

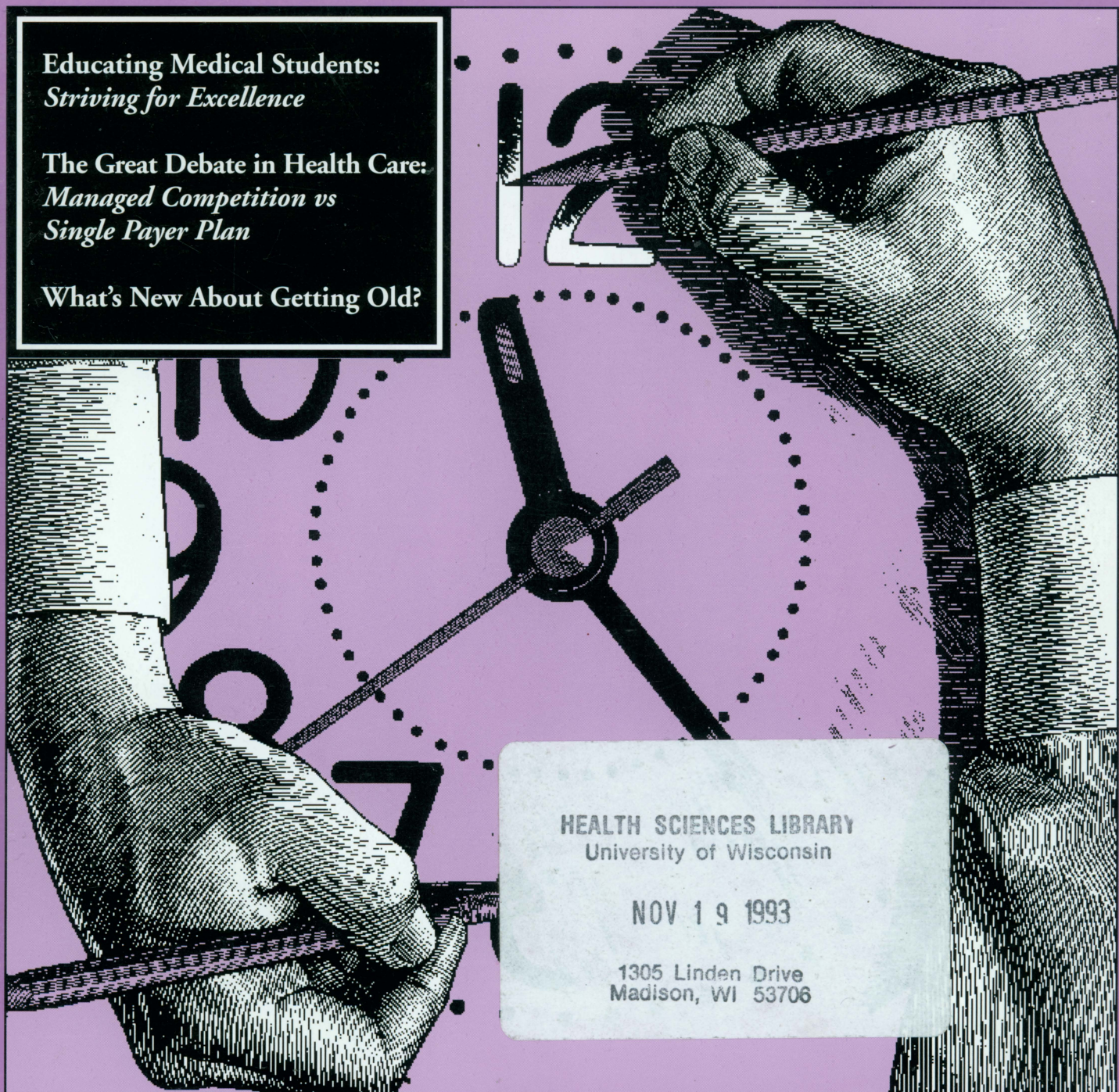
HSZ

QUARTERLY

**Educating Medical Students:
*Striving for Excellence***

**The Great Debate in Health Care:
*Managed Competition vs
Single Payer Plan***

What's New About Getting Old?



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University of Wisconsin

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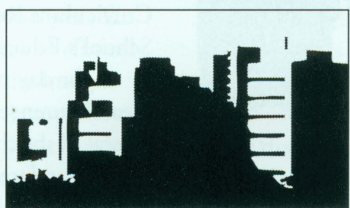
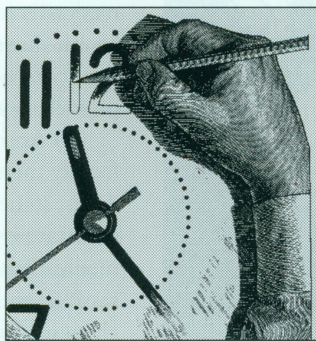
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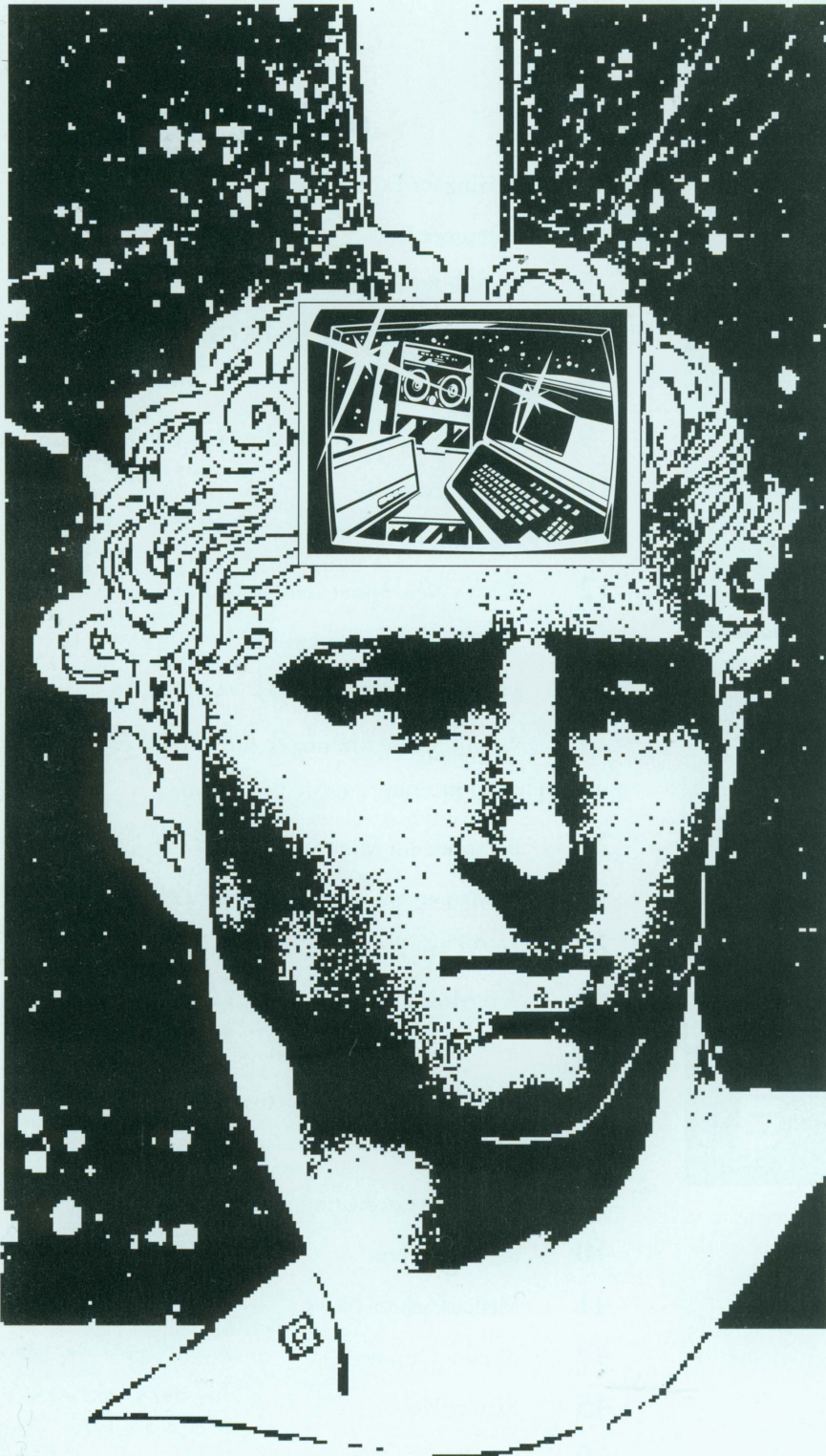


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Educating Medical Students:
Striving for EXCELLENCE



During the past six months a group of faculty members, with additional input from non-faculty, has devoted countless hours to discussing potential changes in the University of Wisconsin Medical School curriculum. Alumni reading this will be tempted to muse, "Yes, they changed some things while we were in school and a few years before we arrived, too. It didn't make much difference—like rearranging deck chairs on the Titanic."

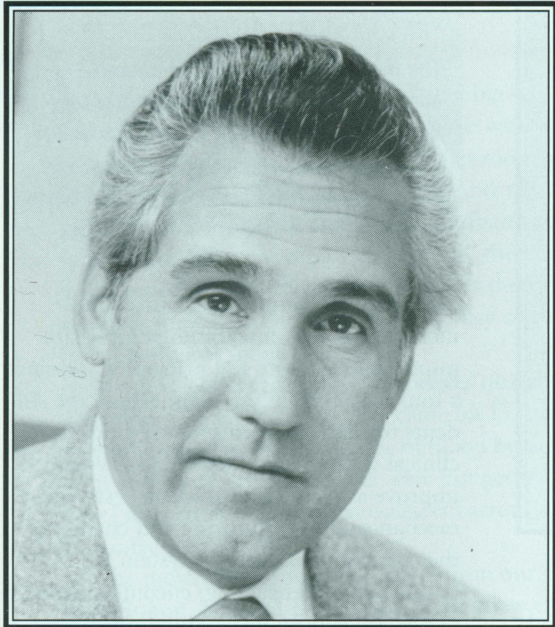
Today, though, the effort has taken on a new urgency, for financial, political and societal pressures seem to mandate significant and expedient changes in the health care delivery system. None other than Dr. George Lundberg, Editor in Chief of Scientific Publications of the AMA and Editor of JAMA, spoke on the UW campus in late '92. He warned of an impending crisis in medicine and predicted a state of "meltdown" if serious reforms were not forthcoming. (See *WMAA Quarterly*, winter 1993.)

