew Arthur had never seen anything like that, and I tried carefully to warn him about the situation. Half smiling, I told him that when he walked in that room, he would know what it's like to be Mother Theresa.

I saw both Arthur and Austin Mehrhof a few hours later. They looked exhausted and depressed. I knew exactly how they felt.

The end of the week arrived, and we needed a break. We looked forward to our planned trip to the big game preserve, Masai Mara, in the western plains. I was ready to look at anything—as long as it wasn't burned, crippled, or talked with a lisp.

Austin I. Mehrhof, Jr.: The Last Days in Kenya

Friday, June 5

Following an abbreviated operating schedule, we returned to the Nairobi Club to pack for our weekend trip to the Masai Mara Game Preserve. We left the club in two separate cabs; one of them went to the wrong airport in Nairobi. Fortunately, it found the correct airport with about ten minutes to spare.

The flight from Nairobi to Masai Mara was quite enjoyable, although I found the information provided by Sunbird Airlines in the seat pocket slightly distressing. It recounted the history of our airplane, a DC-3, which had been built in Kansas City, Missouri, in 1937 and served as a troop carrier in World War II; it has been in continual service in East Africa ever since.

We made it to Masai Mara and checked into the Mara Serena Lodge. The lodge is peaceful and situated on a hill overlooking the Mara. We made arrangements for an early morning safari following which most of us simply relaxed or napped for the rest of the day.

Saturday, June 6

The day began at 6 am with a two-hour drive through the plain. Apart from the vast numbers of wild animals, the single most striking thing to me was the intermingling of predator and prey. We saw a pair of lions resting within 50 yards of a herd of zebra. In the course of our morning and afternoon safaris, we were able to see all the animals that we hoped to see, with the exception of the rhinoceros. Unfortunately, this animal is being poached into extinction because of the value of its horn in countries such as Thailand and Yemen.

Today was Joe Boykin's birthday. The cook at the lodge baked a birthday cake for Joe from scratch. We had a very pleasant birthday dinner with all the members of our team; a balloon pilot from Australia and a travel guide from Spain by way of Ohio joined the party. It was a nice party, but I'm sure Joe must have been lonely celebrating his birthday so far from his family.

Sunday, June 7

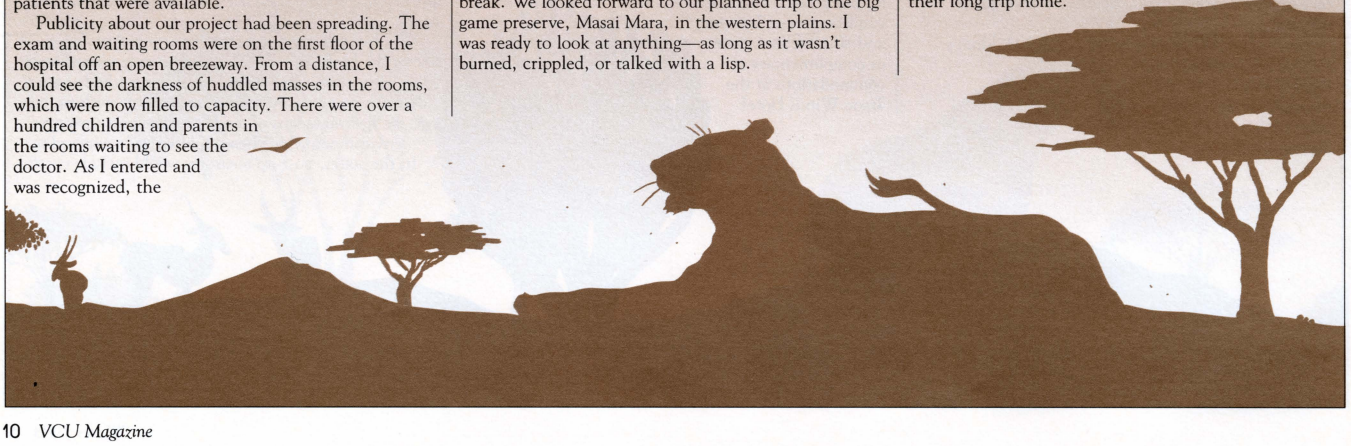
We began with another early morning safari. Because of yesterday's late afternoon rains, we were a little more limited in where we could travel. Still, we continued to be amazed at the quantity of wild game and the beauty of this land. We have seen a profusion of animals, a beautiful late afternoon thunderstorm with a crystal clear, double rainbow, and a beautiful sunrise. It is difficult to describe the peace and solitude found in this isolated area.

We returned late this afternoon to Nairobi in our trusty DC-3, which had remained parked on the small landing strip for the last 24 hours. The return trip was uneventful, and we all prepared to return to our work the next morning.

Monday, June 8

This was our last operating day as a full team. Joe Boykin had a number of burn cases that he wanted to finish today, and he was able to accomplish all but one of these. In addition to the burns, we completed a good number of cleft lip and palate cases today.

It was an interesting experience at dinner. In the past two weeks, we have become extremely close as a group, and I think we all had mixed emotions about the team splitting up. In any event, Mark deBlois, Joe Boykin, and David Turner left this evening to begin their long trip home.



Tuesday, June 9
The breakfast table seemed empty with just Mike, Arthur, and me there. We discussed the fact that we were up before breakfast, before the other three had even arrived in Paris. In fact, we completed a full day's work today and had almost a full night's sleep before they were home in the states. Their departure has given us an odd sense of loneliness.

We began today with 33 cases left in the hospital to be finished. Our goal is to finish every one of these children before we leave. We got a good start on that, completing eight cleft cases.

Wednesday, June 10
We continued today trying to accomplish our goal of finishing all these cases.

We had the pleasure of a visit in the operating room from Dr. Bill Adams-Ray. He is a Swedish plastic surgeon who has been in East Africa for the last five years with a group known as the Flying Doctors of Kenya, and it was most fascinating to talk with him regarding his experiences in the bush. As stressful as we have found operating in these conditions at times, I don't think we can imagine operating in the bush.

Bill scrubbed with us on a number of cases, and it was a real pleasure to share our experiences.

Thursday, June 11
More operating today. With the other three having gone home, it is basically Arthur in one operating room and me in another, with Mike Estes circulating back and forth giving anesthesia. It makes the days somewhat longer, and I must admit that today we all began thinking more and more of going home.

I broke for an hour in the early afternoon to give surgical grand rounds. It was well attended with approximately 50 residents and medical students present. I talked about the background of Operation Kids as well as VCU. They had a lot of questions about the possibilities for education in the states. I then talked about our multidisciplinary team approach to cleft lip and palate. What a luxury it is to be able to offer this kind of care at home.

This evening we had dinner with Bill Adams-Ray at his home. It was again a pleasure to be able to hear of his experiences in the bush. He has been so eager to spend time with us in the operating room. He was with us again this afternoon at Kenyatta National Hospital.

Tomorrow is our last operating day, and we are close to our goal.

Friday, June 12
We began with seven cases left to complete. Our operating day was shortened for a reception planned for 3:30. During the time that we have been here, a new Minister of Health has been appointed, and he agreed to come to the hospital to meet the team.

We finished our last patient at 3:25, just in time for the 3:30 reception. What a relief it was to have finished all the children.

At the reception, the Honorable Matiba spoke very kindly of our project and offered his assistance and encouragement for future projects in Kenya. We had our last dinner at the Nairobi Club and made plans for our last day in Kenya.

Saturday, June 13
Today began with our last rounds in the wards. There are approximately 15 children who will remain in the hospital through the weekend and will have their sutures removed on Monday prior to discharge. While Arthur and Mike went to do some shopping, I visited three hospitals to see if it would be feasible to use them for future projects.

