

MONMOUTH

health & life

Jack Nicholson's neptune beginnings

FABULOUS FIGS

where to

- take a dive
- horse around
- dine in splendor

IN YOUR GARDEN,
LAVENDER MAKES SCENTS

beef up your barbecue with

- an outdoor kitchen
- expert party tips

health link

- how men can avoid the top 6 health dangers
- surprising sources of dietary fiber
- new hope for kids with autism

SAVOR YOUR SUMMER



With the weather warm and the sun shining, summer is the perfect time of year to experience the outdoors in Monmouth County—and this issue of *Monmouth Health & Life* is ready to be your guide.

It's the season of the barbecue, of course, but a grill is only the beginning of a modern cookout. A fully equipped outdoor kitchen lets you enjoy the party outside as you prepare a meal for your family and friends. See "Patio Paradise" on page 28 for a glimpse of the latest trends.

Hosting a successful backyard bash takes more than the right equipment, however. "All Fired Up" on page 19 offers advice on all the details you'll need to consider before the big day, from creating the perfect marinades to the age-old "gas vs. charcoal" debate.

Need to unwind after the guests have gone? A glass of lemonade in a garden of lavender may do the trick. "Purple Passion" on page 32 offers tips on adding this fragrant flower to your yard. (And there's a lemonade recipe too.)

While you're indulging, you may wish to sample a fruit that offers full flavor and sound nutrition in each bite: the fig. With the recipe for fig salad with greens and walnuts in the Glorious Food article on page 60, you'll find there's more to this fruit than its famed cookie filling.

To relax after the sun has set, you might rent one of the many classic movies starring Neptune's own Jack Nicholson. As the Spotlight on page 24 shows, Jack was not always the legendary Casanova of his superstar days. The article offers a glimpse into his years as the class clown of Manasquan High School.

Nicholson is perhaps the quintessential guy, and guys are good at many things. Unfortunately, going to the doctor regularly hasn't always been one of them. Our Health Link pages, starting with 45, explain the chief threats to men's health—and why an annual physical can sometimes make all the difference. The section also includes articles about autism, ovarian cancer, diverticulosis and an innovative procedure for testing lung function in babies.

Finally, the magazine's last page introduces a new feature, Faces of Monmouth, which will capture a snapshot of your friends and neighbors in each issue. So take *Monmouth Health & Life* along as you enjoy your summer on the Shore.



Sincerely,

FRANK J. VOZOS, M.D., FACS
Executive Director
Monmouth Medical Center

HEALTH *Link*

MEN'S HEALTH

THE 6 BIGGEST THREATS YOU FACE

Here's how to protect yourself

It's been said that just being a man is bad for your health, because men too often are haphazard about visiting the doctor. "It's a shame that many men neglect preventive care," says Eric N. Burkett, M.D., an internist at Monmouth Medical Center, "because these days there's a lot that can be done."

To maintain health, men should get at least a half-hour of exercise daily, avoid smoking, choose a low-fat diet rich in fruits and vegetables, maintain a healthy weight and control blood pressure and cholesterol. Men need regular medical checkups too. And, because knowledge can be an important motivator, they need to understand the biggest threats they face. Here, then, according to the Centers for Disease Control and Prevention, are the top six causes of death for men in the U.S.:

1 Heart disease. It claimed almost 430,000 lives in 2002. Statistically, heart disease develops earlier in men than in women, and kills many men in the prime of life. High blood sugar, smoking, hypertension and elevated cholesterol levels increase men's risk.

What to do: There's no better reason for annual physical exams—especially if you're past 40. Also, ask your doctor if a daily aspirin might reduce your risk, and whether you need other screenings, such as for blood levels of C-reactive protein and homocysteine.

2 Cancer. Its 288,768 victims among U.S. men in 2002 included 90,171 from lung cancer, 30,466 from prostate cancer and 28,501 from colorectal cancer.

What to do: To reduce your lung-cancer risk, don't smoke—and limit contact with second-hand smoke. The prostate exam that is part of a physical for men over 40 can help detect prostate cancer early. To guard against colorectal cancer, have a colonoscopy



when you turn 50 and each 5 to 10 years thereafter, and have yearly hemocults.

3 Unintentional injuries. This category accounts for nearly 70,000 annual deaths, including motor-vehicle accident fatalities; poisonings from carbon monoxide, smoke and dangerous chemicals in household products; falls; drownings; and workplace accidents.

What to do: Use seat belts, don't drive drunk or ride with drunk drivers, replace smoke-detector batteries regularly and avoid haste and carelessness in using lawn mowers, power saws and other potentially dangerous tools.

4 Stroke. Narrowed arteries caused by a buildup of fatty deposits (atherosclerosis) are the main cause of stroke, which took 62,622 men's lives in 2002.