Whatever the changes might be, they will inevitably force their counterpart in how we teach in medical schools. In fact, the success or failure of any health care system will depend in large part upon the quality of newly-trained and retrained or redirected physicians who will form its backbone.

On April 14, 1993, a group of more than 100 faculty members, along with selected medical students, some members from the Medical School Community Advisory Board and others interested in medical education, met for a day of lectures, poster sessions and group discussions focusing on how change in the curriculum should proceed. The Curriculum Retreat was sponsored by the Medical School's Educational Policy Council.

As the day progressed, several themes emerged. Dean Laurence Marton, the first speaker, introduced several of the themes. He emphasized that the times call for fundamental change in curriculum so that the Medical School—indeed all medical schools—can begin to respond to the dearth of practicing physicians in primary care and other pressing problems. In the past, the curriculum has not always been considered a high priority concern. Now curriculum reform must be treated seriously, perhaps even radically in some areas.

Dr. Marton pointed out that the focus of clinical education is moving away from the hospital as a central teaching site, which is proving to be a costly change. The funding of medical schools is becoming



Laurence Marton

more worrisome as it shifts from traditional sources. (See the article by Associate Dean for Administration Richard Culbertson elsewhere in this issue.)

We must preserve the things we do well, he emphasized, but we must carefully examine those areas in which we do less well. This calls for a mechanism to continuously monitor and evaluate changes in medical education to determine if earlier decisions were correct.

The challenge is great, exciting, and potentially fun.

The Perspective from Michigan

Dr. Giles G. Bole, Dean of the University of Michigan Medical School, a sister institution, explained his school's recent efforts at dramatically revamping medical education. The changes made after much soul-searching and deliberation were far reaching. They included the introduction of clinical medicine during the first semester and the integration of several courses into fewer, more comprehensive courses that call for not more than 15 lectures per week. Extensive use is made of technology; for example, anatomy is studied primarily via a virtual reality helmet which the student can consult as often as he or she wishes.

In their introduction to the patient, the class gathers for a four-hour session each week in which they debate topics such as bioethics in an open-forum format. Student interest generally causes the class to run overtime.

In the junior year there is a primary care mandate that requires 60% of clerkship time be devoted to

ambulatory experiences. During the senior year more clinical experience is required as well as advanced basic science experience. A comprehensive clinical assessment of the student is also required in the senior year.

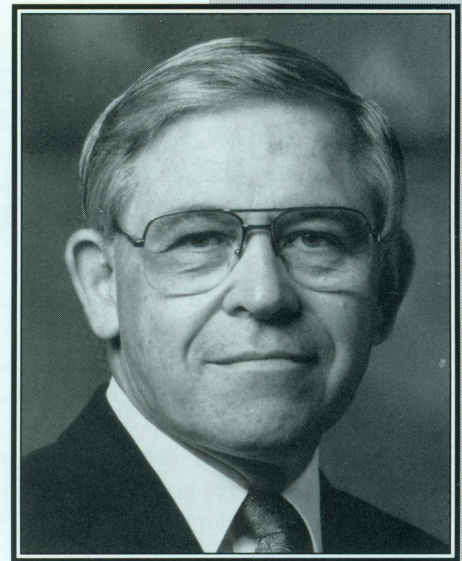
Has Michigan's new curriculum made a difference? Dr. Bole said it has generated a great deal of enthusiasm among faculty and in the student body, but since its implementation only began in 1992, it is too early to tell. Each school, he added, must work out its own process of change.

A Panel Responds to Dean Bole's Presentation

Professor of Medicine Dennis Maki, Professor of Biomolecular Chemistry Robert Metzberg, and Associate Dean Carl Getto discussed various aspects of Dean Bole's remarks.

Dr. Maki noted that the U.W. Medical School has already cut back substantially on the number of lectures, although he added that good lectures are not a bad way to teach. Course content is way too much, but we must cautiously examine how and how much to cut material. Reform begins with goals: what is really important and how can we best get there? What is truly essential and cost effective? Mentorship, though important and popular, is very labor intensive, especially if the federal government doesn't help with funding. We need to better integrate clinical medicine with the basic sciences, but not supplant basic sciences. Change simply for the sake of change must be avoided. Above all, we should make learning more fun and less onerous for all concerned.

Dr. Metzberg, who has served the Medical School since 1955, witnessed much curriculum review and its outcome. Change in curriculum has probably contributed to a better medical school but needs proper control. And it always brings about some disorder. We shouldn't change what is working well. We should, however, change the faculty reward system in which teaching is rewarded minimally and research is rewarded maximally; national visibility and recognition should redound to good teachers. Students should be subjected to an examination system different than multiple choice, which promotes a Pavlovian style of learning. Medical education at the U.W. is better than we tend to admit; we are committed to continuing change and we have done many things well if not ideally. We should not throw out the baby with the bath water.



GILES BOLE

Dr. Giles G. Bole, keynote speaker for the curriculum retreat, was appointed Dean of the University of Michigan Medical School in July 1991. He served on the Internal Medicine faculty for 25 years before becoming Senior Associate Dean, Executive Associate Dean, Interim Dean and now Dean.

His past positions also included Chief of Rheumatology and Director of the University of Michigan Multipurpose Arthritis Center. He has served in several national organizations and authored many papers and book chapters. A member of Alpha Omega Alpha, he has received the Oren E. Scott Award for Academic Achievement, the Center for Diseases Control Service Commendation Medal, and the Arthritis Foundation Volunteer Service Citation.

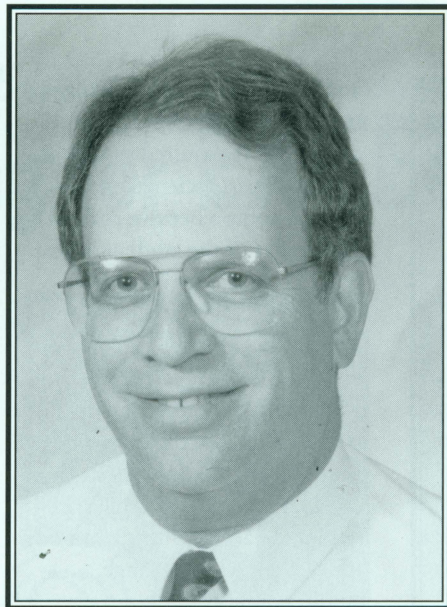
Dr. Getto said that in medical education, we have in the past assumed that we are doing things right. Thus we are not good at asking society if it is satisfied. Right now, society is not too accepting of the status quo and we must ask the opinions of the people who are paying us. We need change. This doesn't necessarily mean that we've done things wrong but rather that there are ways to do them better—to provide students with the wherewithall to carry them through the next 50 years. People constitute the heart of medicine; the physician must be interested in people and have the ability to work with people; the physician must be willing to share decision-making, consider options, and practice in a group. (The Medical School and its community partners have founded a Community Advisory Board to provide feedback and direction to the Medical School from community physicians and organizations. Dr. Getto heads the group.)

A member of the audience, Chairman of Medicine Donald Harkness, recalled that we educated just as well 30 years ago with much help from volunteer faculty, who acted as role models. When Medicare and Medicaid arrived, we got rid of most of the volunteers and enlarged the Medical School faculty. In the future, perhaps we could profit by reestablishing the old system.

Assessment of the Current Curriculum

Later in the morning Dr. Sheldon Horowitz, Professor of Pediatrics and Associate Dean for Curriculum, explained that during phase one of their deliberations the Educational Policy Council examined how other medical schools were planning to change or had changed their curricula as well as the recommendations of medical-education organizations. As Council members surveyed students, faculty, mentors, residents, and recent graduates, they found a great deal of agreement about the strengths and weaknesses of the Medical School's current curriculum.

WHAT'S GOOD: The Medical School can be thankful for many excellent teachers and mentors in both the basic and clinical sciences. Many of the faculty are strongly committed to teaching. The quality of medical students remains high. There are some very good courses in the first two years and some



Sheldon Horowitz

very good clinical clerkships in the third and fourth years; the new primary care clerkship was cited as a model program by *Academic Medicine*. The required fourth year preceptorship, offered at 22 sites, as well as other clinical, volunteer and research experiences have been highly rated. Student and peer review of courses yields consistent results.

WHAT'S NOT GOOD: There are too many courses, some with too many instructors. Too many details are taught in the first two years, especially clinical detail in the second year. Courses are not well integrated and there is not a cohesive four-year curriculum. There are gaps in the curriculum. Learning tends to be passive. Students receive insufficient exposure to: community-based, ambulatory patients; rural and inner-city patients; and primary-care role models. There is neither a four-year clinical-skills curriculum nor a comprehensive assessment of clinical skills. Some courses lack clear-cut objectives and some exams do not relate to objectives. Some teaching needs improvement and good teaching needs more rewards. The transition from basic science to clinical years is poor. The system needs built-in mechanisms for incorporating change.

Dr. Horowitz next presented the Council's tentative goals to improve medical education. The first goal he mentioned was to develop ways to increase the students' participation in learning so that they will become lifetime learners. Some of the other goals were to: streamline the curriculum by

THE COMMUNITY ADVISORY BOARD

The Medical School and its community partners have formed a Community Advisory Board to provide feedback and direction to the school from community physicians and organizations. It is headed by Dr. Carl Getto.

decreasing the number of courses and increasing course integration; emphasize important concepts and principles; develop a four-year curriculum plan; expose the students to diverse patients and settings; teach clinical skills throughout the four years; improve assessment of students; establish a mechanism for monitoring and changing the curriculum; develop a system for rewarding good teaching; encourage research in medical education; ...and more.

The Council plans to have reforms in place for first year medical students in the fall of 1993.