The Kikuyu Hospital is a Presbyterian mission hospital. Its only physician at present is a young Canadian who has been there for one year. Unfortunately, it has only one operating room and would probably not be useful to us in the future. The local district hospital suffered from the same limitation of operating space. The last hospital I visited was Gertrude Gardens Children's Hospital, which is the only children's hospital in East Africa. Its atmosphere reminded me so very much of our own Children's Hospital in Richmond. In any event, it also will be too small for future projects.

We spent the late afternoon packing for our flight home. We had a pleasant dinner at the Carnivore Restaurant with all the CCF staff who had been so helpful to us during our three weeks. We said our final goodbyes at the airport in Nairobi and boarded our Air France plane for the overnight flight to Paris.

The Operation Kids team (from left to right):Drs. Mark DeBlois, Arthur Simon, Michael Estes, David Turner, Makena Marangu, Joseph Boykin, and Austin Mehrhof.

Sunday, June 14
We arrived safely in Paris. We had a four-hour layover, so we took the train into Paris and had breakfast and did some final sightseeing. The flight from Paris to New York was very long, and we all began to realize how tired we were. We made our connecting flight from New York to Richmond with about 15 minutes to spare.

Arriving home was a thrill. My children were there with Operation Kids tee-shirts on and a sign welcoming us home. It was the end of a long trip and a truly rewarding project.

Since returning home, the Operation Kids team has gone a number of separate ways. David Turner is now in private practice in plastic surgery in Austin, Texas. Arthur Simon is pursuing a fellowship in hand surgery at the Union Memorial Hospital in Baltimore. Mike Estes has left VCU and is practicing anesthesiology at St. Mary's Hospital in Richmond. Joe Boykin, Mark deBlois, and I remain on the faculty. Although we have gone separate ways, we all agree that this project gave us a sense of camaraderie and friendship that we wouldn't have found had we not gone through this experience together.

Currently, another Operation Kids team is in Guatemala City, Guatemala. Approximately 100 children were selected for corrective surgery at the Hospital San Juan de Dios. Plans are under way for a return visit in October 1988 to the Kenyatta National Hospital.

Photos courtesy of Drs. Joseph Boykin and Austin Mehrhof.

Illustration by Scott Wright.

1838 150 YEARS 1988

ROBERT BLACKWELL SMITH, JR.

By David C. Williard

It would not be an easy tenure for Dr. Robert Blackwell Smith, Jr., the Medical College of Virginia's fourth and final president.

Smith assumed his presidency on July 1, 1956, in the shadow of the presidency of the monumental Dr. William T. Sanger. The end of his tenure saw the merger of MCV with Richmond Professional Institute to create VCU. Events in between were no less exciting. But as Dr. Hunter H. McGuire, Jr., chief of surgical services at the McGuire Veterans Administration Medical Center, says, Smith played crisis low-key. It would prove the wisest course.

A native of Petersburg, Smith began working at the age of ten in his father's drugstore. He quickly advanced from delivery boy to soda clerk to drug clerk to registered pharmacist. After graduating from Petersburg High School, Smith enrolled at MCV's School of Pharmacy where, in 1937, he graduated first in his class. He went on to obtain his M.S. from the University of Florida in 1938 and his Ph.D. from the University of Chicago in 1941.

In 1942, Smith joined the Division of Pharmacology of the U.S. Food and Drug Administration; he was soon promoted from assistant pharmacologist to acting chief of the division. He came to MCV in December 1944, and in July 1947, at 38 years of age, he became what was believed to be the youngest dean of a school of pharmacy in the country. Six years later the MCV Board of Visitors appointed Smith to serve as assistant president under Sanger, who was approaching the age of statutory retirement.

Sanger had brought both a mission and a forceful personality to MCV. When Sanger assumed the post in 1925, MCV was facing the loss of its American Medical Association accreditation. Sanger's goal to bring international emminence to the school staved off the threat from the AMA. Perhaps his greatest legacy was his building campaign, which resulted in the construction of Cabaniss Hall, the A. D. Williams Clinic, St. Philip's Hospital, Randolph-Minor Hall, and the Ennion G. Williams Hospital, in addition to numerous renovation projects. These capital projects played a major role in making MCV more enticing to some of the nation's foremost medical minds. But Sanger did not often make friends in the process.

In contrast to Sanger's style, Smith was quiet and unassuming, and he shunned the spotlight. As McGuire recalls, Smith possessed more of a depth of "people" skills. Introducing the new president in 1956, Dr. Robert V. Terrell, one of Smith's colleagues, said, "In addition to his many accomplishments, Bob Smith has a real talent for getting along with people. His slow drawling speech, ready smile, and genial personality encourage and disarm the timid, while his quick wit and penetrating appraisal of the point of view of others test their mettle."

"Smith inherited many potentially volatile situations," McGuire explains. "But he had incredible political savvy. He knew when to lay low, and he let others garner publicity. He had the ability to let controversy run its course.

"Smith was one of the finest administrators MCV has known and one of the few self-sacrificing individuals I have ever known."

During the next 12 years, Smith's own mettle as an administrator was often tested. McGuire describes MCV as "full of ferment" during that period. Contributing to the unrest was Dr. David Hume, professor of surgery from 1957 to 1973. Hume, recruited from Harvard Medical School by Sanger, enhanced MCV's professional reputation. He and his staff set worldwide standards of excellence in vascular, endocrine, and cancer surgery. More than any of his contemporaries, it is said that Hume established human organ transplants as acceptable treatment.

Hume, however, seemed to threaten tradition among the Richmond medical community. He represented the new age of research; it seemed contrary to MCV's original mission of service to Virginians. In the early 1960s, MCV had to grapple with this apparent contradiction and develop a new mission: to increase its stature as a research institution. And it was Smith who had to walk this high wire. While appeasing the homefront critics, Smith began taking steps to compete for lucrative research grants.

At the same time, Smith had to face another source of friction that resulted from the revision of the medical curriculum, a feat that McGuire cites as one of Smith's most significant. The revision established an integrated curriculum for MCV students; it did, however, reduce the authority of department heads in the process. As McGuire notes, many department heads, of course, objected.

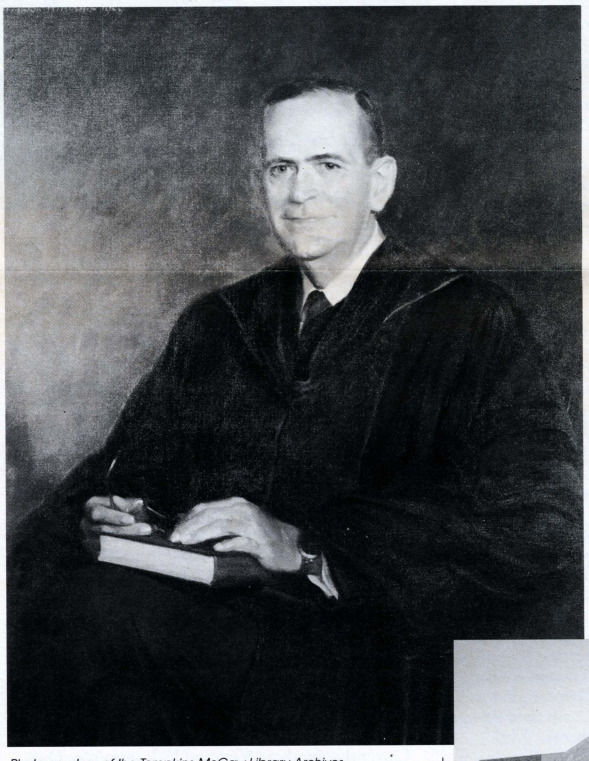


Photo courtesy of the Tompkins-McCaw Library Archives.