What to do: You can greatly reduce your risk by not smoking and controlling blood pressure and cholesterol. Limiting your alcohol and managing stress help too.

5 Chronic obstructive pulmonary disease (COPD). Most men get COPD from smoking. Lung damage caused by emphysema, a form of COPD, is irreversible, but the disease's progress can be slowed if smokers quit. **What to do:** If you're a smoker, quit now. Avoid second-hand smoke and exposure to inhaled chemicals.

6 Diabetes. Excess weight puts men at risk for diabetes, a disease that affects how the body uses blood sugar (glucose). It takes more than 30,000 lives each year, and one-third of all men with the most common form of diabetes don't know they have it.

What to do: Exercise regularly and keep your weight near recommended levels. See your doctor regularly to check blood sugar. If you have diabetes, your physician can help you control it and avoid complications through dietary changes, exercise and medications. //

CAREFORKIDS

CHILDREN IN A WORLD APART

*Autism is an isolating disorder,
but many can learn to adapt well*

One child repeatedly bangs his head against a wall. Another talks at length about an obscure topic, but won't make eye contact. A third won't talk at all. They all have variants of autism, a developmental disability that interferes with communication and social interaction and that in many cases—but not all—is accompanied by a low IQ.

Scary as this sounds, there is a positive side to the story. Early intervention, appropriate education and social skills training, and sometimes medications can help children with autism behave more normally. And some individuals with the condition have gone on to distinguished professional and satisfying personal lives.

Autism actually comprises what the experts call a “spectrum” of disorders that vary widely in severity. While the cause remains unknown (despite promising

The autism spectrum

According to the Cure Autism Now Foundation, these diagnostic labels are part of the cluster of disorders known collectively as autism. Some authorities don't include all of these, and the boundaries between them are sometimes unclear:

- **Classic autism:** Onset before age three. Impaired communication and social interaction and repetitive, stereotyped behavior patterns.
- **Childhood disintegrative disorder:** Normal development for two years, then loss of skills.
- **Asperger's syndrome:** Little or no language delay, but impaired social interactions and restricted, sometimes quirky interests.
- **Pervasive developmental disorder, not otherwise specified:** Severe impairment in specialized areas without meeting criteria for other categories.



Signs of autism

A child should definitely be evaluated for autism, says the National Institute of Child Health and Human Development, if he or she:

- doesn't babble or gesture by age one
- doesn't say single words by 16 months
- doesn't say two-word phrases on his or her own by age two
- has any loss of previously mastered language

A number of other "red flags" may or may not indicate a condition somewhere on the autism spectrum. They include:

- not responding to his or her name
- not smiling back when smiled at
- not pointing or waving goodbye
- lacking interest in other children

These signs should be mentioned to a pediatrician, who may decide to refer the child to a specialist who can test for possible autism.

research underway) and there is no cure, scientists learn more every day about autistic children and how to help them.

Richard A. Reutter, M.D., a developmental behavioral pediatrician at Monmouth Medical Center, says that between one-half and one percent of babies are born with a condition that falls somewhere on the autistic spectrum. "The number of children diagnosed with autism has increased tenfold in the past decade," says Dr. Reutter. "It's partly because we have expanded our definition of the spectrum, and because there is increased awareness of autism in medicine, in education and on the part of parents."

When an infant shies away from visual or physical contact with parents or, a little later, fails to develop language appropriately or imitate daily life in play, he or she should be evaluated for autism, the doctor explains. Autistic disorders are usually diagnosed between the ages of 18 months and 2-1/2 years, although less severe cases may be identified later.

Early diagnosis is important. "Children are getting referred ear-

Where to turn

Parents of a child diagnosed with a condition on the autism spectrum should check out these resources:

- COSAC, New Jersey's Center for Outreach and Services for the Autism Community, at 800-4AUTISM or 609-883-8100, www.njcosac.org.
- The New Jersey State Division of Developmental Disabilities, 800-832-9173, www.state.nj.us/humanservices/ddd.
- Center for the Study of Autism, www.autism.org.
- Autism Society of America, 800-3AUTISM, www.autism-society.org.
- Cure Autism Now, 888-8AUTISM, www.cureautismnow.org.

lier, and that's good," says Dr. Reutter. "That way, they can be involved in socialization groups and given speech and language therapy, and occupational therapy to improve what we call sensory integration." He cites the example of a young patient who was clearly autistic when he first evaluated him several years ago, and who has received therapy in the years since. Now pre-adolescent, the child has improved so much that even a doctor might not recognize him as autistic.