Small Group Discussions

Following lunch, retreat participants perused a variety of posters, then broke into small group discussions:

- ✓ Rewarding faculty effort in medical education, led by John Harting, Ph.D. and Elaine Mischler, M.D.
- ✓ Acquiring and evaluating clinical skills, led by Margaret Little, M.D. and Douglas Smith, M.D.
- ✓ Providing opportunities for medical education throughout Wisconsin, led by Joseph Mazza, M.D. and Susan Skochelak, M.D.
- ✓ Using new methodologies to improve teaching and learning, led by Daniel Dumesic, M.D.
- ✓ Developing a four-year integrated curriculum, led by Sheldon Horowitz, M.D. and James Pettersen, Ph.D.

Since the *Quarterly* is limited in the amount of space it can devote to an article, a great deal of material discussed at the retreat does not appear here. Readers may, however, contact Dr. Selma VanEyck, Curriculum Associate, at the Medical Sciences Center, 1300 University Ave., Madison, WI 53706, or phone (608) 263-4606 for a more detailed account. Q

IMMUNIZATION

by Tom Ryan '52

member of the WMAA editorial board

Immunization is back in the news in a big way. My own interest dates from a childhood memory of the woven straw seats on the Breese Terrace streetcar, when my father took me and my sister to the Health Department for our shots. And when we asked, "Do you have to?" he told us that in his childhood the family on a neighboring farm got diphtheria, and by the next morning, five members of that family were dead. Right then I was convinced, and over forty years later I marked the day of Bela Schick's death with a prayer of thanks.

My next lesson came with the measles quarantine sign on our front door. When the day finally came for Doctor Tenney to take it down, he asked me to give a tube of blood because Bill Kieckhofer's sister and Rudy Schmidt's sister were just getting sick; and that was how I learned of the use of convalescent serum to modify an often fatal infectious disease.

The most impressive lesson came from our city health nurse, Miss Bohon. She and Doctor Bowman knew every child around, and they later ran across many of those Madison family names on the Medical School roster: Jack Keefrey, Charley Larkin, Larry Giles, Ann Fred, Bill Enneking, Myles Smith, Marv Nelson, John Buesseler, Jim Nellen, Ann Bardeen, Stan Rubnitz, Wess Horswell, Helen Wesencroft. I missed as many as I remembered.

The students in my class had been assigned to do home visits with the health nurse, and the final weeks of the quarter brought one or two of "Miss Bohon's doctors" every time. She had the Fox twins,



Bill Sprague, Bob Samp, John Sanders, Harold Ibach and Rudy Schmidt. But that year there was a special urgent time constraint—we had to make it to the end of the quarter. These were to be Miss Bohon's final weeks since she had a malignancy.

We weren't supposed to know, but of course we did. And we made it through the term. Miss Bohon was so proud of each of "her doctors," and we were even more lucky to be part of those final weeks. As small children, she had immunized each of us for productive lives ahead, and as adult medical students, she gave us a mature example of her courage, a moral immunization lesson about facing the end of life. **Q**

The U.W. OUTLINE FOR DIRECTING CONTRIBUTIONS

If you are solicited by either the UW Medical Alumni Association, or by the UW Foundation, make certain that your intentions are clear as to where your contribution should be directed. Your gift can be directed to the Medical Alumni Association through the UW Foundation.

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B. The U.W. Medical School

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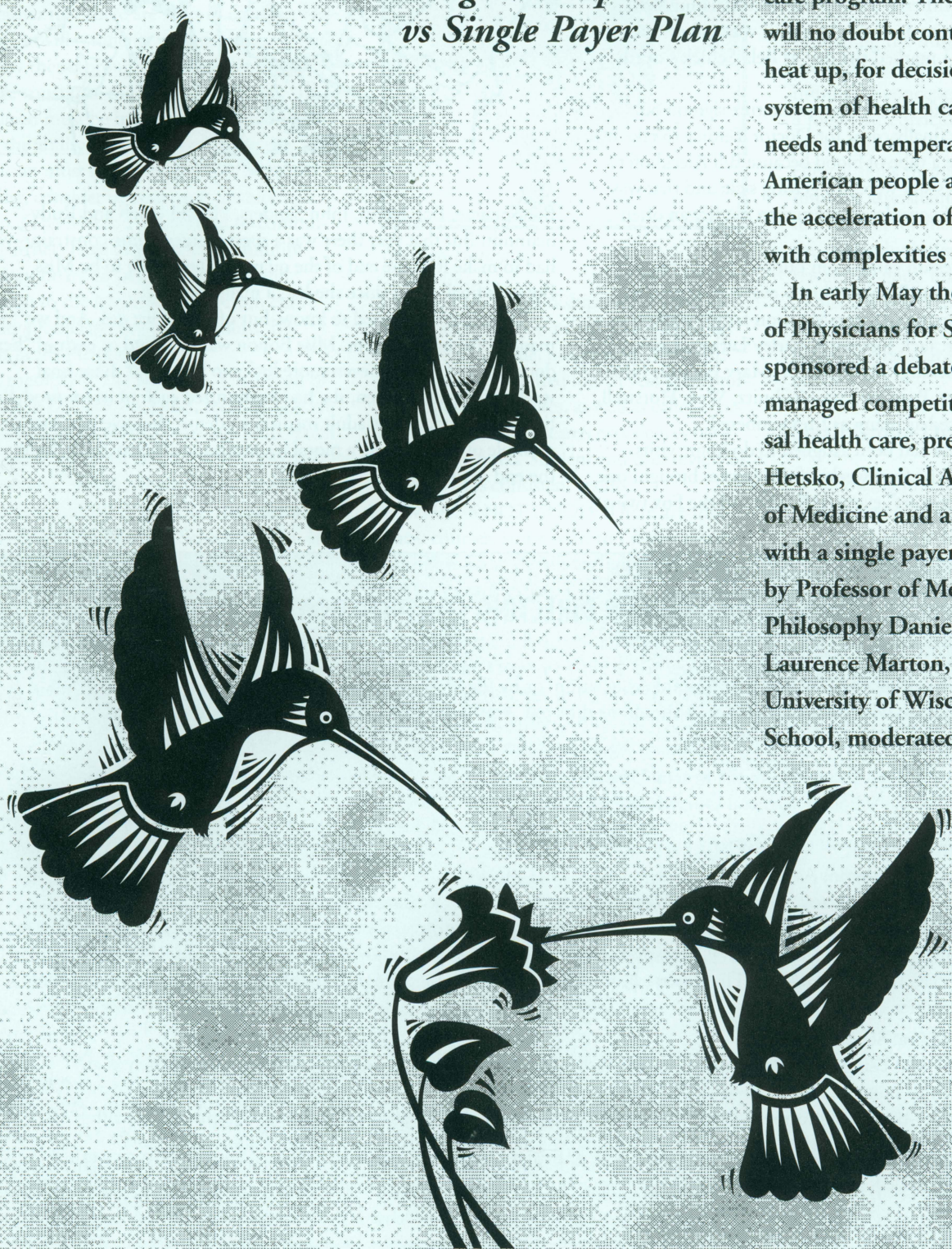
Your contributions are generous and appreciated. The purpose of this outline is to make sure that your contribution gets to the place you originally intended, and is used for the purpose that you had in mind when you contributed. If there are any questions, call 608-263-4915.

HEALTH CARE IS HUMMING

The Great Debate in Health Care: Managed Competition vs Single Payer Plan

By the time you read this, the Clinton administration may have disclosed its plans for a national health care program. The debate, however, will no doubt continue and may even heat up, for decisions concerning what system of health care will best fit the needs and temperament of the American people and concurrently slow the acceleration of costs are fraught with complexities at every level.

In early May the Madison Chapter of Physicians for Social Responsibility sponsored a debate that compared a managed competition model of universal health care, presented by Dr. Cyril Hetsko, Clinical Associate Professor of Medicine and a Madison internist, with a single payer system, defended by Professor of Medical Ethics and Philosophy Daniel Wikler. Dr. Laurence Marton, Dean of the University of Wisconsin Medical School, moderated the debate.





Laurence Marton

Setting the Scene

In introducing the discussion, Dr. Marton pointed out that the United States has been innovative in creating a sophisticated, high quality health care system. In the midst of the great accomplishments of American medicine, however, we must remind ourselves that about 37 million Americans are uninsured and approximately 16 million are underinsured. Furthermore, our cost for health care per capita is the highest in the world.

Still another dichotomy is the fact that outcomes measured by criteria such as longevity and infant mortality are not nearly as good as they might be, for access to medicine is not available to everyone. Our delivery system is uneven.

The national budget for health care will soon be one trillion dollars a year. Shortly after the year 2000, it will reach two trillion annually if current trends continue. This alarming escalation in costs forces us to address the issue immediately. We want to

insure excellence of care, administer the system more wisely, and incorporate the uninsured and underinsured—at no greater cost than what we presently pay. Can we get more for less?

“I think not,” Dr. Marton said. “Quite the contrary. In the short term there will be severe problems while we adjust to new fiscal realities. But this is a creative, innovative country. We will solve the economic problems that face us in some fashion, and we will end up with a health care delivery system that will be more effective and that will include all the citizens.” In our rush, he added, we must not forget research and education and how they will be funded; these must be put into the equation.

Most physicians, both academic and practicing, he continued, understand the seriousness of the problem and want to be part of the solution.

One Solution: the Single Payer Plan

Dr. Wikler prefaced his remarks with the prediction that some form of managed care will be recommended by the administration because such a program has a far better chance of clearing political hurdles, even though the majority of the study team is rumored to favor a single payer system.

The single payer option that Dr. Wikler and others prefer is modeled after the plan adopted in Canada in the '70s. While health care costs in this country have gone through the roof during the past 15 years, the Canadian plan has fared better because it includes cost containment.

A major factor in the escalation of costs in this country is administration, as reflected in the substantial growth rate for administrators. The Massachusetts Blue Cross group requires the same number of workers as the whole

country of Canada, for example; and the General Accounting Office has calculated that if the U.S. switched to a Canadian type system, we could save \$80 billion in the first year alone, which is enough to pay for all uninsured citizens and to eliminate all deductibles and co-payments without any total increase in cost. There is administrative overload—paper-work, marketing, etc.—in the American system amounting to 24% of the nation's health bill. In Canada administration accounts for 11%.