Then in 1965, Smith faced another major battle: MCV was to be racially integrated. "Smith never forced the issue," McGuire says. "He just let it happen. I think he showed extraordinary timing. Despite the considerable opposition, when the decision was made, the controversy passed rather quickly."

Three years later, events brought about the merger to create the new Virginia Commonwealth University. Smith became provost of VCU's health sciences division following the merger, and he served another year before he resigned his post because of illness. He continued serving VCU as professor of pharmacology until 1971.

During Smith's tenure as president, MCV's physical plant continued to grow. New buildings were added: the Clinical Center (now the Nelson Clinic), the Medical Education Center (later renamed Sanger Hall), the Larrick Student Center, and a parking deck. His administration saw the number of full-time faculty grow from approximately 175 to 407. Student enrollment increased from 1,558 to 1,990. Total college income in fiscal 1957 was $2,995,991; the figure for fiscal 1968 was $15,178,944. College expenditures for organized research increased from approximately $1 million in 1957 to more than $5.5 million in 1968.

These represent the tangible record of Smith's success. McGuire, however, believes that Smith's greatest accomplishment was holding things together when they had the potential to explode.

"In retrospect, the MCV Campus is as much a monument to Smith as it is to Sanger. I doubt MCV could have attained the stature it did during Smith's tenure as president had Sanger continued to occupy the position," McGuire says.

But perhaps Smith's greatest legacy was his deep belief in the promise of the new VCU. On his resignation as president and provost in 1968, Smith wrote the following about the University:

May I conclude by saying that I believe in the Virginia Commonwealth University and the great future of the College as the health sciences division. I promoted the idea of the University as finally constituted when few had heard of it and even fewer could conceive of such a development. In my own view, the Virginia Commonwealth University is destined to become the State's largest and most useful university and, in many ways, its strongest. It has a magnificent future.

David C. Williard is a freelance writer based in Richmond.

Dr. Hunter H. McGuire, Jr. served as chairman of the Medical College of Virginia Hospitals' 125th Anniversary Commemoration Committee. An excerpt from his "History of MCV Hospitals" appeared in the fall 1986 issue of the VCU Magazine.

R. Blackwell Smith, Jr. Pharmacy/Pharmacology Building.

New vice-president for advancement

John M. Kudless, former associate director of planned giving at The Johns Hopkins Institutions in Baltimore, has joined VCU as vice-president for advancement. In his new position, which he assumed in January, Kudless is responsible for university development, alumni activities, public affairs, and the Campaign for VCU, which is now in its second year.

Kudless joined The Johns Hopkins University in 1980 as director of development for the School of Public Health. In 1985 he was named associate director of planned giving at The Johns Hopkins Institutions. Prior to his association with Johns Hopkins, Kudless was director of development for the National Symphony Orchestra in Washington, D.C.

A native of Staten Island, New York, Kudless received his bachelor's degree from Northeastern University in Boston and his master's degree from The American University in Washington, D.C. He has been active in the Council for the Advancement and Support of Education and the National Society of Fund Raising Executives.

Organizing VCU's anniversary

Phyllis J. De Maurizi has been appointed to direct the 150th anniversary celebration of VCU, to be observed during the 1988-89 academic year. In her position, which she assumed in September, De Maurizi is responsible for planning and implementing events to mark the founding, in 1838, of the Medical College of Virginia, a part of VCU since 1968.

Before coming to VCU, De Maurizi was projects director for the Arts Council of Richmond, Inc., where she directed June Jubilee, the annual city-wide arts festival. She also was director of state education and community services for the Virginia Opera, executive director of the Shockoe Slip Foundation, and coordinator of the Historic Farmers Market Festival in Shockoe Bottom.

A native of Kentucky, De Maurizi earned her bachelor's degree from VCU.

Record-setting state enrollments

Enrollments in Virginia colleges and universities have continued to climb, according to a report in *SCHEV On-Line*, the newsletter of the State Council of Higher Education for Virginia.

Results show that 12,429 (4.1 percent) more students enrolled in Virginia schools in fall 1987. The growth, due primarily to an increase in the number of first-time freshmen, broke records at some public two- and four-year institutions.

According to SCHEV, the increase is largely due to an increased number of high school graduates. Another reason is an increased interest in higher education on the part of high school graduates: More students are taking the SAT and sending those scores to more than the usual number of schools. The SCHEV article also cited the fact that institutions' beefed-up marketing and recruitment efforts are having positive effects on enrollment.

The Virginia community college system led the way in increased headcount for fall 1987. Rappahannock and Southside Virginia Community Colleges, for example, posted 31 percent increases. Private institutional enrollments increased a total of 7 percent; several private colleges grew 14 to 15 percent although a few experienced substantial declines. Among the senior public institutions, Christopher Newport College boasted the highest enrollment in its 26-year history. Among public comprehensive institutions, Virginia State University had the largest increase at 8.5 percent.

What of the doctoral-granting institutions? Overall, their enrollment grew 1.6 percent; VCU was the biggest gainer, posting a 4.2 percent increase in enrollment for fall 1987.

Gordon K. Davies, director of SCHEV, says enrollments will continue this trend over the next two years but expects a decline as the number of high school graduates begins to drop in the early years of the next decade.

Outstanding nurse graduate

Eleanor Acham Lynch, a graduate of the School of Nursing, has been awarded the 1987 Outstanding Nurse Alumni Award.

Recognized for her work in test construction and performance and program evaluation, Lynch is director of Hampton University's Honors College as well as University Professor of Nursing. She is the recipient of numerous awards, including the Eminent Scholar Award from Norfolk State University and the Endowed University Professorship Chair in Nursing at Hampton University.

Lynch is the 15th recipient of VCU's Outstanding Nurse Alumni Award. The award is given to nurses who have made significant local, state, or national achievements or contributions in health-related community service, professional practice, administration, and research and education.

Classwork on AIDS

The School of Social Work is conducting a class this semester for people who work with AIDS and AIDS-Related Complex patients. Taught by Dr. Martin Schwartz, professor of social work, the class is targeted to social workers, psychologists, nurses, counselors, ministers, and volunteers in the human services field.

"Social Work Practice and AIDS," a graduate-level class, focuses on AIDS education and state and federal policies regarding AIDS patients. Techniques for working with AIDS and ARC patients are emphasized as well as public attitudes concerning treatment of AIDS patients and their families. Class lectures also cover the "worried well," a group of mostly young people who think they may have been exposed to the AIDS or ARC virus. Students learn how to approach the concerns of this group by asking the right questions and knowing how and when to suggest testing for exposure to the virus. Class lectures and material also review the emergence of AIDS-era morality and its impact on relationships. Methods of counseling single people, who are often unsure about getting into new relationships, are included.

Schwartz has been with VCU since 1974. He has been a volunteer at the Richmond AIDS Information Network (RAIN) for the last three years and has written and presented several papers on the subject.

Among the best hospitals

MCV Hospitals' excellence in patient care, medical education, and medical research was cited in a new book, *The Best Hospitals in America.*

The authors name 64 hospitals and hospital complexes in 27 states that offer the "finest nursing staffs, world-renowned physicians, and state-of-the-art technology." About MCVH, they say ". . . virtually every form of contemporary medical service is available here, including one of the world's largest organ transplantation programs, a first-rate cardiac surgery department (about 800 bypass procedures are performed here annually), a major burn unit, a Level I Trauma Center, a Comprehensive Cancer Center, and a nationally famous neonatal intensive care unit." In addition, cited are the Temporomandibular Joint and Facial Pain Clinic, artificial joint replacements, the Children's Medical Center, and the Dementia Clinic.