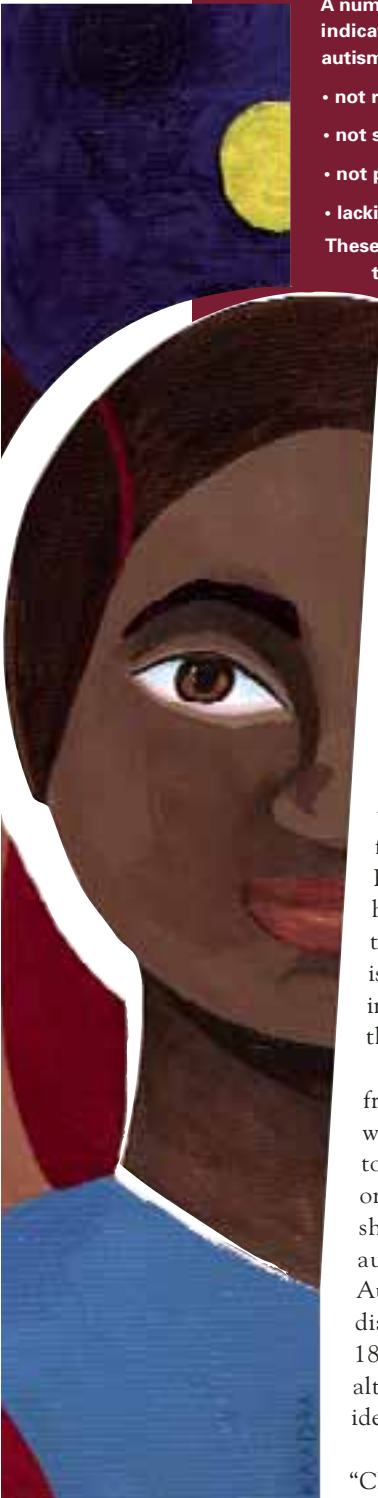
Fortunately, society's increased recognition of the disorder has led to a variety of educational programs stressing social skills, and medications sometimes can help.

"Current medications don't treat autism itself," says Dr. Reutter. "But they can sometimes be used to treat specific symptoms that interfere with a child's progress—attention difficulties, obsessive-compulsive behavior, high anxiety or aggressive, acting-out behavior, for example."

High-functioning autistic-spectrum kids sometimes encounter greater social difficulties as they enter the middle-school years, when behavior previously accepted by peers without concern is now seen as odd. "The pressure at that age is to be like everybody else," says Dr. Reutter, "and if you *can't* be like everybody else, it's tough."

Depending on the child's level of function, parents—in consultation with their pediatrician and school authorities—sometimes decide to place a child in a special school. But some autistic-spectrum children can get the help they need by receiving special services within a "mainstream" school environment.

"Some high-functioning children on the autism spectrum may actually be more successful in a typical school environment," remarks Dr. Reutter, "because the daily opportunity to observe other kids can be a very effective way for them to learn age-appropriate social interactions." *oM*



BREATHE FREELY

TESTING LITTLE LUNGS

For this special pulmonary diagnostic procedure, no one is too young

We take breathing for granted, but it can be a struggle for children with the chronic, progressive lung disease called cystic fibrosis (CF). It affects about 30,000 Americans, and 1,000 babies are diagnosed with it each year. In people with CF, a defective gene disturbs the function of glands, causing them to produce a thick mucus that clogs the lungs, leading to potentially life-threatening respiratory infections. Secretions also block the pancreas, preventing digestive enzymes from reaching the intestines to break down and absorb food particles.

CF is diagnosed with a sweat test, which measures the amount of salt in the sweat. But for determining the most effective treatment for CF and other pediatric respiratory ills—including asthma, bronchopulmonary dysplasia and chronic cough—it's often

If your toddler has pulmonary function testing

- You'll be asked not to administer any solid food for six hours or any liquids for four hours before the test.
- If your child has been under sedation, it's important to watch closely for the rest of the day, as lingering effects may make falls or bumps more likely.



New technology facilitates the testing of lung function in babies, as Robert L. Zanni, M.D., demonstrates, assisted by nurse Bridget Marra.

important to test lung function. Usually this requires the patient's active cooperation. But what if the patient is an infant or a toddler, too young to follow the usual testing instructions?

Today there is an answer to that

question: a special procedure that measures the air that is forced out of the child's lungs when his or her chest is given a gentle squeeze. The baby is given sedation to assure accurate and comprehensive testing and then hooked up to special instruments, and the squeeze is applied by rapidly inflating a balloon-type vest around his or her chest. The procedure takes just a few minutes, and after a brief post-testing evaluation, patients' families are given instructions to

follow after discharge and are sent home.

Infants undergoing the test are admitted to Monmouth's Pediatric Day Stay Unit. Children who are 3 or older do not require sedation; for them, pulmonary function tests can be administered at routine office visits.