The essentials of a Canadian-style national health plan include:

- ✓ a single public payer, presumably a government agency at the state level with public accountability
- ✓ universal care
- ✓ comprehensive care
- ✓ no out-of-pocket payments or co-payments
- ✓ hospitals are paid from two different, non-interchangeable funds, one for operating expenditures and the other for capital expenditures, which allows the government to keep tabs on allocation of technology, etc.

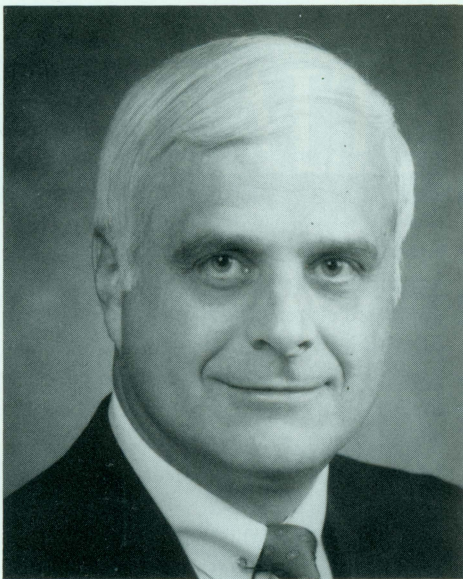
In such a system, the government can bargain with physicians, hospitals, drug companies and other providers. The program does not scrimp, even in the case of organ transplantation. And it is more acceptable to those served: 56% of Canadians feel their system works well, while 10% of Americans feel our system works well. (Note that Canada and the U.S. are much alike in their ethnic makeup and their economies.)

Americans are typically averse to government programs, but this proposal is actually socialized financing of a private system. In Canada physicians do not work for the government, and hospitals are not government

CYRIL HETSKO Served his residency in Medicine at the U.W. Hospital from 1968 until 1972. He has been active in professional societies at the local, state and federal levels. He is, for example, on the Board of Trustees of the American Society of Internal Medicine, and he is Past President of the State Medical Society of Wisconsin.

DANIEL WIKLER, U.W. Professor of Medical Ethics and Philosophy, was “staff philosopher” to the President’s Commission for the Study of Ethical Problems in Medicine. He has also been a regular consultant to health care organizations and belongs to the UW Hospital Ethics Committee.

PHYSICIANS FOR SOCIAL RESPONSIBILITY (PSR) has been publicly active in issues of war and peace as well as social equity and health care. Its parent organization received the Nobel Peace Prize in 1985. Several Medical School faculty members are active in the Madison Chapter of PSR.



Cyril Hetsko

owned. Around the world, satisfaction is highest in systems financed or run by a government; dissatisfaction is highest under the most privatized care.

Under managed competition, which many Americans have been experiencing for the past 15 years, there is great pressure to weed out poor risks, and the system so far has not held down costs. It leads to increased overhead, difficult administration, less choice and more micromanagement. Also, large populations are required for efficiency and for genuine competition, which would eliminate all but large metropolitan areas.

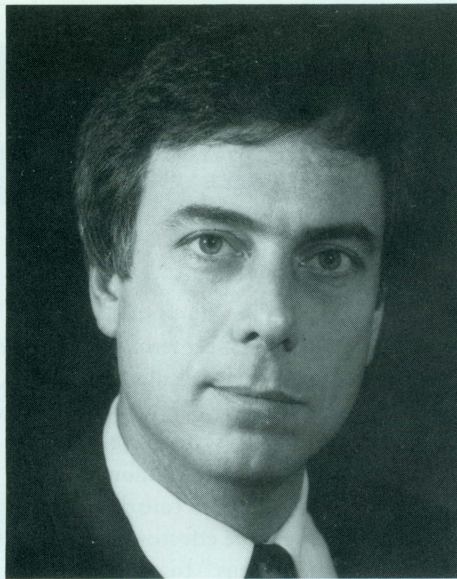
The Managed Competition Alternative

Dr. Hetsko began his presentation by asserting that any health care system we evolve into must:

- ✓ include universal coverage, precluding red-lining based on pre-existing conditions or on area of residence
- ✓ include a full range of services, from vaccinations to cardiac surgery
- ✓ be affordable

The development of managed competition has largely been a uniquely American contribution to health care. Countries such as Canada, Germany, Great Britain and France are currently examining our system for possible adoption of some aspects.

There is no single definition for managed competition. Basically, it is the empowerment of consumers to determine how much, where and at what cost they obtain health care. Consumers would be clustered in large, regionally organized pur-



Daniel Wikler

chasing groups or health alliances. (As being considered now in Washington, large employers would have the option to make their own health care arrangements, although Dr. Hetsko thinks everyone should join the local pool.)

Tax incentives would encourage people to choose a lower cost plan, but individuals would be allowed to pay extra for plans offering extra coverage such as cosmetic surgery or other non-essential care as well as more freedom to choose non-plan doctors with copays and deductibles.

For their part, physicians would join together to offer plans similar to today's HMOs that would cover everything at a pre-set annual fee. Plans would compete for patients on the basis of quality and price, and personnel would continually search for ways to cut waste. Government agencies would supervise the process to maintain a level playing field by protecting quality of care and helping the poor join a plan. Everyone would have access to the same basic care.

In essence, managed competition seeks to transform the way most Americans buy health insurance, making them more conscious of the price of the coverage. It would likewise change the way care is delivered, making doctors more aware of the costs and benefits of medical decisions. Managed competition includes local versions of the single payer system, letting people in one area decide how much coverage they want from whom, and how much they will pay for it—a locally driven choice that empowers individuals on a local basis and offers them more flexibility and responsiveness. Many

insurance companies may no longer exist after full implementation of such a program.

On a philosophical level, a program of managed competition provides long-term efficiency that can only come from the marketplace, as opposed to a centralized group determining what is best for everybody. We're very concerned, Dr. Hetsko explained, about the poor track record of government up to this time in health care activity. Promises made by the federal government have often proven to be hollow in implementation.

The Canadian model is not a paragon, and its costs have been increasing lately at a rate higher than in the U.S..



Questions from several members of the audience further warmed up the debate and illustrated the passion that can be engendered by a discussion of health care. Some questions/statements focused on the desirability of the Canadian system, upon which the single payer plan is modeled. Others claimed that many Canadians come to the U.S. for medical care because it is more accessible and expedient. The rebuttal held that many Canadians travel south during cold weather, and some of them become sick while on vacation. It was also noted that Americans frequently travel to Canada for less expensive medical treatments.

The matter of long waiting periods for surgery and other procedures in Canada was countered with the argument that if you have heart trouble in Canada and have to wait your turn for surgery, you are still better off than being a heart patient in California, where you have a better chance of being operated upon unnecessarily.

High technology is used less in Canada but is perhaps over-used in the U.S. because expensive devices are more available here and must be paid for. Unrealistic patient expectations can also contribute to the over-use of technology.

And so the evening went. Dr. Marton's earlier prediction that sparks may fly before the debate ended proved to be on target. Little, of course, was resolved, but all sides received a hearing and the audience seemed to leave the State Historical Society Auditorium more animated than when they entered. Q



Victor S. Falk, MD, '39

Pre-med Education--\$140,451 in 2010

Children being born now will be entering college in 2010. It is estimated that a four-year education at the University of Wisconsin-Madison will cost \$140,451 for state residents. This would represent only a pre-medical career. Four years of medical school would cost even more.

Twenty years ago education at the University of Wisconsin-Madison cost \$2,500, with tuition of \$628. Last year, the same education cost \$7,258, with a tuition of \$2,076. Going back to the dark ages of the depression, tuition was less than \$30 a semester, and hospital insurance (at the infirmary) was included. At that time, 66% of the students were at least partially self-supporting and some were totally self-sufficient.

How will these projected costs affect medical student applications? Surely four years of medical school will be more expensive than the pre-med years—partly because of the annual inflation rate, plus the higher level of tuition. Who will be able to afford such an expenditure? The students will have to come from wealthy families or they will be heavily in debt or some form of subsidy will have to be developed which undoubtedly would lead to more government control. Could the premedical course be shortened? Years ago entrance to medical school followed three years of pre-med and sometimes even two. Many fine physicians resulted from this program.

With four years of college and four years of medical school followed by three to five years of residency and an inevitable debt, one wonders how many young men and women will be able to embark on medical education in 2010. Q

“We Are All Pink on the Inside”

A Book Review by Victor S. Falk '39

Billed as “a doctor’s irreverent view of health care in America,” Jim McIntosh '47, a recently retired urologist, has written a book unusually entitled, “We Are All Pink on the Inside.” Jim’s father, Roscoe McIntosh '21, was the first dermatologist in Madison and was on the Clinical Faculty at the Medical School. Also, since he had a year or two of law school, he delivered a few lectures on medical-legal matters.

Jim’s book is autobiographical and describes medical school during World War II with an accelerated program lasting three years and one month. This was followed by Jim’s internship in New Orleans, Navy duty on board a hospital ship during the Korean Conflict and residency in urology at Wisconsin General Hospital. His career extended over 33 years of practice in Madison and surrounding communities.

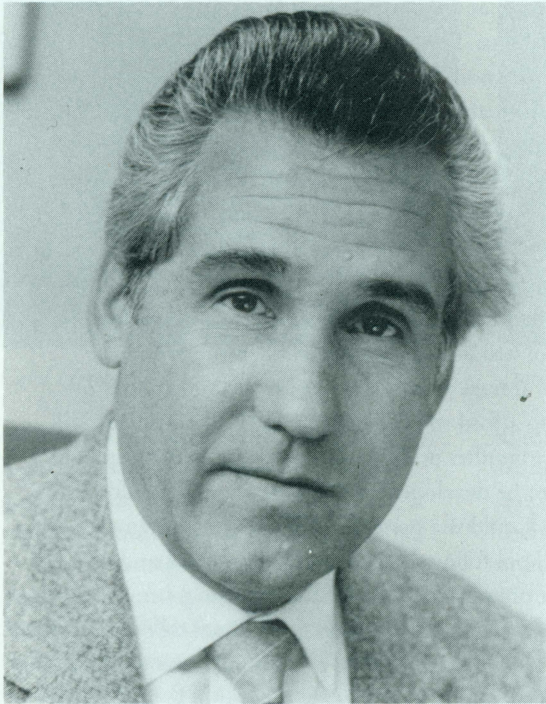
The book includes frank vignettes of some of his professional colleagues and a number of anecdotal “Sidelights,” some of which are rather earthy. Confrontations within and between Madison hospitals as well as town and gown relations with the University Hospital and Medical School are freely discussed.