The authors also note MCVH's "full-scale commitment to research," including such research areas as Alzheimers-type dementia, multiple sclerosis, sudden infant death syndrome, cancer, neurology, obstetrics, organ transplantation, trauma (especially head injuries and burns), schizophrenia, hazardous chemicals, epilepsy, and a variety of disorders under investigation in an NIH-funded clinical research center at MCVH.

"Living Downtown"

This fall VCU's Richmond Revitalization Program released its latest study, "Living Downtown." John A. Young, director of the program, presented the conclusions of the study to a gathering of development entrepreneurs and city officials. Young outlined the proposed strategy for developing a community commitment to housing development in central Richmond.

The major recommendation of the study calls for the creation of the Richmond Housing Partnership, a group that would begin to implement the development of housing in the city's central business district. The study entreats members of the City Council and other Richmond government leaders to assume the leadership role in this public/private partnership with the purpose of planning and coordinating the future of downtown living spaces.

The year-long, in-depth study found that Richmond meets the nationally recognized criteria for downtown housing development, such as a large white collar professional workforce, a recent history of successful renewal and development, a concentration of cultural institutions and entertainment activities, and a geographic compactness. The study illustrates that the metropolitan demand, for which downtown will compete, also is strong and will expand by some 5,000 units annually. The study cautions, however, that unless specific community constraints are addressed and area residents are informed of the social and economic need for properly planned downtown development, such housing will not be built.

The Richmond Revitalization Program is a public service of the Department of Urban Studies and Planning in VCU's School of Community and Public Affairs. Funding is provided by VCU and by Crestar Bank, C&P Telephone Company, CSX Corporation, and the City of Richmond. Richmond Revitalization also is a program of the Metropolitan Foundation.

Fulbright scholars

Fulbright scholar grants have been awarded to two faculty at VCU.

Dr. Robert Godwin-Jones, associate professor of foreign languages, is lecturing on nineteenth-century rural German novels at the Teachers College of Karlsruhe in West Germany for 1987-88. Karlsruhe faculty member Bernd Gunter replaces Godwin-Jones at VCU through August 1988, teaching elementary and intermediate German.

Dr. Larry Beall, associate professor of economics, has received a Fulbright grant for 1988-89 to teach and study at the University of the South Pacific in Suva, Fiji. The grant will enable Beall to research health care delivery and financing in the South Pacific as well as the role of developing labor unions in that region. He also will lecture at the university.

Established in 1946 under legislation introduced by former Senator J. William Fulbright, the scholar grant program enables Americans to lecture and conduct research abroad and allows foreign nationals to engage in similar activities in the United States. The Fulbright program is designed to increase cultural understanding world-wide; since its beginning, over 20,000 American scholars have participated in the program.

Commonwealth Centers

As part of the 1988-90 budget for higher education, the State Council of Higher Education for Virginia (SCHEV) has recommended that Commonwealth Centers be created to focus attention and resources on activities of Virginia higher education that are nationally and internationally significant.

In November, the council specifically proposed seven be established at Virginia's state-supported colleges and universities, following the review and recommendation of national experts on the proposals. The proposed Commonwealth Centers include

- Education of Teachers, UVA and James Madison;
- Drug Abuse, VCU;
- Wood Science and Technology, VPI&SU;
- American History and Culture, William and Mary;
- Literary and Linguistic Changes, UVA;
- Nuclear and High-Energy Physics, UVA;
- Material Systems, VPI&SU.

SCHEV is currently hearing reports on the seven centers.

Assessing, enhancing, and documenting student growth

A group of VCU freshmen are participating in a pilot project designed to enhance learning opportunities. The Ladder to Success Project, cosponsored by the Office of Student Activities/University Student Commons and Career Planning and Placement, carries participants through four levels of learning, including identity—essentials of self; interaction—essentials of membership; involvement—essentials of leadership; and integration—transition into community.

According to Kurt Keppler, associate dean of student affairs, the project's goals are to develop a peer support group for participants, to assist students in developing leadership skills, to provide resources for personal growth, and to give participants a tangible tool documenting their development.

"The project is also designed to remove barriers and obstacles to good academic performance," adds Jean Yerian, director of Career Planning and Placement. As Yerian says, there are such things as "teachable moments," which must be used by educators to address current student issues and concerns rather than choosing goals for them.

The project's coordinators also hope it will build bridges among the many service-oriented departments at VCU, including Student Affairs, Educational Support Services, University Enrollment Services, and others.

Welfare reform and schools of social work

This November Senator Daniel Patrick Moynihan (D-NY) addressed a conference of the National Association of Deans and Directors of Schools of Social Work in Alexandria. Dr. Grace Harris, dean of VCU's School of Social Work, organized the conference agenda.

Moynihan's speech focused on the Family Security Act, which he introduced to the senate last July. The welfare reform act would replace Aid to Dependent Children with job training and child support programs.

With many of the nation's colleges and universities offering specialized programs in child and family welfare, the conference provided deans and directors of social work with a first-hand look at Moynihan's far-reaching plan. Under it, state welfare systems will find it easier to identify absent parents and collect child support payments from them. It will also help finance state-designed plans for providing job training. It will become mandatory for most unemployed adults receiving welfare payments to participate in such programs.

The plan will provide up to nine months of transitional Medicaid and child support payments to encourage individuals to move off public assistance programs. The bill has 56 cosponsors and is supported by the National Governors Association.

Looking back

The value of reminiscence to older adults formed the basis of an award-winning student paper recognized at the Virginia Association on Aging Annual Conference.

The paper of the VCU graduate student, Susan McClintock, was judged to be best in the graduate category. McClintock's research was based on indications that reminiscence, or the act of thinking about or relating past experiences of personal significance, is a healthy activity for the elderly. It also is an activity that appears to aid in one's ability to cope with the changes experienced in the later stages of life. And, although reminiscence can be conducted individually or between pairs of individuals, the ability to reminisce constructively as part of a group can be rewarding for older adults in a variety of settings.

McClintock developed a structured reminiscence group to use with elderly people in day or residential facilities. The group, which was a training group and therefore nontherapeutic in nature, was designed for individuals who were not demented to a significant degree. The group was conducted over eight to ten weekly sessions, with each group comprising five to eight participants. Each session focused on a different sensory modality as the stimulus for reminiscence; activities such as listening to music, looking at and discussing photographs, and finding one's birthplace in an atlas were used.

Each participant had the opportunity to explore memories evoked by the reminiscence stimulus and to share insights with group members. The goals of the experience were to teach participants how to reminisce constructively in a group setting, how to use reminiscence as a personally beneficial technique, and to facilitate socialization skills and group cohesiveness.

Two crucial factors emerged for McClintock from her experience: The facilitator must be sensitive to the composition of the group as well as to group dynamics, and appropriate scheduling is important to the success of the group experience. McClintock also discovered that the group experience, itself, can be most interpersonally rewarding for the facilitator as well as the participants.

It's wonderful to be in Virginia. After living most of my life in Iowa, it can be an unnerving experience to uproot and move to a new area of the country and start a new job. But after only four months, my family and I can say, "It was the right thing to do."

At the University of Iowa, I spent eight years teaching and working as assistant to the president and as associate director of Iowa's alumni association. At first glance, the University of Iowa seems a sharp contrast to VCU. It is a large school that evolved in a traditional manner from a central College of Liberal Arts to a university of ten colleges, many schools, and a high-powered athletic program. In other ways, however, Iowa and VCU are very similar. Like VCU, Iowa has a strong arts program, a well-known writers workshop, excellent Schools of Business and Education, and a highly respected medical campus with a large teaching hospital and clinics. No wonder I feel at home at VCU.

