

How I got to where I am

My life story runs along the exits of the Pennsylvania Turnpike. Different exits mark my life's locations, one exit/location for each stage...

Exit 339 Fort Washington: I was born and raised in Northeast Philadelphia, playing stick ball, touch football and dead man's box in the streets while growing up in a closely knit neighborhood. Fortunately, my family lived on the outskirts of the city, and as a young boy I was able to spend plenty of time in the nearby woods. There I collected a menagerie of frogs, snakes, and turtles that I kept in my parent's garage. This marked the start of my interest in natural science. My aspirational trajectory from zoologist to veterinarian to physician happened fairly quickly.

I was lucky to have caring and supportive parents. Of course, having a son who wanted to be a doctor was every Jewish mother's dream. My mother bragged about her son to her doctors, and her gynecologist, Dr. Hahn, took me into the operating room and allowed me to observe his surgeries when I was 12 years old. At about the same time, I started to volunteer at the local community hospital. First I was a runner; I ran supplies from the hospital store room to the various hospital stations, then to central supply sterilizing instruments, and soon I had insinuated myself into the hospital laboratory where a very kind physician allowed me to observe autopsies and taught me anatomy. And there was Harry Gold, a brilliant chemist who took me under his wing and taught me chemistry. Harry Gold was at one time on the FBI most wanted list. I knew nothing of his past at the time; only when I read that a book was being written about Harry did I learn his amazing story. I contacted the author and spoke to him about my experience with Harry Gold, so I am mentioned in his book, "The Invisible Harry Gold."

Northeast High school in Philadelphia was a large, crowded, city school. There were 1500 students in my class alone, and many school hours were spent fighting the currents of students that swept down the halls between periods. Northeast HS was a magnet school for aerospace, which meant that students from other schools could come there to be part of the SPARC Program. It was a unique program that ran simulated space flights. And encouraged students to do research on the physiology of being an astronaut. I was fortunate become an astronaut in the program. It was a special learning experience. I became the head astronaut and head of the medical division. I thought at the time that I wanted to become a flight surgeon. The experience was "out of this world". Several of us were invited to go on a special trip and tour Langley, Marshal Space center, and Cape Kennedy. At the Marshall Space Center I meet Werner Von Braun the father of modern rocketry. At Cape Kennedy we sat next to President Nixon during the Apollo 12 launch!

Exit 226 Carlisle: My mother thought Dr. Hahn her gynecologist was next to G-D, and when he suggest that I go to Dickinson College in Carlisle Pa., that was where I was going. There I had wonderful professors who took a personal interest in me and allowed me to pursue some unconventional avenues of education. Memorably, I spent two months alone in the woods camping, reading literary works and keeping a Theroux-like journal on the books I read and the experience of being alone in the woods. I also wrote, produced and filmed a story about the imaginative life of a college student. I graduated Cum Laude with a degree in Biology.

Exit 247 Harrisburg East: Penn State Hershey Medical School was fairly new. Hershey was built with a large endowment from the Milton Hershey Foundation. I was a member of the seventh class. Being new, I think Hershey was trying to prove something by being exceptionally rigorous in its demands of its

students. Hershey's faculty was beyond compare. Hershey had recruited the best to be found in every field. My professors were all authors on the seminal medical text books that we used. Although Hershey was in a bucolic setting in the country, we never saw the outdoors at all as we constantly had our heads buried in some book, or were working long hours in the hospital.

There wasn't an area of medicine that I didn't find interesting. While many of my classmates gravitated to one field or another, I selfishly wanted to hold on to all of them. At that time, the new specialty of family practice was arising, replacing the GP or general practitioner. The idea was a true generalist that could deliver babies, perform surgeries, set bones and be capable in a wide range of medicine. That's where I landed.

Exit 286 Reading: Reading hospital was a large hospital with one of the first and best family practice residencies in the country. There I delivered babies, performed surgeries, cared for premature babies in the neonatal ICU and cardiac patients in the ICU. It was an old-fashioned residency in that I spent 90 hours a week in the hospital, going in sometimes on a Friday morning and not being able to go home until Tuesday night. I matured into a capable physician by hours of hard work and mentoring by some of the best docs I ever had the good fortune to know.

About two weeks after I started my residency, I was on my general surgical rotation. I was paged to the emergency room to see a young woman who had been in a horrible automobile accident. I first saw her being wheeled into a treatment bay in the emergency room. My first impression was how beautiful she was, and next was how pale she was; she had lost a great deal of blood. Her pelvis had been shattered, an injury that causes a great deal of blood loss, and she was in shock. Today she would have been flown to a trauma center and met by a trauma team ready to place multiple IV lines, run scans, and have her immediately taken to the operating room. Back then it was up to me. I started two large IV lines and gave her fluids to normalize her blood pressure. I placed a mast garment on her pelvis and lower extremities to help maintain her pressure and had her blood sent to be typed and crossed for transfusion. I placed a call to the general surgeon on call who showed up quickly and took her to the operating room. There were no CT scans available for trauma back then. We did a laparotomy; we literally cut her open and examined all her organs for damage. The urologist, gynecologist and the orthopedic surgeon were all waiting their turns to operate on her. The orthopedic surgeon said to me after he had completed his surgery that he had never seen a patient survive with such a badly fractured pelvis. When I visited the patient the next day she was enclosed in what looked like an erector set. It was an external fixating device holding her pelvis together. She was alive but imprisoned in this contraption. She was no longer on the surgical service, but on the orthopedic service. I had no further responsibility for caring for her, but I frequently would stop by her room to say hello and see how she was doing. She was in the hospital for four months. We talked, played cards and I told her stories and tried to make her laugh. Her name was Lynn, and she was an ICU nurse at Pennsylvania Hospital. The accident occurred while she was driving home to introduce her boyfriend to her parents. The day she was discharged from the hospital, I drove her home to her parents' house. We soon were engaged and got married.

