

MONMOUTH

health & life

plan the
perfect
picnic

FANS
FLOCK TO
FAMEABILIA

breakfast with
champions . . .
racehorses, that is

SHREWSBURY'S
LO-CARB MECCA

stay well

- female MDs in high places
- 10 ways to stay out of the E.R. this summer
- how radiology spares the surgeon's knife

RED BANK'S
DAYTIME TV PRINCE

A SWEET SEASON

It long last it's time to bask in the warm sunshine of summer. It's the season to gather the family around the picnic table and make the most of good company, balmy weather and good fortune. In this issue of Monmouth Health & Life, we celebrate the things that make summer at home special.

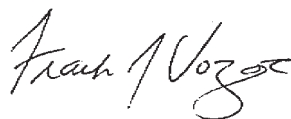
Actor David Andrew Macdonald certainly understands the importance of home and family. Although he plays a regal prince on TV's Guiding Light, this Red Bank resident is happiest when he doffs his crown and picks up a hammer to work on his house. In the Spotlight in this issue (page 24), read about how he transformed an 1898 farmstead into the castle of his dreams. This summer, you can be sure that he, wife Nicolette and their 16-month-old son Ian will be making the most of their leisure time together.

In fact, many of us will be slowing down and enjoying the simple things in life: a stroll through a fragrant iris garden, a night spent around a campfire or a picnic in the grass. In these pages, you'll find ideal locations—right here in the county—for doing all of these things and more.

In our HealthLink section (starting on page 39) we've even included a list of 10 tips for helping your family avoid injury and illness during these active summer months. You'll also hear from a man who talks all day on the phone without the benefit of vocal cords. And you'll learn how interventional radiology is helping women beat

fibroid tumors and osteoporotic compression fractures—without major surgery.

There are still more revelations in these pages, pages designed to help you find the best our beautiful oceanfront county has to offer. So here's wishing you and yours a safe, happy and fulfilling season—a summer that shines in more ways than one.



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MONMOUTH

health & life

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ARE YOU GETTING THE MOST FROM YOUR MANAGED CARE PLAN?

If you're like most Americans with health insurance, you're covered by a managed care plan. That means that instead of dealing directly with your doctor and his or her staff, you've got to work—and sometimes wrangle—with a bureaucracy too.

Fortunately, there are ways to take the pain out of the process and, at the same time, ensure that you're receiving full benefits while avoiding unnecessary out-of-pocket expenses.

GET WHAT YOU'RE PAYING FOR One of the principles of managed care is to emphasize preventive care now in hopes of avoiding illness (and the expense of treating it) later. Ask your doctor what health screenings are recommended for you. Then read your policy to learn whether your plan covers those screenings and, if so, how often. Also find out how often you are entitled to a well visit. Some plans even offer well visits with no copayment required.

ENLIST YOUR DOCTOR'S HELP If you have to shed excess pounds, for example, ask your physician for weight-loss advice or for a referral to a nutritionist. (Check your contract to see if such services are covered.) If you want to stop smoking, ask him or her about medications and other resources for quitters. Turn to your doctor for advice on exercise too. Some health plans reimburse members for all or part of the cost of a health-club membership. You'll save money on those monthly fees

by taking full advantage of this benefit.

PLAY BY THE RULES As with the law, when it comes to your managed care plan, ignorance of policy rules is no excuse: Break one and it's almost certain you'll have to foot the medical bill in question. So take the time to study your plan. To receive full coverage, be sure to see a doctor from your plan's list of participating providers. That list will include primary care providers (usually defined as doctors who specialize in family practice, internal medicine, pediatrics or obstetrics/gynecology) and specialists. However, if you want to see a specialist, you may need a written referral from your primary care provider first.

Learn your plan's rules for emergency care. Many plans do not cover care for non-life-threatening emergencies unless that care is delivered at a participating hospital. Learn your plan's policy on urgent care after "normal" business hours, too. Urgent care might be needed for such problems as serious sprains and sore throats with fever. And check your plan's prescription coverage. Usually, plans have contracts with certain pharmacies. In addition, name-brand drugs may carry a higher copay than generics.