And, VCU is proving to be as much fun as I hoped. What makes things exciting here is the potential for growth. In many ways, VCU is a young institution just beginning to realize the opportunities and promise that its youth holds for moving into the first ranks of major teaching and research universities. I am very fortunate to have arrived at this critical moment in VCU's history and intend to make every effort to ensure alumni are part of the University's growth. We should be proud of what our faculty, students, and alumni have accomplished. With hard work and an unfailing spirit of cooperation, we can all be part of VCU's future achievement.

In future issues of the *VCU Magazine*, I will discuss some of the programs and activities in which all of us can get involved. For now, I would like to remind you of a major effort under way at VCU to instill new pride in our campuses.

A building and landscaping campaign has changed the face of the University. Spans of green grass and flower beds are transforming this unique urban institution, linking historic houses with striking modern structures. A new program, "From the Ground Up," will give alumni the chance to be a part of this continuing campaign. On April 9, VCU will have on hand 10,000 plants and flowers, and alumni, faculty, students, and staff are invited to spend about two hours helping to plant and landscape the two campuses.

I urge you to consider joining in this program. Your participation will provide invaluable support toward the continuing beautification of VCU, and it will also give you a chance to see the startling changes that have already been accomplished. Come down and let your pride grow. For more information on how you can join in, call Jeff Williams at (804) 367-0713 or Diane Parrish at (804) 367-6500.

It is a great time to be at VCU. In the years ahead, our commitment must grow if this University is to fulfill its remarkable promise. I am looking forward to working with you. And to having a good time—see you at the Sunbelt Tournament. *Go Rams!*

William P. Iles
Director, VCU Alumni Activities

1923

Harry Lyons (D.D.S.) has received the Callahan Award for distinguished service to the dental profession from the Ohio State Dental Association and the dental schools of Case Western University and Ohio State University. Lyons is serving as honorary chairman of the VCU Friends of the Library.

1935

Solomon Disick (M.D.) has been appointed senior member of the Appeal Board of the Biomedical Sciences for Graduate and Research Investigators at Pennsylvania State University and is serving his fourth three-year term on the university's Institutional Review Board in the Biomedical Sciences.

1941

John J. Marsella (M.D.) has retired after 40 years of practicing as an obstetrician and gynecologist in Danville and serving in the Danville Health Department.

Do you have news about yourself for the VCU Magazine? *Mail your updates to* VCU Magazine, *Alumni Update, Box 2036, Richmond, VA 23284-2036.*

Sometimes we do not get your information in the issue you might expect, but we make every effort to print your updates as soon as possible. Be patient, and look for your update in the next issue.

Write to us.

1943

Fleming W. Gill (M.D.) has been appointed medical director of Westminster-Canterbury retirement community in Richmond.

1944

Claude A. Frazier (M.D.) of Asheville, North Carolina, has been working to allow trained laypersons to administer epinephrine to people with an anaphylactic reaction to insect stings. The American Academy of Allergy and the American Academy of Pediatrics have supported his proposal. Ten states have passed the model bill prepared by the American Medical Association.

Ira Gould (D.D.S.) of Hampton has been elected National Dental Surgeon of the Reserve Officers Association of the U.S. He was a member of the National Council Steering Committee. Gould has a private practice in Norfolk.

1945

Betty Jameson Armisted (B.S. occupational therapy) is assistant vice-president of Merrill Lynch in Cocoa, Florida. As an alumnus of Richmond Professional Institute, Jameson served as president of the Class of '45.

1947

Willie D. Crockett (D.D.S.) has retired from the faculty of VCU's School of Dentistry. Crockett joined the dental faculty in 1954 as assistant professor of operative dentistry. He attained the position of professor and director of the Division of Operative Dentistry. For a year, he served as acting chairman of the Department of Restorative Dentistry.

1949

Marvin E. Pizer (D.D.S.) of Falls Church was the guest speaker at the Tenth Annual Dental Public Health Conference in August. His presentation was entitled "New Concepts in Diagnosis and Treatment of Oral Disease."

1952

Dewey H. Bell, Jr. (D.D.S.) has retired from the faculty of VCU's School of Dentistry. He served as professor and chairman of the Department of Removable Prosthodontics. He is currently serving as president of the American Prosthodontic Society and is practicing his specialty in Richmond.

1956

John J. Halki (M.D.) has been named professor of obstetrics and gynecology at Wright State University. He also holds a professorship in pharmacology and toxicology. Halki received his Ph.D. in pharmacology from the University of Kansas. He retired from active military service in 1981 with the rank of brigadier general.

Artelia Bailey Perry (B.S. occupational therapy) of Tabb is working at the VA Medical Center in rehabilitation.

1957

Sandra Ogden Stuckman (B.S. occupational therapy) of Montvale, New Jersey, has worked in occupational therapy in psychiatry and cerebral palsy and has been a medical assistant for 17 years.

1959

Phyllis C. Brown (M.S. rehabilitation counseling) has received the Westhampton College Distinguished Alumni Award.

1960

Malcolm D. Farmer (M.S. rehabilitation counseling) has received the Administrative Service Award from the West Virginia Rehabilitation Administration Association. He is a vocational rehabilitation and counseling officer at the Veteran's Administration Regional Office in Huntington, West Virginia.

Charles H. Merritt (M.S. rehabilitation counseling), assistant commissioner of the Virginia Department of Rehabilitative Services, was the recipient of the Virginia Rehabilitation Association's 1986 R. N. Anderson Award.

1961

Richard K. Ames (D.D.S.) has been awarded diplomate status on the American Board of Dental Public Health and serves as dental executive director of the Broward County, Florida, Public Health Unit. Colonel Ames is commander of the 3342 U.S. Army Dental Service Detachment in Perrine, Florida.

Altamont Dickerson, Jr. (M.S. rehabilitation counseling), commissioner of the Virginia Department of Rehabilitative Services, has been named president-elect of the Council of State Administrators of Vocational Rehabilitation.

Alvin J. Schalow, Jr. (B.S. pharmacy) has been named Virginia Pharmacist of the Year by the Virginia Pharmaceutical Association.

1962

John Hancock (M.S. rehabilitation counseling) has been awarded a national Citation for Meritorious Service by the American Legion. A retired counselor, Hancock has remained active in veterans affairs and rehabilitation.

Charles Kilczewski (M.S. rehabilitation counseling) has been appointed director of professional affairs for the American Podiatric Medical Association.

1963

Thomas C. Michael (M.S. rehabilitation counseling) received the Virginia Rehabilitation Association's 1987 R. N. Anderson Award.

Cleveland H. Porter (D.D.S.), immediate past-president of the Lynchburg Dental Society, is active on several VDA committees and is the associate editor of the *Virginia Dental Journal*.

Charles J. Sweat (M.H.A.), president and chief executive officer of Victoria Hospital in Miami, has been named chairman of the board of the South Florida Hospital Association.

1964

Susan Jean Enoch Grayer (B.S. occupational therapy) is a staff occupational therapist at the Erie County Crippled Children Society in Pennsylvania.

William N. Riley (D.D.S.) has been elected president of the Lynchburg Dental Society. He has a general dental practice in Lynchburg.

Richard Zechini (D.D.S.) has been elected secretary-treasurer of the Lynchburg Dental Society.

1966

Robert E. Brabham (M.S. rehabilitation counseling) has been appointed executive director of the National Rehabilitation Association.

Isabella Laude (M.S. rehabilitation counseling) of Lakewall, Florida, received her Ph.D. in health administration from Columbia-Pacific University. Laude also recently completed a two-year term as state president of the Florida Federation of Music Clubs.

1967

Daniel E. Grabeel (D.D.S.) is president of the Piedmont Dental Society and serves as a representative of the executive council of the Virginia Dental Association.