"Accurate and timely pulmonary function testing is essential for the optimal management of pediatric lung disease, including cystic fibrosis," explains Robert L. Zanni, M.D., a pediatric pulmonologist at Monmouth Medical Center who directs its Pediatric Pulmonary and Cystic Fibrosis Center. Monmouth is the only New Jersey hospital that now offers this advanced level of pulmonary diagnostic testing for newborns through two-year-olds, and it's one of only 25 such hospitals in the nation.

For more information or to schedule an appointment, call Dr. Zanni at 732-222-4474. ☺

TAKING CHARGE

PROTECT YOUR COLON

Don't wait for a diagnosis of diverticulosis to put more fiber in your diet

One in 10 Americans over age 40 and nearly half of those over 60 have diverticulosis, a condition in which small bulges or pouches form in the digestive tract. These pouches are called diverticula, Latin for "small diversions from the path." They can occur in the throat, esophagus, stomach or small intestine, but most often form in the lower part of the colon.

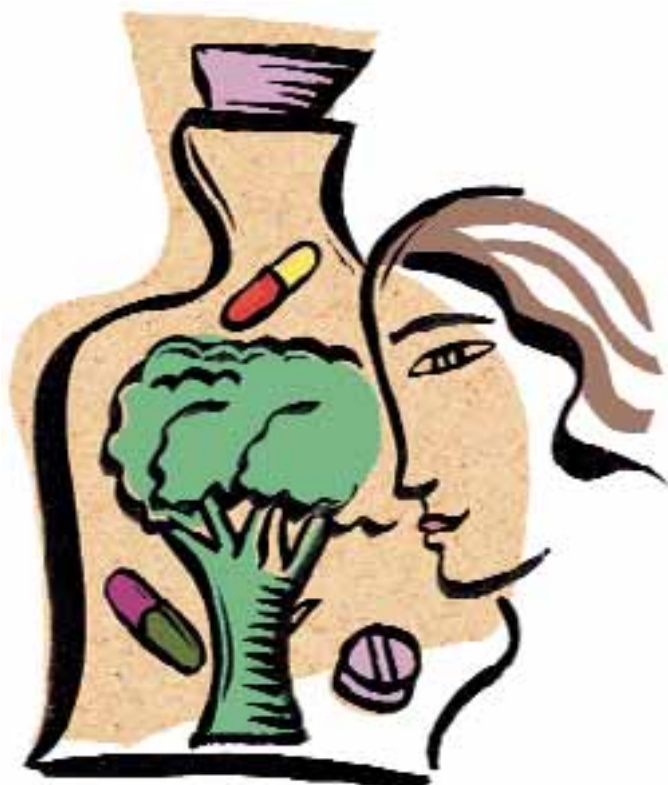
Only in the past century or so has diverticulosis been observed, and experts blame the modern diet. After steel rolling mills were invented, people began eating a lot of foods made with processed wheat and other grains. These grains have much less fiber than whole grains because the bran is removed.

Another problem is that about 40 percent of the calories consumed in the U.S. come from fat. Eating too little fiber and too much fat makes stools small, hard and difficult to pass. Over time, the pressure of straining to pass them causes weak spots in the colon to bulge out, creating diverticula.

A small minority of people with diverticulosis go on to develop diverticulitis, in which the diverticula become inflamed. Diverticulitis causes pain and tenderness in the lower left abdomen and may also produce nausea, vomiting, fever, chills, cramping and constipation. Also, says Ben Terrany, M.D., chief of gastroenterology at Monmouth Medical Center, doctors look for an elevated white-blood cell count and an abnormal CT (computed tomography) scan.

Treatment of diverticulitis aims at clearing up the inflammation and preventing complications.

A new view on seeds You may have heard that all foods with small seeds are off limits if you have diverticulosis because of the danger that they will lodge in the diverticula, the small bulges or pockets that form in the lower colon. Not so, says Ben Terrany, M.D., chief of gastroenterology at Monmouth Medical Center. He concedes that his view is still controversial, but insists, "These pockets are already full."



Often antibiotics can knock it out; occasionally surgery is used to remove the affected part of the colon.

Diverticulosis, on the other hand, often responds well to lifestyle adjustments. "Most physicians recommend a high-fiber diet to ameliorate diverticulosis," says Dr. Terrany. (See below for foods rich in fiber.) Doctors may also suggest a dietary fiber supplement such as Citrucel or Metamucil.