Many doctors upon retirement feel called upon to write books detailing their experiences. Most of these are pretty drab, but Jim has written a lively book which I thoroughly enjoyed.

He concludes with a well-documented philosophical discussion of the changes and current socio-economic aspects of medicine, including Medicare, WIPRO and HMOs.

Many doctors upon retirement feel called upon to write books detailing their experiences. Most of these are pretty drab, but Jim has written a lively book which I thoroughly enjoyed. It is available from the Waubesa Press in Oregon, Wisconsin. Q

DEAN'S COLUMN



Laurence Marton

As I write this column, I have just returned from a meeting of the Campus Planning Committee. An integrated plan for siting the health science schools in the western portion of the University of Wisconsin-Madison campus was presented to the Committee. This plan includes new Medical School facilities, a new Pharmacy School, potentially a new Nursing School, and a new integrated Health Science Library. It also considers the issues of shared resources and programs between the Schools, Library, and the Hospital. Although there is much work to be accomplished before a defined and detailed plan can be presented to the Board of Regents, I think it is fair to say that there was a high level of enthusiasm for this cooperative venture and for its impact on other portions of the Campus.

As these plans move forth, the need for the Medical School Alumni to come to the assistance of the School will become even more vital than in the past. Although personal contributions to these efforts will be appreciated and necessary, having alumni assist in identifying new sources of support is absolutely essential.

The School itself continues to progress despite the fiscal constraints that face us. Our curriculum committee, in conjunction with Dr. Sheldon Horowitz, Associate Dean for Curriculum, is developing a new curriculum for first year students which should be in place by August, 1994. The second, third, and fourth year programs are also being reviewed, analyzed and modified. While there have been eight department chairs vacant in the past year or two, we are progressing quite successfully in filling these positions with outstanding individuals. Discussion among our clinical faculty related to the formation of a University group practice is progressing. In general, the excitement for and the willingness to adopt change has become the rule rather than the exception. Efforts to draw together basic and clinical scientists on campus are beginning to bear fruit and the sense that preservation of all aspects of our fundamental missions in education, research, and patient care will be part of the evolving change is reassuring the pessimists.

It has been a little over a year since I joined the University of Wisconsin-Madison. Times have not always been easy, but there has been enormous support, both internally and externally, for the efforts that are presently underway. I have looked towards the Alumni as partners in all these ventures from the moment I accepted the position here, and hope that this continued partnership will flourish even more vigorously in the future. **Q**



Thomas Peterson

THE BAIKAL TEAL

Colorado. Winter, 1993. Four hundred and twenty-five people came from miles around to see a Baikal Teal. One even came from England. These were not scientists, or scholars, or rich people. Most of them were just curious. They had a vision. To see a real Baikal Teal.

So what's all this fuss about a teal? Isn't this some kind of a bird? I had never heard of a Baikal Teal til yesterday when I heard about these crazy four hundred and twenty-five people, who had a vision that brought one of them half way around the world.

It seems the Baikal Teal is a native of Asia. There is a big lake in Asian Russia, just north of Mongolia, called Lake Baikal. It's the deepest lake in the world, over 5700 feet. And big! 13,000 square miles. There must be lots of room for thousands of Baikal Teals there. Sounds like an ideal place for a duck.

But somehow one of them ended up in Colorado. I don't know of any direct flights that service Lake Baikal to Colorado, non-stop. There are no trains. The mail must take weeks, with customs and all. No, this bird flew. The experts say he - or she - (it would be interesting to know which sex, at least in Baikal Teal society, is the stronger) was carried by the weather, and particularly by storms from Asia to Colorado. I don't think the duck had relatives there or was just sightseeing. He—or she—simply got carried away—liter-

ally. Imagine riding the weather and storms for thousands and thousands of miles. All alone over mountains and oceans, snow-covered, bleak, wild forbidding country. And maybe it was even scarier flying over big cities with smog and acid rain and airplanes almost clipping its wings as they took off and landed, and noise and lights and pollution. Makes the bleak, snow-covered countryside look pretty good.

So suddenly this bird shows up in Colorado. And more amazingly, somebody recognizes it. And even more amazingly, over 400 people come to see it. Just to see a bird. I've seen a picture of one of these Baikal Teals. A very pretty bird, with lots of coloring, especially on its head; these oriental birds seem to have all the luck, so many of them have spectacular colors.

But these people came only partly to see the colors on this bird. Most of them really came to see what they couldn't see - they came to experience a lone little duck that had survived a horrendously dangerous trip of over 10,000 miles - and still looked great!

It takes me two days to get over a 600-mile air flight - and I'm inside an airplane all the time, being fed and kept warm and know exactly where I'm going. I doubt if this little fellow (or fellowess) had a coat, a compass, or a map. But it did have something. Faith. I don't know what that would be in bird talk, or specifically Baikal Teal talk. It probably would have a very Russian sound to it. But that word is made up of a bunch of other words like courage, and instinct, and strength, and a deep, abiding sense of wanting to survive. Really just making maximum use of everything God had given to this little bird - an innate knowledge of how to fly, and a body and wings to do just that, and a way to find food and the sense to rest when needed, and a willingness to be carried along by forces that are far too great to defy. If you can't beat 'em, join 'em.

There are lots of lessons here. Not just what the teal teaches us. That's a big one right there. But what those people who came to see it tell us, too. That courage deserves an audience and applause and reverence. And sometimes, the most important thing about something is not what we see, but what we can't see—"the vision thing" as someone who recently lost his job so aptly put it.

I hope you have a Baikal Teal or two in your lifetime, to go and find. And even more important, I hope you can *be* one a few times too. **Q**

What's New About GETTING OLD:

Geriatrics and Gerontology at the Medical School



The Scientific Program offered during Medical Alumni Day 1993 featured presentations by four Medical School faculty members, who spoke about both the clinical and research side of caring for older patients.

The Growing Elderly Population

William B. Ershler, Professor of Medicine and Human Oncology and Head of the Medicine Section of Geriatrics and Gerontology, began the program by examining changes in the U.S. population. The figures show that the relative number of elderly persons is steadily growing; the proportion will increase even more as the baby boomers—many of whom are very health conscious—begin to reach their 70s and 80s. As the older population expands, we also see pockets of poverty, which add another dimension to delivery of health care.

In short, the fields of geriatrics and gerontology are quickly assuming greater importance.

This trend has not gone unnoticed by the Medical School. In 1989 the Section of Geriatrics in the Department of Medicine was born, and in 1992 the Older Adult and Geriatric Clinic, located on both the east and west sides of Madison, began to assess and treat the more common problems of the elderly. Geriatrics also conducts an active research program in areas such as osteoporosis, Alzheimer's disease, tumor biology, swallowing, and nutrition; currently it is the best-funded section in Medicine.

In 1991 the Veterans Administration began funding a Geriatric Research Education and Clinical Center (GRECC) at the Middleton Memorial Veterans Hospital in Madison. Dr. Ershler directs GRECC, a major resource for aging research and education on campus.

The Institute on Aging has existed at the University since 1973 as a Graduate School initiative. For most of its lifetime, the Institute focused on the sociological



William Ershler

and psychological aspects of aging. Nearly four years ago, however, the Medical School added its resources to those of the Graduate School. Now the Institute on Aging also includes the biology of aging and various aspects of geriatrics, and has become a center where social and biomedical gerontologists work together. Professor Ershler is the Director.

The Practice of Geriatrics

Associate Professor of Medicine **Molly Carnes**, who is Clinical Director of Geriatrics at the VA Hospital and Director of the Genetic Fellowship Program, described geriatrics as the youngest of specialties, a bio-psycho-social specialty that has drawn from a variety of disciplines.

Overall, the goal of geriatric medicine is to treat disease, promote health and independence, and prevent premature disability so that older adults can continue to live long and happy lives. Frail older adults, but not necessarily all elderly people, can best benefit from the expertise of a geriatrician.

Dr. Carnes described some of the problems that are commonly present in geriatrics.

Urinary incontinence increases with age. There are several ways to improve urinary function, including exercises and adapting toilet facilities for easier use.

A patient suffering from immobility, which can result from conditions such as



Molly Carnes

heart and lung disease, needs hands-on help in order to stand. Such a patient can be treated in his/her own environment to promote mobility by raising chair height, using firm cushions, and other simple means to facilitate independent movement.

Age-related intellectual impairment, Dr. Carnes said, most commonly results from stroke or Alzheimer's disease. It will be discussed later.

Instability—the failure to maintain good health—may be caused by something as simple as a diet overly-rich in sodium contained in processed foods, which may constitute most or all of the diet of an older person. Instability can also refer to falling, a major problem in the elderly population that can cause considerable morbidity and mortality. The likelihood of falling can be lessened by the use of a variety of walkers, gait training before hospital discharge, and removing environmental hazards such as loose stair rugs.

Iatrogenic (physician-caused) illness, usually the result of adverse reactions to prescribed medications, is far more likely to affect older adults than younger patients. Older patients take more medications and have different body composition and kidney and liver function.

Sometimes an easily overlooked condition such as excess ear wax can cause disability.

Alzheimer's is recognized as particularly important because it is incredibly common, uniformly fatal, costly, and leads to total dependence.

The Research Front

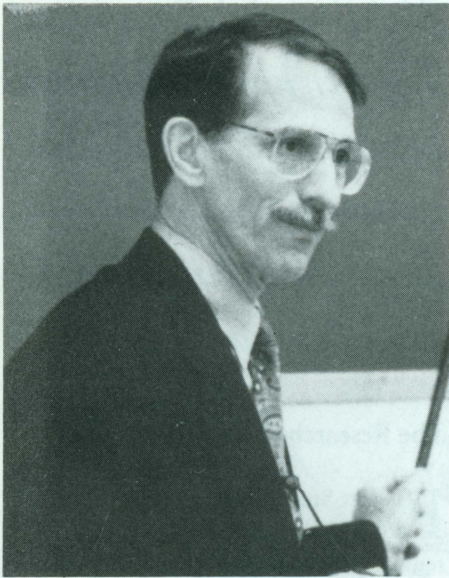
Everett Smith, Associate Professor of Preventive Medicine, focused his remarks on osteoporosis, especially the role of exercise in bone density. He reiterated Dr. Carnes' statement that falling is common in older people and added that women fall more often than men, largely because post-menopausal women are more likely to suffer from osteoporosis. In the elderly, ninety percent of hip fractures, which can be severely debilitating, are fall related.