Dennis M. Smith (D.D.S.) has been elected president of the Ohio Society of Oral and Maxillofacial Surgeons. He has practiced in Milford, Ohio, for 18 years.

1968

Harold F. Bryant (M.S. rehabilitation counseling) is mayor of Palm Bay, Florida.

William T. Coppage (M.S. rehabilitation counseling) has been named executive director of the Visually Handicapped Foundation, Inc.

John Dedeian (M.S. rehabilitation counseling) has received the Employee of the Year Award from the Richmond Mayor's Committee on Needs of Disabled Persons. The recognition is for excellent performance in the field of rehabilitation.

Cecil D. Mercer (M.S. rehabilitation counseling) is professor of special education at the University of Florida where he was named Teacher of the Year in the College of Education.

John V. Sawicki (D.D.S.) has been elected to a five-year term as fire commissioner for Mattituck, New York.

1969

Paul Caudill (M.S. rehabilitation counseling) has completed his 30th Service Anniversary with the Virginia Department of Rehabilitative Services. He is program supervisor in the state office.

David T. Kiger (D.D.S.) has been elected president-elect of the Lynchburg Dental Society.

Lynn Kushner (M.S. rehabilitation counseling) has been elected to the Virginia Rehabilitation Association's Board of Directors.

Bob H. Philbeck (M.S. rehabilitation counseling) is deputy state director for the North Carolina Division of Vocational Rehabilitation Services.

1971

Benji Burnett (M.S. rehabilitation counseling) has been elected to the Virginia Rehabilitation Association's Board of Directors.

Charles F. Lambert (B.S. business administration and management) has been named controller of Virginia Air Distributors, Inc. Prior to assuming his position at Virginia Air, Lambert served for 11 years as the business manager for The Collegiate Schools in Richmond.

S. Larry Schlesinger (M.D.) has had his surgicenter in Hawaii approved by Blue Cross as a free-standing, fully equipped surgicenter.

John B. Wade III (M.S. rehabilitation counseling) is president-elect of the Virginia Rehabilitation Association.

1972

Mary Schiller Dunford (B.S. nursing) of Vienna has returned from three years of teaching in in-service education at the Capital Hospital of Peking Union Medical College in Beijing, China.

Janice Kytle-Seargent (B.S. occupational therapy) of Shelley, Idaho, has a private practice as a consultant to four nursing homes, nine school districts, three developmental centers, and a psychiatric hospital. She also has established equestrian and aquatic programs for the handicapped.

1973

Michael Cadwallader (B.S. recreation) has been appointed director of recreation for Fairfax County.

Roger Hewitt (M.S. rehabilitation counseling) has become a licensed professional counselor and is in private practice in Roundup, Montana.

Melford Walker (M.S. rehabilitation counseling) has retired after 21 years of service with the Virginia Department of Rehabilitative Services. He was program supervisor in the Richmond office.

Walter C. Wilson III (M.S. rehabilitation counseling) is administrator of the Virginia Spinal Cord Injury System at the Woodrow Wilson Rehabilitation Center.

1974

Rexford F. Beckwith III (B.S. business administration and management), administrator of Rappahannock Westminster-Canterbury, Inc., has been elected to the 15-member executive board of the American Association of Homes for the Aging.

Aikert Marcus (B.S. administration of justice and public safety) is a police agent with the Baltimore City Police Department. Recently he wrote a search and seizure warrant for law enforcement personnel that made U.S. Supreme Court history.

Gregory H. Wingfield (M.U.R.P.) is president of Forward Hampton Roads, the economic development arm of the Hampton Roads Chamber of Commerce.

1975

H. Tommy Allen (M.S. rehabilitation counseling) is assistant regional director of the North Carolina Division of Vocational Rehabilitation. He is immediate past-president of the North Carolina Rehabilitation Association and is president-elect of the National Rehabilitation Association's southeast region.

Darrell Gary Griffin (M.D.) of Pensacola, Florida, has received the Master of Public Health from the University of Alabama.

Rochelle V. Habeck (M.S. rehabilitation counseling) is associate professor and coordinator of the rehabilitation counseling education program at Michigan State University.

Marshall Smith (M.S. rehabilitation counseling) is a counselor in the Virginia Department of Rehabilitative Services in Burke, Virginia. Smith also is on the Board of Directors for the Fairfax Cheshire Home for Head Injured Adults, Inc. and president for program planning and development.

1976

Ronald C. Abernathy (B.S. pharmacy) of Stony Creek has received the 1987 A. H. Robins Bowl of Hygeia.

Dale Grubb Jones (B.S. nursing) of Norristown, Pennsylvania, has been promoted to eastern regional sales manager for Calciteck, Inc.

Linda Rowe (B.S. occupational therapy) has a private practice in pediatrics in New York City. She also has started two businesses: The Therapists Resource Center fabricates equipment and sells therapy supplies, and the Well Equipped designs low-cost equipment for the handicapped. Rowe received her M.A. in developmental disabilities from NYU in 1984.

1977

Mike Grubbs (M.P.A.) is personnel director for the city of Bowling Green, Kentucky.

Thomas Varner (M.S. administration of justice and public safety) is provost at the Parham Road campus of J. Sargeant Reynolds Community College. He is past-president and current secretary-treasurer of the Virginia Association of Criminal Justice Education and serves as chairman of the James River Correctional Center Community Advisory Board. He also is an adjunct faculty member in VCU's Department of Administration of Justice and Public Safety.

1979

Gene Estes (B.S. administration of justice and public safety) has been promoted to safety director at Westvaco Corporation in Richmond.

Kenneth L. Lewis (B.S. recreation) of Blythewood, South Carolina, has been named a member of the BellSouth Enterprises President's Club for his outstanding performance during the last half of 1986. Lewis is a sales manager for the company.

Barbara Newlin (M.P.A.) is principle legislative analyst for the Joint Legislative Audit and Review Commission of the Virginia General Assembly.

Anthony L. Pelonero (B.S. biology) has been appointed assistant professor in VCU's Department of Psychiatry. He graduated from the University of Medicine and Dentistry, New Jersey Medical School, in 1983 and completed a year of internship and three years of psychiatry residency at MCV Hospitals.

Kenneth M. Scruggs (M.P.A.) serves as county administrator for King George County, Virginia.

Wanda Walker Terry (B.S. nursing) of Tacoma, Washington, is working as a psychiatric nurse.

Ronald L. Tillett (B.S. urban studies) has been promoted to deputy treasurer of Virginia.

Mark D. Wood (M.S. rehabilitation counseling) is assistant rehabilitation administrator for the State of Maine's Workers' Compensation Commission.

1980

Robert V. Crowder III (M.H.A.), vice-president of operations at Virginia Baptist Hospital, has been appointed by the governor to a state task force on emergency medical response disaster planning.

A. Isabel Garcia (D.D.S.) has begun a Master of Public Health program at the School of Public Health, University of Michigan.

Bernardine C. Henderson Patten (B.S. nursing) has received her M.S. from the University of Delaware. She is a nurse educator with the HMO of Delaware, Inc.

Richard F. Rhodemyre III (D.D.S.) has opened a private practice in Richmond.

Brian A. Torre (M.D.) completed his orthopedic surgery residency in Chapel Hill and hand surgery fellowship at the University of Rochester. He is practicing in Roanoke at the Lewis-Gale Clinic.

1981

Robert Beck (B.A. English) is director of government affairs for the National Association of Plumbing-Heating-Cooling Contractors, headquartered in Falls Church.

Suzanne Lee Foster Chabon (B.S. nursing) received her M.S.N. from the University of North Carolina at Chapel Hill. She is working as a nurse practitioner in a family practice office in Greensboro.