Finally, if you are shopping for a plan, be sure to look for its list of participating doctors and hospitals. You will be more comfortable with a plan that allows you to see the physicians and use the medical facilities you know and trust. ☺

CAN YOU ANSWER THESE QUESTIONS?

If you can, you're well on your way to avoiding potentially costly mistakes.

1. Which doctors and hospitals participate in your plan?
2. Do plan members need a referral to see a specialist?
3. What conditions or injuries are considered emergencies?
4. What should members do if they need care outside normal business hours?
5. Upon admission to a hospital, whom do members need to notify—and how soon?

HEALTH *Link*

CAREFORKIDS

FLAT FEET: A REASON TO WORRY?

A podiatrist tells why your child's fallen arches may need treatment

Forget what you may have heard about flat feet in children—that kids will simply outgrow the problem in time. The truth, says George Fahoury, D.P.M., chief of podiatry at Monmouth Medical Center, is that many children with flat feet should be treated to prevent trouble when they're older. Monmouth Health & Life asked Dr. Fahoury to explain.

MH&L: What should parents do if their young child has flat feet?

DR. F: If the child appears to have an arch when the foot is at rest, but the arch collapses when it bears weight, he or she should be taken for a biomechanical examination by a foot and ankle specialist such as a podiatrist. Flat feet are the leading cause, in later years, of heel pain, bunions, hammertoes, shin splints and arthritic changes in the feet. If you wait till they cause symptoms, it may be too late to avoid abnormal foot development.

MH&L: How do flat feet cause problems?

DR. F: First of all, there are different kinds of flat feet. In rare cases, bones are fused together, causing pain. That condition definitely requires attention. But the more common flexible flatfoot, or collapsed arches, may also be problematic even if there's no pain. In terms of evolution, our feet have not yet fully adapted to walking all day on flat surfaces. And it's a basic tenet in podiatry that the muscles and tendons of the foot work with the least stress only when the bones are properly aligned. If your foot is flattening, those bones are getting out of alignment and the muscles and tendons are working harder than they should. That can lead to abnormal development of the joints.



MH&L: What remedy is there?

DR. F: The vast majority of kids are helped by a simple orthotic, an insole placed in the shoe. A few require surgery. And fortunately, even that surgery has become much less invasive. If orthotics don't work, we turn to a procedure called arthrodesis, which controls motion in the rear foot. For this operation, we implant a small titanium device in the foot to prevent the collapse of the arch. The beauty of this procedure is that, unlike

past surgeries for flat feet, it doesn't alter the anatomy of the joint. It's like an internal orthotic. And if there's trouble with the implant, it can easily be removed. *o//*

Putting her best foot forward

Holly Pacius, 13, walked a lot on a recent visit to Six Flags Great Adventure, and her left foot felt fine—for a change.

The foot was pain-free thanks to an arthrodesis procedure performed not long ago by George Fahoury, D.P.M., chief of podiatry at Monmouth Medical

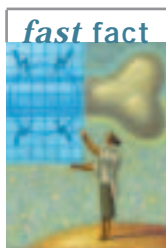
Center (shown with Holly at right above) assisted by James Sullivan, D.P.M. They used a technique known as the Subtalar MBA implant, whose initials stand for Maxwell Brachenou Arthrodesis.

Holly's severe fallen arches had been treated for years with shoe inserts, but ultimately they didn't do the trick. "She used to play tennis, soccer and volleyball, but she had to stop because of the pain," says her mother, Jackie Pacius.

"Whenever I would walk, it would hurt a lot," Holly adds, "and it would feel like my foot was collapsing."

The operation is done on an outpatient basis, usually requiring just four to six stitches. Recovery involves a couple of weeks on crutches, a few weeks in a protective boot, then a gradual return to normal activity.

Holly will have the same procedure on her right foot this summer.



One-fourth of the bones in the human body are located in the feet.