Dr. Smith's research during the past 20 years has concerned prevention of osteoporosis, for there is no satisfactory treatment that will reverse the disease once it has weakened the bones—prevention is very important.

He explained that the bone cell is in a dynamic relationship with nutrition, mechanical strain, hormones and growth factors, aging, medications and other factors. Genetics is the most important aspect in the development of the skeleton, accounting for about 70% of skeletal mass and therefore strength.

Bone mass peaks at around age 35, then declines about 0.5% to 0.75% a year until menopause. After menopause, women lose 1% to 3% of skeleton for the first 4 to 5 years. Decline is exacerbated by inadequate calcium intake or calcium malabsorption, decreased physical activity, heredity, relative leanness, smoking, and excessive consumption of coffee, alcohol, dietary protein and fat. Some changes seen in old age really began in the adolescent period via diet and lack of exercise.

Dr. Smith's research has shown that exercise and diet can stop the skeletal loss



Everett Smith



Stefan Gravenstein

in premenopausal women and can significantly reduce the loss in post-menopausal women, thus reducing the risk of developing osteoporosis. The more the skeletal system is strained, the greater is the production of bone mass; the skeleton needs mechanical loading to maintain function. The skeleton, like muscle, responds to stress; if an individual is continually immobile, the skeleton will decline even though diet, etc. are excellent.

One mechanism that may explain the benefits of exercise involves parathyroid hormone (PTH). As one grows older, there

Among lower species, caloric restriction along with adequate nutrition is the only known way to extend the normal lifespan significantly. The more restricted the diet, up to a point, the longer the animal can live.

is a trend towards increased production of PTH, which can perpetuate bone loss. Exercise, in preliminary results, helps to depress production of this hormone.

Stefan Gravenstein, Assistant Professor of Medicine, spoke about the symptoms of dementia. These include memory loss, poor judgment, disorientation, unadaptability, indecisiveness, depression, incontinence, insomnia, hallucinating, personality change, wandering, and falling. Alzheimer's disease accounts for 40 to 60% of dementias and vascular diseases for 10 to 20%.

Alzheimer's is recognized as particularly important because it is incredibly common, uniformly fatal, costly, and leads to total dependence. Its pathology is marked by brain atrophy, neurofibrillary tangles, amyloid protein deposition in small plaques inside of which are found aluminum and other material, local acetylcholine deficiency, and decline in carnitine acyltransferase.

Several scientists on campus are investigating varying aspects of the disease such as etiology, prevention, treatment, and delivery of care.

There seem to be some genetic links to Alzheimer's disease, especially the type that occurs early in life, before age 55; it is thought to be partly inherited. Areas on chromosomes 21 and 18 may predispose to Alzheimer's.

Other possible etiologies include contracting a disease such as encephalitis earlier in life, trauma to the head, exposure to toxins, and immune disorders.

The possible prevention of Alzheimer's as well as treatment and intervention are equally problematic. Suggestions include reduction of exposure to toxins such as aluminum, whose role in the disease is very controversial, reduction of exposure to oxidants that cause cellular damage, prevention of amyloid deposition, and gene therapy when the genetic defect(s) is found. We might be able

to slow down nerve loss, reduce the breakdown of acetylcholine, and enhance the growth of local nerves. Some have hopes for metabolites of DHEA, or dihydroepiandrosterone, a naturally occurring steroid hormone that decreases with age.

Professor Ershler concluded the program by discussing the University's longevity program. Among lower species, he said, caloric restriction along with adequate nutrition is the only known way to extend the normal lifespan significantly. The more restricted the diet, up to a point, the longer the animal can live. Mice, for example, have been kept alive and in good health for 50% longer than their ad libitum fed cohorts under a regimen of caloric reduction with good nutrition.

But what about higher species such as man and non-human primates? The only primate center in the country with a colony of old animals is located on campus. Dr. Ershler and colleagues are taking advantage of their presence as they investigate the effect of caloric restriction on 8 to 14-year-old rhesus monkeys. The food-restricted monkeys receive 70% of the calories they would normally eat ad libitum; the control animals eat as they wish. Both groups are monitored for a number of biological markers such as immunological status, eye function, toenail growth, and bone density every six months.

Now in the 4th year of the experiment, which is being watched by biogerontologists around the world, the researchers have found no differences in eyes, nail growth, and antibody response with flu vaccine, but they have found an unexpected drop in proliferation of lymphocytes in response to mitogens in the calorie-restricted monkeys. To date, the low-calorie monkeys are lean and healthy looking, while the controls are beginning to look a little older and paunchy. **Q**

THE CANDY CONNECTION or Where Does That Good Stuff Come From?

As a few Alumni may know, since the fall of 1992 there has been a large glass bowl in the Medical Alumni office available to medical students. It is stocked with a variety of small candy bars—the “fun” size that you might hand out at Halloween. News of its presence quickly spread, and its popularity soared to the extent that during this academic year the Medical Alumni bought nearly 10,000 candy bars. It was reasoned that it was a good investment to get to know the students a bit, generate good will, and perhaps influence Alumni support in the future. Our office staff became acquainted with many more students than they would have otherwise and enjoyed the opportunity. The bottomless bowl seemed to set a good tone all around.

Nearly all the students who visit the bowl express their thanks every day. The candy treats, small as they are, seem to be genuinely appreciated and eagerly anticipated. However, on rare occasion we heard rumors of grouching from a very few students to the effect that “couldn’t the Medical School afford to supply better or bigger candies?” A Med II, upset by what she had heard, wrote a note to the student paper, the *Prothrombin Times*.

Below is a reproduction of her note. Q

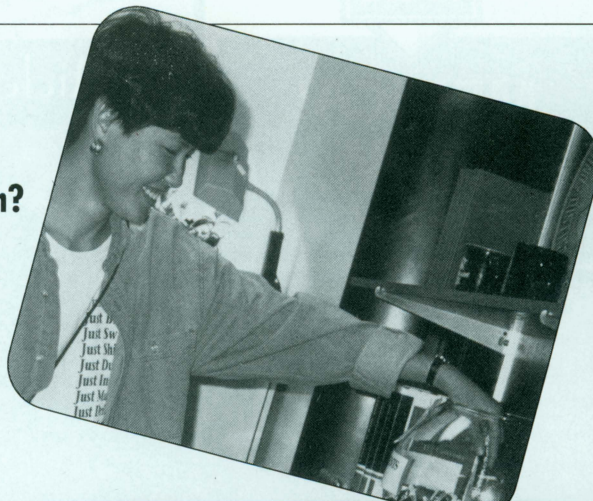
Candy in a Fishbowl

As many of you are aware, the wonderful treats we all have munched on are provided by the Medical Alumni - the graduates of this school - and not by the Medical School itself. (This makes a difference. The Medical Alumni Association works on a very limited budget of donations from grads. We hear that doctors are rich, but that doesn't mean they all contribute to the Association. Most don't.)

The Medical Alumni Association has been very good to us in lots of ways. It completely finances our TG's. In addition, it helps fund medical student associations and many student activities, puts out the Quarterly, and is now starting to provide scholarships and low-interest student loans and don't forget that alumni donations built the Middleton Library, refurbished the student lounge and revamped the 227 SMI lecture hall, which was practically a torture chamber a

few years ago. The Association also provides faculty teaching awards every year.

So in the future, when you finally get some money coming in, remember to help the medical alumni help students, just as they have helped us. All their income, which comes from the good will of the alumni, goes to make the Medical School better and to make life a bit more pleasant for students.