Kenneth Chrisman (B.A. philosophy and religious studies) is a partner in the Richmond law practice of Hawkins, Chrisman & Watkins. He received his J.D. in 1985 from George Mason University School of Law.

R. Ann Wildblood (M.S. nursing) is a nurse discharge planner for pediatrics at Rush-Presbyterian-St. Luke's Medical Center and an instructor at Rush University in Chicago. She also has published her article, "The How-To's of Home IV Therapy," in *Pediatric Nursing.*

1982

Karen Blynn (M.P.A.) is working as a management analyst for the National Aeronautics and Space Administration in Maryland.

George H. Cauble, Jr. (M.P.A.) is director of personnel for Henrico County.

Janie Fuller (D.D.S.; B.S. medical technology, 1976) has completed public health service assignments in Florida, Mississippi, and Arizona and is working in a pedo-ortho practice on Florida's west coast.

Eunice Gilchrist (M.S. rehabilitation counseling) is director of the REHMA Adult Day Care Center in Richmond.

Charles J. Swedish (B.A. philosophy and religious studies) is an attorney with the Fairfax law office of Charles Sloan. He received his J.D. in 1986 from George Mason University School of Law.

1983

Joyce Bozeman (M.P.A.) has been named executive assistant to the commissioner of the Virginia Department of Mental Health and Mental Retardation.

George Byrne (B.S. biology) is a realtor with the Alexandria firm of W.J.D. & Associates.

Nick J. D'Amato (B.S. marketing) has been named director of marketing for the Independent Insurance Agents of Virginia, Inc. in Richmond.

John P. Dooley (M.P.A.) is deputy director for management consulting for Virginia.

Cathy Fox (B.S. occupational therapy) is employed at the Kennedy Institute on the pediatric rehabilitation unit and consults weekly with the neuromuscular clinic at Johns Hopkins Hospital. Fox is involved in the development of a swallowing program and appropriate treatment; she also is working toward her master's degree at Johns Hopkins.

Harry E. Gregori, Jr. (M.P.A.) has been appointed by Governor Baliles to be executive director of the Hazardous Waste Facility Siting Board of Virginia.

Scott D. McPhee (B.S. occupational therapy) is attending the U.S. Army Command and General Staff College at Fort Leavenworth, Kansas. He also is beginning a doctorate in public health at Texas Health Science Center.

Barbara Payton (B.S. mass communications) of Richmond has been promoted to public relations director for the Virginia Capital Chapter of the American Red Cross. She was previously administrative assistant in the public relations office. Payton also has served on two national Red Cross disaster assignments.

Nancy LeCompte Radtke (M.D.) has begun a fellowship in cardiology at the Indiana University Medical Center in Indianapolis.

Robert Christopher Stout (M.D.) has completed a residency in pediatrics and is a senior resident in emergency medicine at East Carolina University.

W. Randy Wampler (B.S. pharmacy) has received the 1987 Young Pharmacist of the Year Award from the Virginia Pharmaceutical Association.

1984

David Alan Compton (M.D.) has completed an occupational medical residency and is serving as chief of preventive medicine at Fort McClellan, Alabama.

Karen Whipp Connelly (M.P.A.) has been promoted to assistant vice-president at St. Mary's Hospital in Richmond.

Mitchell L. Friedman (D.D.S.) has opened a private general practice in Tinton Falls, New Jersey.

Patrick Geary (B.S. administration of justice and public safety) of Richmond is a technical publications writer in the Department of Defense's Security Institute. Geary recently earned his M.A. in political science from the University of Richmond. He is currently serving as vice-chairman of the 1988 National Jaycee Convention to be held in Richmond next June.

Stacy Owecke (B.S. biology) is an ensign, managing oceanic watch operations at the Dam Neck Naval Base in Virginia Beach.

Harry Thompson (M.S. leisure services management; B.S. recreation, 1975) has been appointed superintendent of recreation for the City of Norfolk. Thompson was featured in a profile in the fall 1987 issue of the *VCU Magazine.*

Lee Ustinich (M.S. rehabilitation counseling) is a chemical dependency counselor at Charter Recovery Center in Richmond. In 1986 he had his manual, *Relationship Violence: New Hope for Change,* published by Two Steps Forward.

1985

Karen DeSequirant (M.S. rehabilitation counseling) has become a vocational evaluator in Harrisonburg.

Frandell Garder (B.S. rehabilitation services) is a supported employment counselor with the Melwood Training Center in Waldorf, Maryland. He is pursuing a graduate degree in administration management with a concentration in public administration at Bowie State College in Bowie, Maryland.

Barbara Bentley Light (M.S. nursing) is working on her Ph.D. in urban services leadership with a minor in nursing at VCU.

Carol Paul Powell (M.U.R.P.) of Kansas City, Missouri, is a legislative assistant for the National Collegiate Athletic Association.

Vanessa Roberts (M.S. recreation, parks, and tourism) is a therapeutic recreation specialist at St. Elizabeth's Hospital in Washington, D.C.

Karen Savarese (M.S. rehabilitation counseling) is a case manager with the Department of Mental Retardation for the State of Connecticut in Trumball.

1986

Jeannie Boucher (M.S. physical therapy) of Winterville, North Carolina, is an assistant professor at East Carolina University where she teaches courses in pediatric physical therapy and rehabilitation.

Angela Brice (M.P.A.) is a registered nurse certified in critical care. She is serving an appointment in the federal government's Presidential Management Intern Program for the Health Care Financing Administration in Washington, D.C.

Diane Hart (M.A. art history) has been named associate registrar at the Yale University Art Gallery in New Haven.

Michael Jolkovski (M.S. counseling psychology; B.S. music, 1983) has been working in a predoctoral internship at the University of Minnesota. He also presented research at the 1986 national convention of the American Psychological Association and has published in the *Journal of Counseling Psychology.* He currently is interested in creating a workshop for performing musicians on managing stage fright.

Lisa Kipple (B.S. recreation, parks, and tourism) is working in programming and administrative leisure services for the Maryland National Capital Park and Planning Commission.

1987

Veronica Davis (M.S. recreation, parks, and tourism) has been appointed therapeutic recreation specialist at Southside Training Center in Petersburg.

George Li (M.S. administration of justice and public safety) of Richmond is employed in the Serology Lab of the State of Virginia's Crime Lab as a forensic scientist.

Bonnie Gail Mani (D.P.A.) is chief of the training and development branch of the Internal Revenue Service.

Larry Matney (M.S. administration of justice and public safety) is director of the Tenth Emergency Shelter in Richmond. He came to the emergency shelter in 1983 as a full-time counselor.

Jean Murdeck (M.S. administration of justice and public safety) is employed in the Serology Lab of the State of Virginia's Crime Lab as a forensic scientist.

Michael Scruggs (M.U.R.P.; B.S. mass communications, 1981) is a community development specialist for the Mid-East Planning Commission of North Carolina.

Thomas J. Towberman (D.P.A.) is the senior partner in the Richmond-based public relations consulting firm of Miller, Towberman & Associates, which advises public and private organizations on communications, management, and public affairs issues. During the 1986 session of the Virginia General Assembly, he represented the Better Transportation Association, which organized the private sector in support of the governor's successful $10 billion transportation initiative. In 1987 he represented the Virginia Business Council and the Virginians for Law Reform in successful efforts to secure passage of major reforms in liability insurance statutes. Governor Baliles recognized Towberman in 1987 with Virginia's Certificate of Recognition for Service to the Commonwealth.

Regina V. K. Williams (M.P.A.) is assistant city manager for Richmond.

Beth Winn (M.P.A.) of Blackstone, Virginia, is running for Treasurer of Nottoway County on the democratic ticket.