CONQUERING CANCER

FINDING A NEW VOICE

Surgeons removed this patient's vocal cords—then helped him speak again

Imagine you've lost the power of speech. Then, for good measure, pretend you're a bank vice president who needs to spend all day talking on the phone. You'll have an idea of what life looked like for Kerry Jones about three years ago.

Jones, now 57, is a survivor of cancer of the larynx, or voice box. Call him up today, and he'll tell you the story in rich, mellifluous tones.

It started in October 1999, when the Neptune City resident told his doctor during a regular checkup that he felt fine, but had one problem: His voice was weakening. And as a vice president at Fleet Bank in Princeton working in managed assets—"a glorified term for commercial loan collection"—he needed his voice every hour of every day.

His doctor sent him to Monmouth Medical Center otolaryngologists—ear, nose and throat specialists—Eric L. Winarsky, M.D., (chief of otolaryngology) and Darsit K. Shah, M.D. Dr. Winarsky examined him with a laryngoscope, a lighted tube that is inserted through the nose, then promptly summoned Dr. Shah, who also took a look.

"I could tell just by looking at Dr. Shah that this wasn't a go-get-another-opinion matter," says Jones. "This was the real thing."

The doctors had found a large cancerous tumor on Jones' vocal cords. Because its position threatened to block his breathing, Jones was in immediate



danger. As Dr. Shah later recalled, "He was only hours away from a complete obstruction of the windpipe, which could have killed him."

The next day Jones was in the hospital for an emergency tracheotomy, an incision in his neck to maintain his breathing.

"If I hadn't already eaten lunch that afternoon, they would have put me in right then and there," he says, noting that the general anesthesia needed for major surgery requires an empty stomach.

A week later, Drs. Winarsky and Shah performed a laryngectomy, an operation to remove the larynx and vocal cords. "The tumor was encapsulated within the vocal box," says Jones. "That was fortunate for me, because nothing had spread to the rest of my body. But it had frozen the vocal cords—that's why my voice had been weakening."

With Jones' voice box removed, the doctors created a transesophageal puncture (TEP). A TEP allows the trachea, or windpipe, to be connected to the esophagus, or food pipe, with a plastic valve. The idea is that air is inhaled through a permanent opening called a stoma, brought down the trachea, then transferred through the valve to the esophagus. The air continues up the esophagus to produce a new kind of voice.

"It's like when you were a kid and you used to swallow air and then burp and talk at the same

personal take



Occupational hazard? Painters and truck drivers may want to be extra vigilant about having their doctors check for bladder cancer. The American Cancer Society estimates that each year 41,500 men in the U.S. are diagnosed with the disease, which claimed 12,400 lives in 2001.

And the manufacturer of a screening test says exposure to the chemicals in paint and gasoline increases one's risk, just as cigarette smoking does.

The cancer
that can
leave you
speechless



Each year, more than 12,000 Americans learn they have cancer of the larynx, or voice box—the 2-inch-long, tube-shaped organ in the neck that is used for breathing, swallowing and speaking. The larynx is at the top of the trachea, or windpipe, and it's made of cartilage. Inside it, the vocal cords, two bands of muscle, form a "V." The vocal cords tighten and move closer together when air from the lungs is forced between them, making them vibrate to produce the sound of your voice.

Most cancers of the larynx begin on the vocal cords in an area called the glottis. But the disease may also start in the supraglottis, above the vocal cords; or the subglottis, the section where the larynx connects to the trachea.

Cancer of the larynx appears most often in people age 55 and over, is more prevalent among African-Americans than among whites and is four times more common in men than in women. Symptoms can include hoarseness, other voice changes, pain, a lump in the throat, difficulty swallowing or frequent choking on food. See your doctor if you have any of these problems—but remember, too, that other conditions may also cause them.

The biggest risk factor for cancer of the larynx is cigarette smoking.