I got paid literally less than a dollar an hour as a resident. My father had to still contribute toward my living expenses. So when the opportunity arose to moonlight in the local hospital emergency room I immediately took the position. This was an inner city ER, what they call a "knife and gun club". There was never a dull moment; minute to minute a steady stream of life's misery came through the door of

that ER. Medical problems that touch every field of medicine were represented there. One patient could be a hundred years old and the next 2 days old. The only thing routine in the ER is that nothing is routine. The challenges, pressure and excitement spoke to everything I wanted in medicine. Although I completed a family practice residency, when they offered me a full time position in the emergency department I took it, but for decades I maintained dual board certification in Family Medicine and Emergency Medicine.

Exit 312 Downingtown: Down Route 100 to West Chester, PA, I built a new house. After ten years at Community General Hospital in Reading it was time for a change of scenery. I took a position in a small rural hospital emergency department where we saw little violence but lots of patients who injured themselves falling off horses or ladders or doing things I might do myself. During this new chapter in my career, I helped establish and run a new group of physicians staffing the emergency department.

At one time I had considered becoming a plastic surgeon. I spent considerable time training in Plastic surgery while doing my electives in medical school. As a result, I was very proficient in repairing and suturing wounds on the face. In the hospitals I worked in there was either very limited or no plastic surgical coverage so the emergency physician had to handle most of the facial wounds. I had a reputation for being very good with facial wounds and the nurses always reassured patients that I was the best doctor to repair their wounds. Frequently I would get a call when I was off duty to please come in to repair a facial wound for one of the nurse's children or family members.

I always liked to create and art was the best way to express my creativity. Photography was one of my earliest passions. I took over the downstairs powder room in my parents' house and made it into a darkroom. I started a photography business when I was thirteen years old taking baby pictures. There were many long nights developing film and printing photographs. With the money I made, I purchased a microscope; not a toy but a real high-quality microscope that I eventually brought along to use in medical school. In college I took drawing and painting courses. I admit that I enrolled in the first college drawing course in order to meet a beautiful coed who also enrolled. It did work out well and she became my college sweetheart.

Although aesthetic medicine has been around for a millennium, there has been an explosion of nonsurgical aesthetic procedures in the last couple of decades. I found myself drawn to this field. The ability to shape a patient's face to a more pleasing aesthetic appearance to me is truly art and medicine combined. And although facial plastic surgery has not been replaced, many of the desired outcomes can be achieved without surgery.

A good friend of mine who is an aesthetician, Mindy, called me one day and asked me to do Botox injection for her clients. She was tired of sending her patients to other doctors to get Botox and fillers. I had been contemplating getting into aesthetic medicine, but the ER was not the best place to advertise this service. I could hardly say to a patient, "... your ankle is not broken, but have you looked in the mirror lately"? I surely would have been in the administrator's office in a heartbeat with some explaining to do. I welcomed the opportunity that Mindy offered and that began my aesthetic career.

I began taking courses, going to meetings and reading books wanting to learn all I could about this new era of aesthetics. My familiarity with facial anatomy due to my background in repairing complex facial lacerations in the ER and my previous experience with plastic surgery made mastering the techniques

relatively easy. I sought out some of the best physicians in the field and spent time with them in their offices observing and learning.

Honeoye NY (not on the PA Turnpike), "let him come!": I was begging to attend a course in sculpture given by Philippe Faraut, a brilliant and accomplished sculptor who taught in his studio in upstate New York. I was on the phone with his wife Charisse, trying to register but the class I wanted and all the rest of his classes for the rest of the year were full. I tried mightily to convince her that it was important because I was a doctor. Philippe heard me begging, having picked up an extension, and the first words I heard from Philippe were "Let him come" (in a decidedly French accent).

Making someone look better involves more than being a doctor and having a syringe in your hand. You may know beauty when you see it, but to create or increase beauty, is far more challenging and complex than recognizing a pretty nose or pretty eyes. There are plenty of examples of poor results from the misguided use of Botox and fillers. The face is unforgiving. A millimeter on the face may as well be a mile; if something is in the wrong place even by a little bit, the results can look unnatural. I was determined to master how to produce aesthetically pleasing and results that look natural.

Studying with Phillippe has been amazing, and over the last 10 years I have gained a great deal more knowledge of facial structure. Phillippe often remarks, "You can't see what you don't know," meaning that to sculpt a portrait out of clay is only possible when you understand all the planes of the face, where they change direction, and how they come together. This is how you learn and know the face. I see faces so differently now; where once I might have observed a dozen aspects of the face, I now see hundreds.

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Holding up a mirror to our lives is always instructive but no matter what, seeing a fresh attractive face looking back make us feel better. This is why I love aesthetic medicine.