1988 Ballot

Virginia Commonwealth University
Alumni Association
Academic Division

Consistent with Section IV of the Virginia Commonwealth University Alumni Association Academic Division by-laws, the Board of Directors submits the following slate of nominations for 1988 through 1990.

As an alumnus of the Academic Division I cast my vote for:

- ☐ Thomas A. Clark, Jr. B.S. 1978, School of Community and Public Affairs
- ☐ William H. Young IV. B.S. 1971, M.Ed. 1976, School of Education
- ☐ John D. Phipps. B.S. 1983, School of Business
- ☐ Gretchen J. Althouse. B.S. 1982, School of Community and Public Affairs
- ☐ Patricia A. Shannon. B.G.S. 1986, Non-Traditional Studies.
- ☐ Evelyn K. Lampert. B.S. 1973, M.S.W. 1976, School of Social Work
- ☐ Write-in(s)_____

☐ I vote for the slate as proposed.

Return to VCU Alumni Activities, Box 2026, Richmond, VA 23284-2026.

THE KING OF COMEDY

By John Wirt

"I'm not an ordinary stand-up comic," Jack King tells his audiences. "I'm not Jewish, black, or gay. And I don't do drugs—well, a little Geritol once in a while. No, I'm not young," King continues. "I'm your token geriatric comedian."

King isn't kidding. He began his comedy career at age 65, and naturally, age is a prime target for his ribbing.

"I'm so old," King says during his act, "I can remember when sex was dirty, and the air was clean. Actually, I'm older than I look; I've been taking birthday control pills."

Of course, there are benefits to being old: "I can go to the dentist by United Parcel."

At his South Richmond home recently, the comedian, VCU graduate (M.S.W. 1949), and former president of the School of Social Work Alumni Association said, "I'm 68 years old and not getting any younger. I've played on that and tried to sell it. When I get up there, it's obvious I'm not the ordinary comedian. I'm viewed with some suspicion. It's up to me to win over the audience."

King kills such suspicion by grabbing audiences with lines like, "I know what you're thinking—just another young punk trying to make it in the comedy business."

At the start of his comedy career, King was surprised that groups of young women, sans male accompaniment, were frequently among the couples that populate the comedy club audiences. The elder comic was further surprised at their reaction to him.

"Lots of young people come up to me after my act and say they enjoyed it. I can't help but think I represent their fathers and grandfathers. That goes for the other comedians, too. They call me the 'Grandfather of Comedy.' I had two young people ask me for my autograph at Virginia Beach. I nearly fell over.

"And when older people approach me," King added, "it's with a twinkle of recognition."

King's other comic topics generally relate to age and its accompanying experience: retirement, health, marriage, money, the Depression, and losing weight.

"It's embarrassing to be fat," King laments. "Not too long ago, I went to Thalhimers. I

wanted to see some designer jeans with a label. They had a label, all right. It said, 'Wide Load.'

"A friend of mine told me to take nine diet pills and two ounces of Jack Daniels. The only thing I lost was my driver's license."

A recent addition to King's comic repertoire is the pregnant topic of weddings. Women, beautiful in their gorgeous gowns, look great at weddings, King said; guys, uncomfortable in their ill-fitting rented tuxes and fresh bad haircuts, don't.

"The wedding was a disaster," goes one of King's bits. "The organist wasn't very good, and his monkey got loose."

King was inspired to take up the comedy life while attending an open mike night at the Richmond Comedy Club. "I can do that," he told his wife, after watching the night's comedians. King could do it and has since performed in comedy clubs throughout Virginia; in North Carolina, Tennessee, San Francisco, and Atlanta; and on a cruise ship in Hawaii.

He has further exploited his comic talent by winning several grand prizes during a Richmond radio station's weekly "Joke Off." King has won expensive dinners, tickets to concerts and shows, and more ice cream than his diet would ever permit. The "Joke Off" radio personalities were so impressed by King that they recently had him as an on-the-air guest one "Joke Off" morning.

In retirement, King and his wife, Jimmie, also a VCU social work graduate (M.S.W. 1951), have become avid travelers. Now that he's a professional comedian, King looks for comedy clubs to play when the couple takes a trip. He especially likes playing hotels, many of which are now booking comedians.

"They treat us grand," King said. "They put us up in the VIP suite with a bottle of wine and Perrier water, a newspaper at the door, and pastry and coffee in the morning—and all this is free.

"Being a child of the Depression," King continued, "the word 'free' means a great deal to me. To go to a place, be put up in style, and then do the comedy and be paid for it, that's great."

Actually, the spotlight isn't new to King. A former chief of social work at McGuire Veterans Administration Medical Center (he was responsible for student training there for over 20 years), he flexed his comic talent as Master of Ceremonies at many retirement and going-away parties at the medical center. But King's love of comedy precedes his 24 years at McGuire. He affectionately remembers chuckling as a child at humor magazines like *Ballyhoo*, *Hooei*, and *Zilch*, and listening to the great radio comedians.

Now, killing two birds with one Walkman, King keeps his own comedy routine in shape and simultaneously tries to lose weight while tramping through his neighborhood to the accompaniment of a recorded version of his act.

King says his family, especially his wife, is supportive of his new career. She embroidered the emblem of the jack of spades and the king of hearts on the sweater he wears when he performs. "These two cards," he said, "are the international symbol for Jack King."

"My kids are delighted. My oldest daughter, Lucy, saw me and said it was better than at the dinner table."

Besides earning Social Security credits and money for a retirement account, King says the stand-up act cures the natural ham in him. Though "all these things are important," King added, "the real reward is to hear people laugh."

King's greatest ambition is to "play the Palace." In stand-up comic argot, the Palace is "Late Night with David Letterman" or Johnny Carson's "Tonight Show."

Unlike many younger comedians, King doesn't do "ridicule humor." An aggressive, hostile approach isn't his style.

"I'm not a kid," King explained, "and I can't do their stuff. I'm not that blue, either. I'm not above a salty expression from time to time, but it irritates me that some comics lace their material with four-letter words. It is true, however, that two subjects never fail: bathroom humor and sex. They will make people laugh."

Another irritating aspect of the comedy business for King is favoritism by some club owners toward comedians from New York and Los Angeles. "It bothers me that it's awfully hard for local guys to get exposure. They use them as emcees, which means you do 12 to 15 minutes. Well, I've got an hour.

"It seems almost a necessity to have somebody from afar headline and be the middle act. If they can say he's from New York or L.A., it's a big deal, although some locals are better than a lot of those people. I was born in New York. It has crossed my mind to tell them, 'Here's Jack King from New York City.' Well, I am, that's the truth. I haven't been there for 50 years, but other than that. . . ."

King claims "a wealth of bits, both in my head and on paper. Over the years, I've made it a practice to jot things down. My whole life is built around 3x5 cards [about 6,000] of them. I keep them all over the house."

King thinks magic is the profession most like comedy. "It's misdirection—a joke is a magic trick with words and ideas. First you set up the audience. The premise is believable, serious. Then comes the punchline, the surprise. It's humorous deception. The construction of a joke is all important."

King feels he is at his best performing at private parties, corporate functions, and as an after-dinner speaker. He customizes his material for the particular client. "Humorous speakers are much in demand," he said. "And I'm available."

"I've been married for over 30 years," King deadpans. "We never had any trouble until we bought a water bed. Then we began drifting apart."

And, as the IRS Man cometh, King shares this wisdom: "I used to have trouble finding my receipts. Now I put them in a book called 'Dante's Inferno.' When I get ready to do my taxes, I say, 'Now, where in the hell are those receipts?' "

John Wirt is a freelance writer based in Richmond.

Photography by Doug Buerlein.