(Exposure to asbestos is another.) If you still smoke, it's important to quit no matter how long you've had the habit. For help in stopping, call 732-923-6990 to learn about support groups at Monmouth Medical Center or a five-session, \$60 class in October. Or dial the Saint Barnabas Behavioral Health Network's Institute for Prevention at 732-914-1688 for counseling and discounts on nicotine replacement products.

time," Jones explains.

His old voice gone, Jones had radiation treatments and worked on the breathing techniques necessary to produce speech in this new fashion. But scar tissue formed over the TEP and made it impossible to insert the valve. After returning to work in February 2001, Jones was able to make clients and lawyers understand him on the phone with the aid of an electrolarynx, a hand-held electrical device held up to the throat to produce vibrations through muscle tissue.

"But I sounded like R2D2," he jokes, referring to the robot sidekick in Star Wars.

Five months after the operation, Dr. Shah examined Jones and wasn't satisfied with the quality of voice he had been left with. He decided to operate again.

"It's sometimes necessary to go back if results are not optimal," the doctor explains. "Now it becomes a relatively minor procedure, but the quality of speech can improve immensely."

The second operation was a big success, and Jones became adept at controlling airflow to make his vocalization audible and comprehensible. Today his voice, while it has an unusually deep and reverberant tone, is neither unclear nor unpleasant, and he can talk for hours.

Since 2000, his cancer therapy complete, Jones has had checkups at six-month intervals and passed with flying colors. From time to time he has also spoken with other patients facing laryngectomy and their families to explain his experience and to show that there can be life—and conversation—after the voice box is gone.

"I spoke recently with the wife of a man who was going to have the surgery done," says Jones. "We talked for about 45 minutes, and as we finished she said to me, 'It's amazing. I just realized I'm talking to someone who's had this done. It's just like talking to



Losing a voice box didn't silence Kerry Jones, flanked here by Drs. Winarsky (LEFT) and Shah.

our neighbors—very relaxed.'

"And I said, 'It just goes to show what modern medicine can do.'"

For more information on voice restoration or other ear, nose and throat procedures at Monmouth Medical Center, please call 732-870-5500. *ll*

TAKING CHARGE

10 HOT TIPS FOR A SAFE SUMMER

Don't let carelessness put your good times at risk

Livin' may be easy in the summertime, as the song says, but for most of us, it's also busy. Warm weather brings us out and about—swimming, sunning, biking, hiking, boating, vacationing and tending the lawn. But these activities can pose dangers if not done safely, and each year carelessness sends warm-weather revelers to the emergency room. Don't let it be you or your family. To avoid injury or illness this summer, heed these 10 tips:



1. DON'T OVERDO IT. Too much strenuous activity on a hot day in the sun can cause heat exhaustion. Its early symptoms include headache, weakness, dizziness and nausea. If you experience any of these, sit down in the shade and drink some cool water. That's water, not beer or soda—alcohol and caffeine just end up dehydrating you.

2. USE SUNSCREEN. Nobody likes the pain that comes when you fall asleep in the sun unprotected—and a single sunburn can multiply your risk of melanoma, a skin cancer that can be fatal if not caught early. Experts recommend a sunscreen with an SPF rating of at least 15, and higher for young children. The sun is fun, but a deep tan shouldn't be your goal. Skin cancer risk increases with the buildup of exposure to the sun's ultraviolet rays—even if you don't get a painful burn.