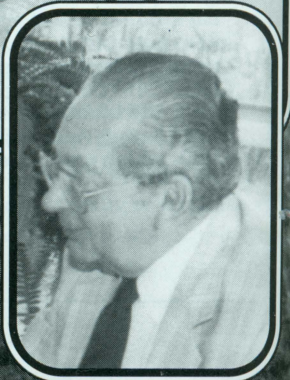
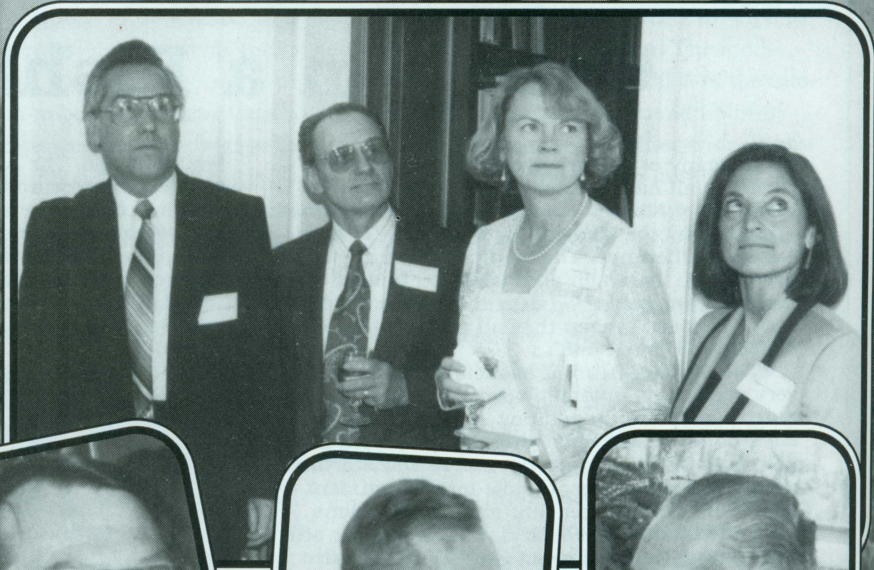
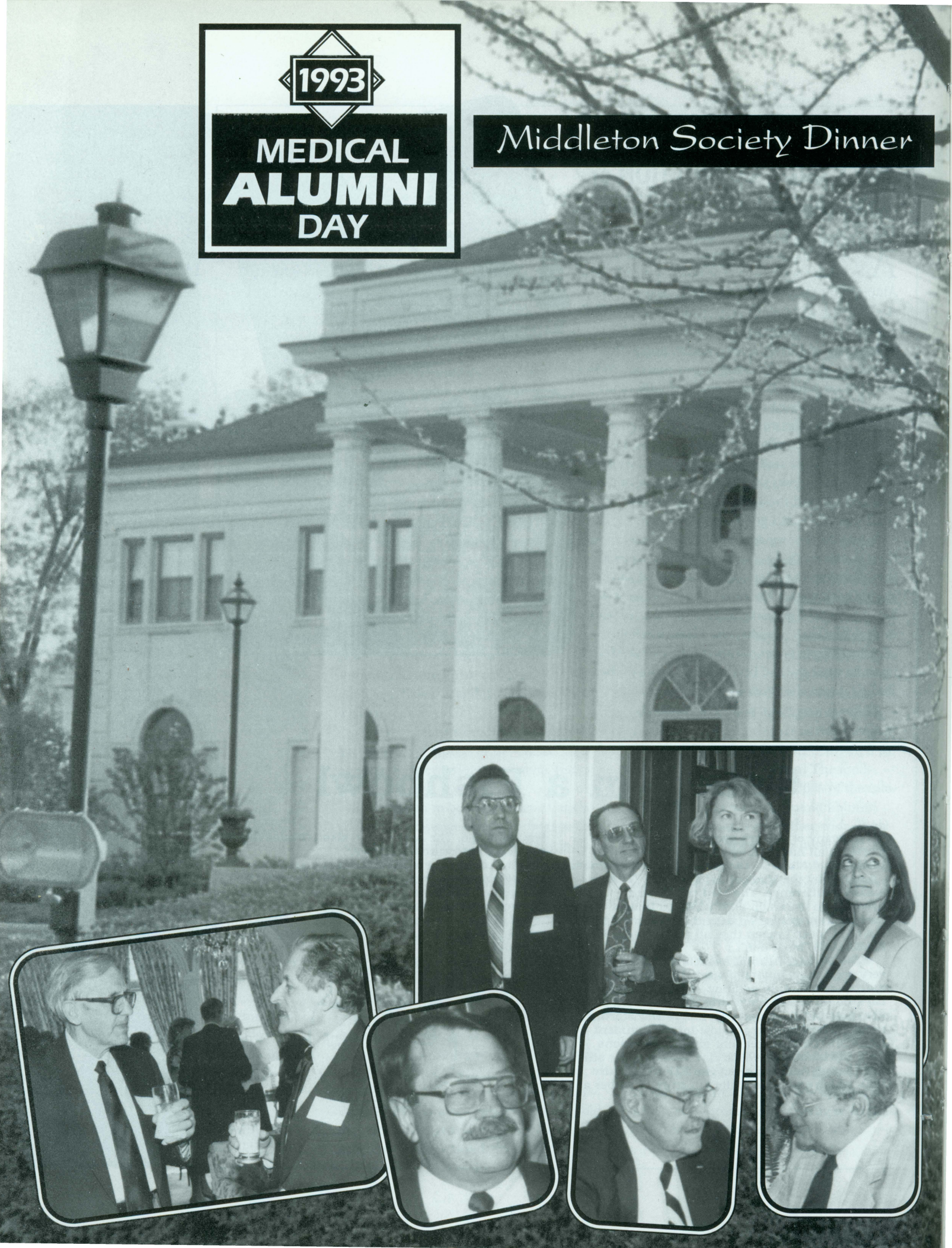
My Favorite Hangout

Grads, do you have fond memories of a favorite haunt or refuge from classes? Perhaps a place where you could really let go, or a restaurant where you wooed your future spouse? We've seen other medical school publications where such an inquiry elicited nostalgic and sometimes surprising responses. We'd like to see yours if you're willing to write to us.

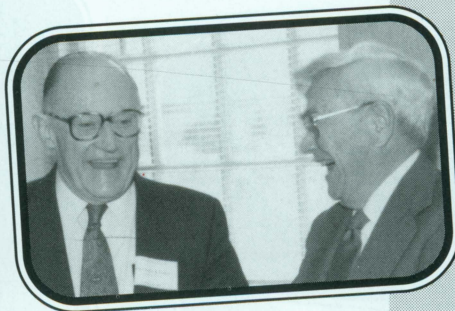
1993

**MEDICAL
ALUMNI
DAY**

Middleton Society Dinner



at breakfast



The many activities that constituted a most successful Medical Alumni Day began Thursday morning when the WMAA *Quarterly* Editorial Board held its annual meeting, presided over by Editor Victor Falk '39, at the Holiday Inn East. At noon, Class and Specialty Representatives and Board Members came together for lunch. A joint meeting of the WMAA Board of Directors and the Council of Representatives, conducted by President-Elect Thomas H. Peterson, followed.

On Thursday evening many classes held their reunions at various venues. Of note were the 50th anniversary celebrations of the two classes of 1943, 1943 March and 1943 November. The '43 Alumni joined together for their social hour and held separate dinners. Some other reunions were celebrated on Saturday.

Also on Thursday evening, in another part of town, members of the Middleton Society were guests of the Wisconsin Medical Alumni for dinner at the Governor's mansion. Some Board members were also present. All agreed that the meal, the gracious atmosphere and the comradery contributed to a memorable evening.

Friday's events began near the front entrance of the Medical Sciences Building. After registration, friends, acquaintances and faculty reminisced while enjoying a continental breakfast which seemed to end all too soon.

Alumni and spouses then progressed to Medical Alumni Hall, perhaps better remembered as 227 SMI, where they were greeted by President-Elect Thomas Peterson, who conducted the WMAA Annual Business Meeting. New Officers and Directors were elected:

President-Elect:

Henry C. Rahr '58, Green Bay

Directors:

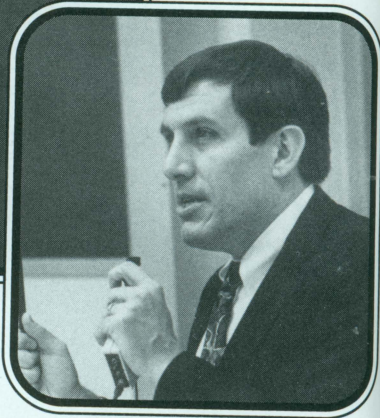
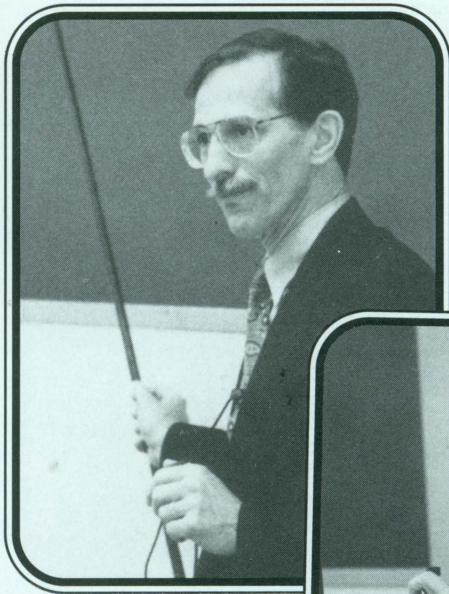
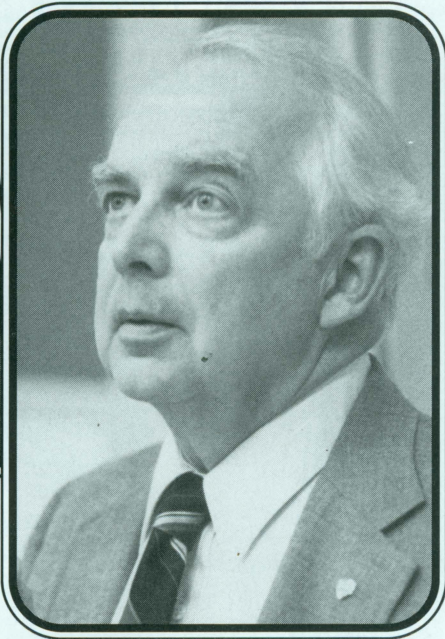
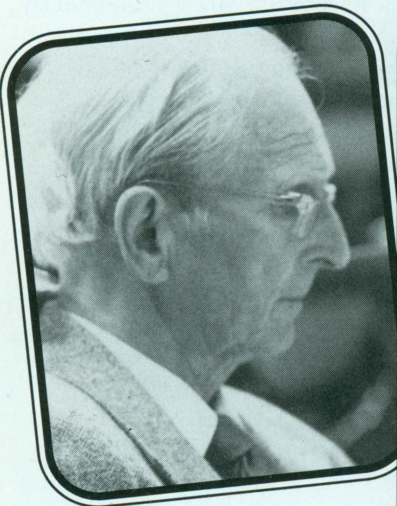
John P. Hermann '74, Sheboygan