As your fiber intake increases (a gradual change here is best), drink more water or other noncaffeinated liquids to ensure you don't become constipated. And if your doctor says it's OK, try to exercise at least 30 minutes a day, because it helps the bowels function. //

To fight diverticulosis, favor these fiber-rich foods

Experts say we should all consume 25 to 35 grams of fiber each day—about twice as much as the average American actually eats. If you have diverticulosis, it's especially important to eat right so you can avoid more serious conditions. Foods high in fiber include:

| FOOD | SERVING SIZE | FIBER PER SERVING |
|---------------------|--------------|-------------------|
| Lima beans | 1/2 cup | 6.6 grams |
| Baked beans | 1/2 cup | 6.3 grams |
| Winter squash | 1 cup | 5.7 grams |
| Kidney beans | 1/2 cup | 5.7 grams |
| Cereal, bran flakes | 3/4 cup | 5.3 grams |
| Pear, raw | 1 | 5.1 grams |
| Whole-wheat bread | 2 slices | 3.8 grams |
| Brown rice | 1 cup | 3.5 grams |
| Apple, with skin | 1 | 3.3 grams |
| Oatmeal | 1/2 cup | 3 grams |
| Broccoli, cooked | 1/2 cup | 2.6 grams |
| Brussels sprouts | 1/2 cup | 2 grams |

Source: U.S. Department of Agriculture.



VITALWOMAN

OVARIAN CANCER: WHAT YOU NEED TO KNOW

Early detection can make a vital difference

Several kinds of cancer now have reliable screening tests that enable doctors to spot them early, when they're most treatable. Unfortunately, ovarian cancer isn't one of these—yet early detection is still vital; cure rates approach 90 percent when it's found before it has spread. So what can you do besides worry?

1. Know the disease. Ovarian cancer is diagnosed in about 22,000 women in the U.S. each year and kills about 16,000. It begins in one or both of the ovaries, the almond-shaped female reproductive organs flanking the uterus that produce eggs and send out female hormones. "The same kind of tissue that covers the ovary also lines the abdomen and pelvis," says Thomas E. Hackett, D.O., a gynecologic oncologist at Monmouth Medical Center. "Why is cancer more likely in the ovary? It's thought that the trauma the tissue experiences when a woman ovulates is one of the inciting events."

2. See a good gynecologist regularly. "Many of these masses can be picked up in a routine exam—before they've spread," says Dr. Hackett. "But the doctor has to have what we call an index of suspicion." Ultrasound exams, CT (computed tomography) scans and blood levels of a protein called CA 125 show abnormal results in women who have ovarian cancer—but also in many who don't. So doctors can use them only to add pieces to the puzzle. The upshot? Much depends on your gynecologist's clinical acumen. "Recently, the frequency of recommended Pap smears to detect cervical cancer has been cut," says Dr. Hackett. "But that's no reason to see your gynecologist less often."



3. Know the symptoms.

Last year, researchers found that three key symptoms—bloating, increased abdominal size and frequent urination—occurred together in a large number of women diagnosed with ovarian cancer. But these symptoms are more often due to other causes and tend to be reported to other doctors rather than gynecologists, who would most readily think of ovarian cancer.

4. Know your genes. In 7 to 10 percent of women with ovarian cancer—including many early-appearing cases

—the disease is linked to a genetic predisposition. If you have had relatives with ovarian cancer, you may wish to inquire about genetic testing and counseling. (Call Jill Baran, a certified genetic counselor at Monmouth Medical Center, at 866-622-RISK.) If a woman's risk is found to be high, surgical removal of the ovaries is sometimes considered. *oM*

To find out more...

Check out these websites:

www.wcn.org: Women's Cancer Network, co-sponsored by the Gynecologic Cancer Foundation. (Use the "Cancer Types" bar under "Quick Links" and click on "Ovarian.")

www.cancer.gov: National Cancer Institute. (Click on "Women's Cancers" under "All Cancer Types," then select "Ovarian" under "Cancer Home Pages.")

www.cancer.org: American Cancer Society. (Click on "Choose a cancer topic," then select "Ovarian Cancer" from the menu.)

FACES OF MEDICINE

APPLAUSE FROM TOMORROW'S DOCTORS

*Honoring two physicians who combine
healing with training healers*

An apple for the teacher can be a way to curry favor, or it can be a recognition of excellence. It's the latter for two faculty members at Monmouth Medical Center, recognized recently with Golden Apple Awards bestowed by medical school students.

Margaret C. Fisher, M.D., chair of pediatrics, was honored by the Student Government Association of Drexel University College of Medicine, Philadelphia, the hospital's teaching affiliate, for excellence in teaching. And obstetrician/gynecologist Robert Massaro, M.D., received another Golden Apple, this one from Drexel's third-year medical students.

For Dr. Massaro, the recognition followed two plaudits won last year: the National Faculty Award for Excellence in Residency Education from the American College of Obstetricians and Gynecologists and the Excellence in Teaching Award from the Association of Professors of Gynecology and Obstetrics.

"The competition for these awards is stiff," says Monmouth Executive Director Frank J. Vozos, M.D.