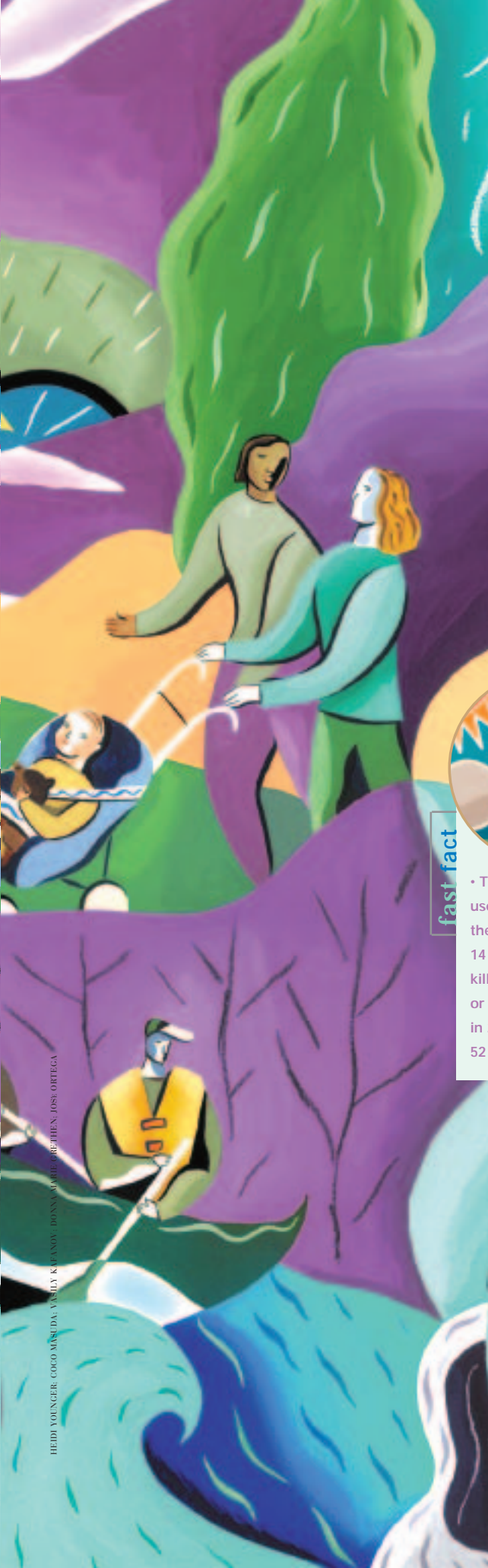
3. SWIM SAFELY. "Never leave a child unobserved around water," warns the American Red Cross. And even older children who are confident swimmers should pair up in a buddy system at the pool or the beach, so that one will know right away if another gets a cramp, becomes injured or is caught in an undercurrent. A tip about undercurrents: If one is pulling you out to sea and you can't beat it, don't exhaust yourself struggling. Just tread water and stay afloat. When the current stops, either you can swim back or someone can come get you.

4. WEAR HELMETS. You wouldn't dream of letting your under-14 child ride his bicycle without the helmet the law requires. But adult heads are vulnerable too. If you're a bike rider yourself, do you wear a helmet? "I tell parents, 'You're the adult; you have to set the example,'" says Jennifer Waxler, D.O., chair of emergency medicine at Monmouth Medical Center. "Head injuries can cause tragically irreversible damage." People of all ages should also wear helmets when using scooters or skateboards. And roller bladers need wrist guards, elbow patches and knee pads.



5. MOW WITH CARE. You're in a hurry, with only 15 min-

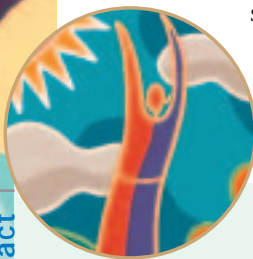




utes to finish cutting the grass in the front yard before you must go pick up the kids. But the mower has stopped; it's clogged with grass. It's such a hassle to restart it, you're tempted to simply reach down quickly and—but don't! There's always time to do what you need to do to hang onto your fingers. Shut off the mower before reaching anywhere near the blade—and that applies to hedge trimmers and weed whackers also. Other tips: Start and refuel your mower outdoors, not in a shed or garage. Wear sturdy shoes—not sandals—while mowing. And don't let children ride on riding mowers.



6. BEAT THE BUGS. If you're hiking in the woods, wear long sleeves and long pants to protect against deer ticks, which can cause Lyme disease. (See your doctor soon if you develop a red, bull's-eye rash after an outing in a wooded area.) Apply insect repellent to protect against mosquitoes and the fleas that carry West Nile virus. When choosing an insect repellent for your child, cautions the American Academy of Pediatrics, make sure it contains no more than 10 percent DEET (diethyl toluamide). Larger concentrations may be harmful to young skin. And if a bee, wasp or hornet has done its worst, the AAP also says, "to remove a visible stinger from the skin, gently scrape it off horizontally with a credit card or your fingernail." These days you need plastic for everything.



7. KNOW YOUR PLANTS. Follow the adage "Leaves of three, let them be." Try to avoid poison ivy and poison oak, which have three leaves to a stem and can cause a painful, itchy rash. Poison ivy has smooth, shiny leaves; poison oak resembles a shrub and its leaves look like oak leaves. Then there's poison sumac, less common but much more toxic, with groups of seven to 13 small leaves.



8. BARBECUE RIGHT. Leave a space around an outdoor barbecue so that radiant heat doesn't spread the fire. Don't grill in enclosed areas, where carbon monoxide fumes may build up. Keep children clear of the barbecue, and limit the use of lighter fluid to grown-ups only.

9. DON'T DRINK AND DRIVE. Summertime is travel time. If you're on a road trip and decide it's time for a cocktail, that means it's also time for a motel. And if you're going out with a group for an evening's entertainment, agree in advance on a designated driver. Also, remember that a clear head is as vital for operating a motorboat as it is for driving a car.

10. REVIEW THE RULES. Long hours of daylight and leisure can tempt children to test boundaries. So go over the guidelines with your kids regarding curfew, contact with strangers and how far your children may go by themselves. Also, suggests the National Center for Missing & Exploited Children: "Make sure they know they can tell you about anything that happens that makes them feel uncomfortable." *all*

fast fact

• Thanks in part to wider use of bicycle helmets, the number of children 14 and under who were killed while riding bikes or other pedaled vehicles in 2001 was down 52 percent from 1991.

VITALWOMAN

A ROAD MAP TO RELIEF

For two common female disorders, interventional radiology offers promising new treatments

There's good news for women with fibroid tumors and osteoporotic compression fractures. For both, interventional radiology offers effective new treatments—without invasive surgery.

Your body's veins and arteries are like a complex highway network. The science of radiology has long used that network to introduce iodine-based dyes to help diagnose disease—for example, to highlight clogged arteries in a coronary angiogram. Interventional radiology works similarly

to treat illness by introducing substances through the arterial system, directed with the aid of moving X-ray imaging called fluoroscopy.

"Doctors make a small nick about the size of a pencil point in the groin," explains Peter Park, M.D., an interventional radiologist at Monmouth Medical Center. "There a catheter is introduced which can be guided throughout the body's veins and arteries. It's like using a road map."

THE NEW PROCEDURES:

1. *Treating fibroids with uterine artery embolization*

Fibroids are noncancerous tumors that appear in the smooth muscle of the uterus. "Most fibroids don't cause problems," Dr. Park explains, "so a doctor's philosophy is, if it doesn't bother you, you don't bother it. That's why a fibroid can grow quite large without the woman even knowing she has it."

Some fibroids, however, can produce pain or bleeding. Others by their sheer bulk—sometimes as big as a grapefruit—can create pressure on the bladder or



cause constipation. Often women are told that the solution is a hysterectomy, a complete removal of the uterus. Another treatment is myomectomy, excision of the tumor itself.

But both of these procedures involve major surgery with general anesthesia, requiring a recovery period of several weeks. And with myomectomy—"a difficult and bloody operation," says Dr. Park—problems recur for 35 percent of patients. "Fibroids are multiple by nature," he says, "and you may not get the one that's causing the trouble."

Hormone therapy is also sometimes suggested to shrink fibroids. But the hormone medication can cost \$200 per month, has side effects such as headache and general weakness and works only as long as you keep taking it.

Today, many women with fibroids are treated instead with a procedure called uterine artery embolization, which permanently shrinks fibroid tumors by blocking the arteries that feed them. "I inject little bead-like particles into the appropriate blood vessels to block them until the fluoroscope shows that the blood flow has stopped," says Dr. Park. With their blood supply shut off, the tumors wither until they're no longer a problem. Studies have shown a 95 percent effectiveness rate, and patients can go home the same day and return to work in a few days.