Prior to joining Monmouth in 2000, Dr. Fisher was associate chair of education at St. Christopher's Hospital for Children in Philadelphia and headed the pediatric clerkship for Drexel, where she won two prestigious teaching awards, again given by medical students: the Dean's Special Award for Excellence in Clinical Teaching and another Golden Apple.

"I came here because for me, the most fun in medicine is the teaching," she says. Monmouth has more than 100 resident physicians in eight accredited programs and trains more than 300 medical students each year. Dr. Fisher currently is involved in a campaign to teach pediatricians about obesity prevention.

Each year Dr. Massaro helps educate Monmouth's eight obstetrics and gynecology residents and



Above, Margaret C. Fisher, M.D., (right) on medical rounds with patient DaCoda Hughes of Hazlet and (from left) nurse Amy Phillipson, resident Carmela Sagcal, M.D., and student Mathusi Chilume. At right, Robert Massaro, M.D., Jennifer Pompliano, D.O., and Linda Silva-Karcz, M.D.



its medical students, who attend Drexel University College of Medicine and St. George's University School of Medicine in Grenada. "Residents and students say Dr. Massaro is an example of the type of doctor they aspire to be," Dr. Vozos says. "In an era of increased focus on the business of health care, he takes the time to see—and teach—medicine's human side."

Dr. Massaro was a teacher before he was a doctor. After finishing college in 1978 he taught high school biology for two years, "and really enjoyed it," he says. But then he followed an older precedent.

"My mother, Edith, is a physician," he reports. "She was my inspiration." It's funny how influences—and professions—intertwine. Dr. Fisher reports that *her* mother was a teacher. *M*



TELLING THE DOCTOR

9 WAYS TO GET THE MOST FROM YOUR OFFICE VISIT

It sounds simple enough. You go to your physician, get examined, ask your questions and find out what to do. But unfortunately we often let hurry, worry or embarrassment keep us from getting what we need from a doctor visit. And the challenge has grown tougher as managed care has put new pressures on physicians' time, and as a new emphasis on preventing disease has given them more issues to discuss.

"The doctor-patient relationship should be a two-way partnership," says Kenneth M. Granet, M.D., an internist at Monmouth Medical Center and section chief of the department of medicine. "To get the best care, patients should know how to express their needs, and both doctors and patients should be good listeners."

So how can you get the most benefit from this key encounter? Try these nine tips:

1. SCHEDULE A PHYSICAL. If your visit is for an annual physical exam, mention that to the office staff when you make the appointment—they'll usually set aside more time for physicals than for other visits. Annual exams are important after 40 and useful even before that age, says Dr. Granet.

2. MAKE A LIST. Before your appointment, jot down the two or three things you most want to ask the doctor. "A list helps you to stay focused and to remember the points you want to bring up," says Dr. Granet.

3. BE SPECIFIC. You hold the world's only Ph.D. in how your body feels. Without offering a long catalogue of irrelevant background information, describe your symptoms in as much detail as possible. If you're having abdominal pain, for example, explain what it feels like and when it occurs. Does it happen after dinner? Is it worse if you consume certain foods? Is it sharp or dull, sudden or gradual, constant or intermittent?

4. BRING RECORDS. If you have a copy of the

results from a recent test or a pertinent report from a specialist, bring it along.

5. GET MEDICINES CHECKED. If you take several prescription medications, bring a list of them—or bring the pill bottles themselves—for the doctor to review. You'd be surprised how often a physician will find a medicine you should no longer be on, or two drugs that duplicate each other—or even interact dangerously.

6. BRING A FAMILY MEMBER. Dr. Granet says that having a spouse or an adult child present for all or part of a doctor's visit can help patients—especially those who are elderly—recall and focus on what's important.

7. SPEAK UP PROMPTLY. Some patients leave their biggest fear or worry for the end of the visit, when the doctor is finishing the conversation. "Doctors learn that the words 'by the way' can herald an important issue that would be better dealt with at the start of the visit," says Dr. Granet. Mention big concerns early to be sure there is time to do them justice.

8. DON'T TRY TO BE YOUR OWN DOCTOR (EVEN IF YOU ARE A DOCTOR). It's good to do research and inform yourself, but resist jumping to conclusions about your condition—despite that dead-on diagnosis you may have found on the Internet. Describe what you're feeling, and you and your physician can decide what it means.

9. SUMMARIZE. Before the doctor leaves the room, ask for a moment to repeat back to him or her a summary of the principal things you learned during the visit. That will help make sure you got it right.

Despite all the treatment protocols so prevalent in medicine today, the patient-physician encounter remains a very personal one. "For me, the joy of medicine is in knowing my patients," says Dr. Granet. "That's why it's an art as well as a science." //

Here's a switch: Marvin Broder says he faced parental pressure *not* to become a doctor.