2. *Fixing fractures with vertebroplasty* More than one-half of all women over 50 suffer from osteoporosis, which weakens bones and makes them more prone to fracture, and more than 200,000 women experience some type of osteoporotic

FEMALE FACES IN HIGH PLACES

Today there are more high-ranking women doctors than ever before

compression fractures each year.

"These fractures often cause a downward spiral in their health," says Dr. Park. "They stay in bed and become more susceptible to things like pneumonia, depression and blood clots." One possible treatment is surgery involving rods and screws, but, as Dr. Park explains, "many women with compression fractures aren't really candidates for this surgery because their bones are too frail."

In the interventional radiology procedure called vertebroplasty, a needle is inserted into the body of the vertebrae to inject a liquid polymer cement that looks like toothpaste at first, but soon hardens to give added strength to bones. The procedure takes about 40 minutes per vertebrae.

"More than 90 percent of people have symptomatic relief," says Dr. Park. "I remember one elderly woman I treated for a compression fracture in the chest that interfered with her breathing. She was bedridden and hunched over. But after I treated her, she felt so great she was able to resume her gardening work outdoors."

For more information about interventional radiology at Monmouth Medical Center, call 732-923-6806. *oH*



Margaret Fisher, M.D. (RIGHT), with neonatologists Susan Hudome, M.D., and Diane Attardi, M.D.

Margaret C. Fisher, M.D., chair of pediatrics at Monmouth Medical Center, remembers being asked a blunt question in her medical-school days. "I was doing a rotation at a Veterans Administration hospital, and a male internist who would be grading me asked point-blank, 'Why are you taking up the space of a man who could be in medicine?'"

It was the supposedly hip '70s, but perhaps the doctor hadn't

heard of Elizabeth Blackwell's 1849 graduation from Geneva Medical College, which broke the male monopoly on U.S. medicine.

Custom dies hard. More than a century and a half after Blackwell, with medical-school enrollments roughly equal between the sexes, high-profile positions of responsibility for doctors at hospitals still tend to be occupied by men. Sometimes the reason isn't blatant sexism, but a subtle blend of experience, informal networking and the way long work hours compete with family duties.

At Monmouth, things have started to change, thanks in part to the arrival in recent years of several top female physicians. Dr. Fisher came to the hospital to take her current post in August 2000. And a number of new appointments were made last year. Jennifer Waxler, D.O., became chair of emergency medicine. (She's also vice chair of two statewide councils—one on emergency medical services and another on intensive care units. And this spring she became head of the state's chapter of the American College of Emergency Physicians.) Tulay Ersan, M.D., was appointed chief of geriatrics. Jessica L. Israel, M.D., was named chief of palliative care and pain. Sandra Greco, M.D., became chief of urogynecology and pelvic reconstruction. Gloria C. Jacomé, M.D., was named chief of the pediatric section in the department of emergency medicine. And just this year Smitha Gollamudi, M.D., was promoted to chair of radiation oncology. In addition, Ellen Sher, M.D., is chief of the allergy and immunology section in the department of medicine.

A big push to hire women? Monmouth doctors of both sexes say it's more a case of changing times in the workplace, along with a policy of rewarding skill and experience regardless of gender.

"Today, the hospital makes a real point of providing opportunity to people who are good at their jobs, whether they're men or women," says Dr. Fisher. "And I think that's how every woman in medicine would like it to be. We don't want special dispensation. We just want to be recognized so that, if we do our job well, we naturally become eligible for positions of leadership." *oH*

fast fact The French have taken some heat this year, but they're due a "merci" for pioneering—by accident—the use of uterine artery embolization in treating fibroids. When Jacques Ravina, a Paris ob/gyn, was using the procedure in the early 1990s to cut off blood supply to tumors prior to removing them surgically, he noticed that a number of women were canceling their operations. The embolization, intended as mere preparation, had eased their symptoms!