"My mother steered me away from it," the 88-year-old Shrewsbury resident explains. "My dad was a physician, and he died at 51 from septic pneumonia he'd picked up from a patient—two years before the advent of penicillin, which might have saved him. She was bitter."

Instead of entering medicine, Broder became a naval officer for six years and then a very successful real estate developer, helping to build neighborhoods in Monmouth and other suburban counties. But the scenes of medicine always beckoned.

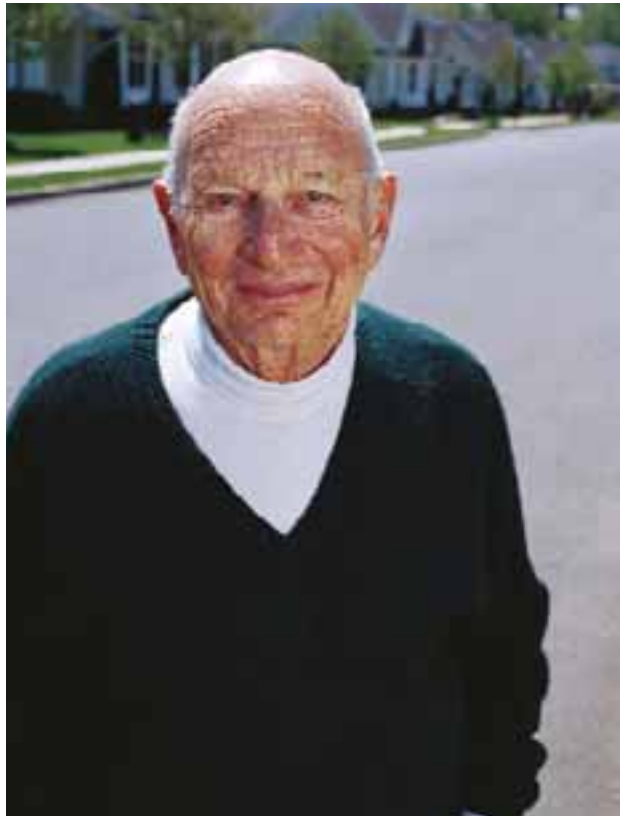
Set against his mom's influence, you see, was the memory of how his father had been loved in his Manhattan East Side neighborhood during the Great Depression.

"I may sound emotional," says Broder, "but he was regarded as a god. He took care of his patients whether they could pay or not—and many couldn't. He said, 'They're my patients and my responsibility.'"

Broder was 14 when his dad died. A few years later, after majoring in economics at Yale, he made the first of many choices that would shape a life full of service to others—even without a black bag. World War II had begun, but America was not yet in it and had not yet instituted the draft. He joined the U.S. Navy and signed up for midshipman's school, this time going against his mother's advice.

"She said, 'Why don't you wait till they call you?'" he remembers. "I replied, 'You know, the British are losing, and Jews are being killed in Germany. As a Jew I just can't sit and do nothing.' But I have to admit, another part of it was that I *liked* going to sea."

As an officer on a destroyer in charge of damage control, he volunteered to help the ship's doctor



DOCTOR'S SON HIS OWN DESTINY WAS TO COMFORT, NOT TO CURE

and pharmacist's mate stitch wounds and care for the sick.

"I'd sponge up, hold a sailor's hand and calm him," recalls Broder. "But then one day we had to take a leg off. Halfway through I said, 'Doc, I'm gettin' dizzy. I can't help anymore.' He said, 'Go over there, sit down, put your head between your knees for a minute and then *come back here. I need you!*' Believe me, when you're talked to that way, you do it." A few days later Broder found out that, after being moved to a larger ship, the young amputee had died.

Naval skills, not medical ones, were key when he was invited to the Mideast after the war to help create a naval academy for the new state of Israel. ("What kind of a name is *Mah-*

vin for a Jewish boy?" teased leader David Ben-Gurion, who didn't approve of his plan to return to the States.) On his return, he went into construction, which he liked because he could see tangible evidence of his work. ("When I started building in Colts Neck it was a no-man's land," he recalls.)

Ever mindful of service, Broder also put in 22 years on the board of trustees at Monmouth Medical Center and chaired its Pollak Mental Health Advisory Committee, succeeding founder Maurice Pollak, father of his wife Lois. And hands-on medicine still drew him too. So at ages 76 to 82, he volunteered in Monmouth's Emergency Department—helping the doctors and nurses, comforting patients and taking the time to listen to them.

"People coming into the emergency room are frightened," says Broder. "They need to be calmed and reassured. Sometimes holding someone's hand is the most important thing you can do."

The distant inspiration is not hard to discern. Says Broder: "I think he would have been proud." *OK*

WHAT'S Happening AT MONMOUTH MEDICAL CENTER

THE CENTER FOR KIDS & FAMILY OFFERS A HOST OF PROGRAMS THIS SEASON

CHILDBIRTH PREPARATION/PARENTING

Programs are held at Monmouth Medical Center, 300 Second Avenue, Long Branch. To register, call 732-923-6990.

One-Day Preparation for Childbirth July 10, August 7, 9 a.m.–4:30 p.m. \$179/couple (includes breakfast and lunch).

Two-Day Preparation for Childbirth (two-session program) July 9 and 16, August 6 and 13, 9 a.m.–1 p.m. \$135/couple (includes continental breakfast).

Preparation for Childbirth (five-session program) July 12, 19, 26, August 2, 9, 7:30–9:30 p.m. \$95/couple.

Marvelous Multiples (five-session program) July 27, August 3, 10, 17, 24, 7–9 p.m. For those expecting twins, triplets or more. \$95/couple.

Eisenberg Family Center Tours July 17, 31, August 14, 28, 1:30 p.m. Free. (No children under 14 years old.)

Baby Fair October 23, 1–3 p.m. Free. For parents-to-be and those considering starting a family, featuring the Eisenberg Family Center tours, refreshments, free gifts. (No children under 14 years old.)

Childbirth Update/VBAC July 13, 7:30–9:30 p.m. Refresher program including information on vaginal birth after cesarean. \$40/couple.

Cesarean Birth Education August 17, 7:30–9:30 p.m. \$40/couple.

Make Room for Baby July 23, August 20, 10–11 a.m. For siblings ages 3 to 5. \$35/family.

Becoming a Big Brother/Big Sister July 30, 10–11:30 a.m. For siblings age 6 and older. \$35/family.

Grandparents Program July 18, 7–9 p.m. \$30/person, \$40/couple.

Baby Care Basics (two-session program) July 14 and 21, 7:30–9:30 p.m., August 20 and 27, noon–2 p.m. \$80/couple.

Breastfeeding Today July 7, 7–9:30 p.m. \$50/couple.

Parenting Young Children Through S.T.E.P. (five-session program) October 12, 19, 26, November 2, 9, 7–9 p.m. Systematic Training for Effective Parenting from infancy to age 6. \$75/person or \$100/couple.

JUST FOR KIDS

Also see sibling preparation programs above.

Safe Sitter (one-session program) July 16, August 13,

9 a.m.–4 p.m. For 11- to 13-year-olds on responsible, creative and attentive babysitting. Monmouth Medical Center. Call 1-888-SBHS-123. \$50/person. (Snack provided; bring bag lunch.)

GENERAL HEALTH

Oceanfest July 4, 10 a.m.–10 p.m. Stop by the Monmouth Medical Center tent at the biggest Independence Day Celebration at the Shore on the promenade in Long Branch. This event will include entertainment, food, a wide range of crafters, master sand-sculpting exhibitions, giant fireworks display, free giveaways and more.

Surgical Options for Obesity July 6, 7–9 p.m., presented by Frank J. Borao, M.D., director of laparoscopic surgery, Monmouth Medical Center. Call 1-888-SBHS-123.

Stress-Free Workshops July 12, “Communication Skills for Stressful Situations”; August 9, “A Sampler of Relaxation Techniques”; 7–9 p.m. Monmouth Medical Center. Call 1-888-SBHS-123. \$10/person/session.

Blood Pressure Screening July 13, August 10, 10 a.m.–2 p.m. Monmouth Mall near Food Court, Routes 34 and 35, Eatontown.

Cholesterol Screening August 10, 10 a.m.–2 p.m. A simple finger stick, which does not require fasting, performed under direction of Monmouth Medical Center’s laboratory following guidelines set by the National Cholesterol Education Program, Monmouth Mall near Food Court, Routes 34 and 35, Eatontown. \$10/test.

Smoke-Free Clinic September 19, 26, October 3, 10, 17, 7–9 p.m. \$60/person.

SENIOR HEALTH

Blood Pressure Screening July 13, August 10, 10:30–11:30 a.m. Long Branch Senior Center (age 60 and over—membership required), 85 Second Avenue.

Benefits of Massage Therapy July 20, 1–3 p.m. SCAN.*

Staying Healthy with Guided Imagery July 27, 1–3 p.m. SCAN.*

Meditation for Inner Calm August 3, 1–3 p.m. SCAN.*

Benefits of a Low-Cholesterol Diet August 17, 1–3 p.m. SCAN.*

*SCAN (Senior Citizens Activities Network, age 50 and over) is located at Monmouth Mall, Eatontown. To register for programs and to obtain SCAN membership, call 732-542-1326. *M*