John B. Wyman '58, Madison

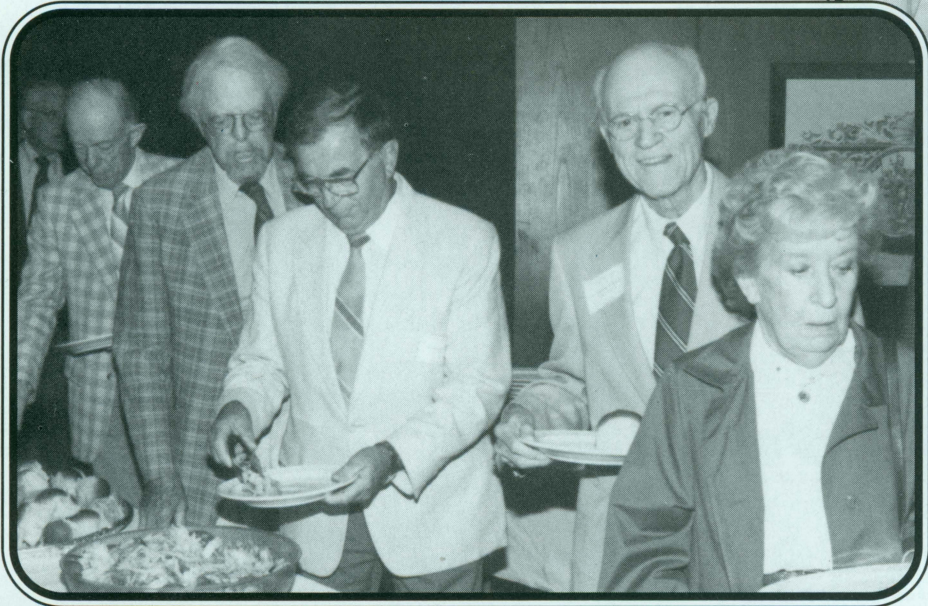
Richard J. Boxer '73, Milwaukee

Hulon E. Crayton '85, Racine

scientific program



luncheon

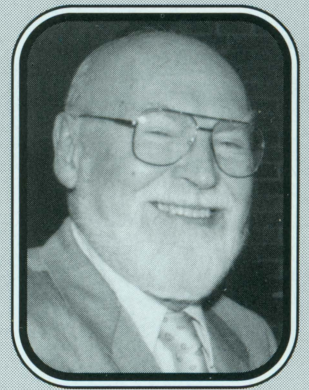
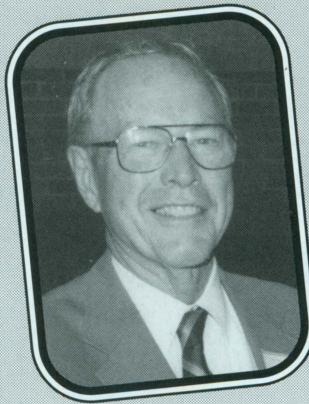


50-year awards

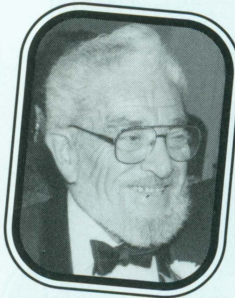


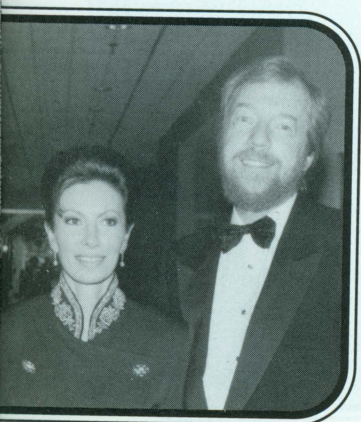
The scientific program that followed, "What's New About Getting Old: Geriatrics and Gerontology at the Medical School," was led by William B. Ershler, Professor of Medicine and Human Oncology and Head of the Medicine Section of Geriatrics and Gerontology. He spoke of the fast-growing proportion of older adults in our population and hence the increasing interest in geriatrics and gerontology. He introduced the other speakers: Associate Professor of Medicine Molly Carnes, who is clinical Director of Geriatrics and Director of the Fellowship Program at the VA Hospital; Everett Smith, Associate Professor of Preventive Medicine and a specialist in osteoporosis; and Assistant Professor of Medicine Stefan Gravenstein, whose interests include Alzheimer's disease. Dr. Ershler concluded the program by describing research into longevity studies among a group of elderly monkeys on campus. (You can read more details about the program in this issue.)

At noon alumni and spouses attended a wine reception and buffet lunch at Union South. WMAA President Carl Olson, fresh from a speech he had presented to graduating seniors, and Dean of the Medical School Laurence Marton welcomed the group. Dr. Olson presented fiftieth year bronze medallions to each of the present members of the Classes of 1943. He also presented Brown Derby Awards to the Class of 1955 for Largest Amount Contributed by a Class (Class Representatives Robert C. Wheaton and Eugene L. Weston); Highest Percentage of Participation by a Class to the Class of 1951 (Class Representative Sam Perlson); and Largest Number of Contributors to the Class of 1980 (Class Representatives Pat McBride and Jim Carlson).



before the banquet





During the remainder of the afternoon some participants took a tour of campus; some attended a seminar on Estate Planning by Richard Z. Kabaker, who explained the need for a will, right of succession, will execution, trusts, etc.; and others relaxed before joining the main event of Medical Alumni Day, the Alumni Awards Banquet at the Holiday Inn East.

After the reception and dinner, President Carl Olson welcomed Medical Alumni and guests. He then announced the recipients of the Faculty Distinguished Teaching Awards: Basic Science Teaching Award, Professor of Physiology Larry D. Davis; Clinical Teaching Award, Assistant Professor of Neurology Barend P. Lotz; Teaching Award-Marshfield, Clinical Professor of Medicine John P. Kirchner; Teaching Award-Mt. Sinai, Clinical Assistant Professor of Obstetrics and Gynecology Daniel D. Gilman; Teaching Award-LaCrosse, Clinical Assistant Professor of Anesthesiology Young K. Lee; Resident Teaching Award, Post-Graduate Trainee in Surgery, Michael E. Sweet.

Dr. Olson next presented the Ralph Hawley Distinguished Service Awards to two 1943 graduates, Drs. Howard A. Engle and William E. Gilmore. Dr. Engle, who has practiced pediatrics and pediatric neurology in the Miami area since 1947, has volunteered much of his life to serving indigent and brain damaged children. Dr. Gilmore, a surgeon in Parkersburg, West Virginia, has been active in continuing medical education as well as groups such as the Red Cross and heart and cancer societies.

Following these awards, Associate Dean Carl Getto presented the Emeritus Faculty Awards to Professors Peter L. Eichman and Duard Walker. Dr. Eichman, an eminent neurologist, has served the Medical School in many capacities including Dean, Director of the Student Health Service, and Chief of Staff of the Hospital. Dr. Walker, a member of the National Academy of Sciences, is internationally recognized for his pioneering research on the JC virus and duly appreciated for his work on many Medical School committees.

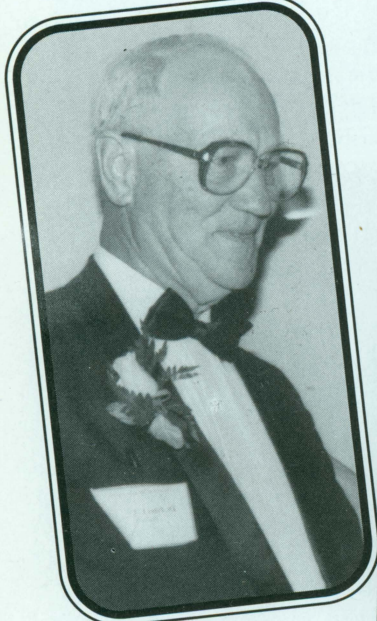
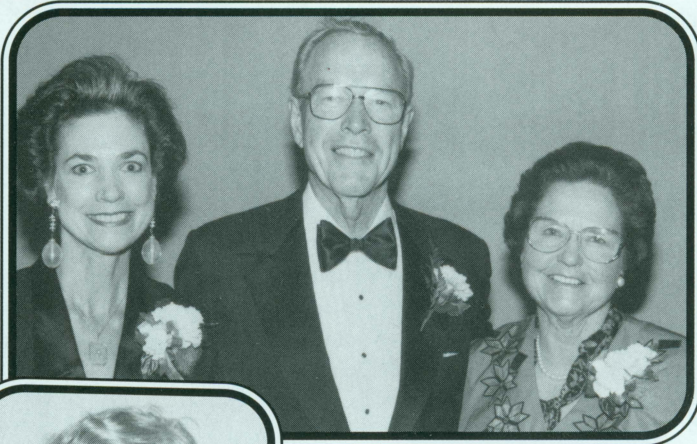
Dr. Getto also presented the Medical Alumni Citation to Sherman M. Holvey '49 from Los Angeles, who served as President of the American Diabetes Association and spearheaded the formation of a foundation for persons with brain injury.

At the end of the evening, Dr. Olson introduced the Wisconsin Medical Alumni's new President, Dr. Thomas H. Peterson '58, who accepted the reins of office, presented a gift to retiring President Olson and adjourned the festivities.

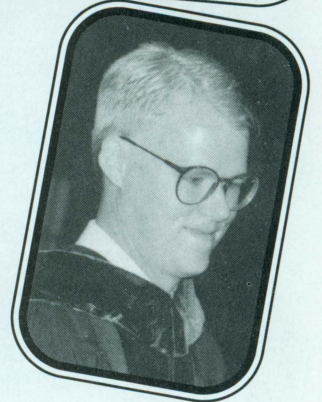
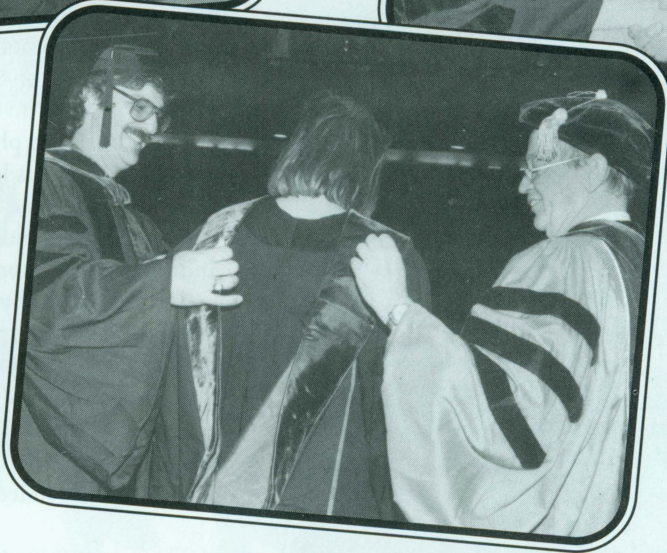
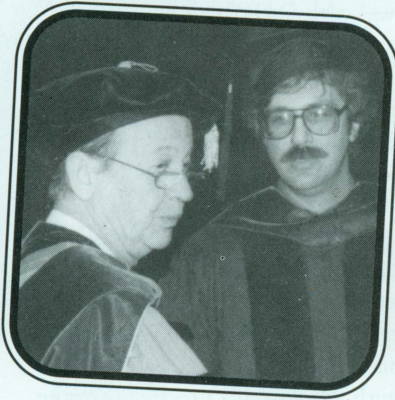
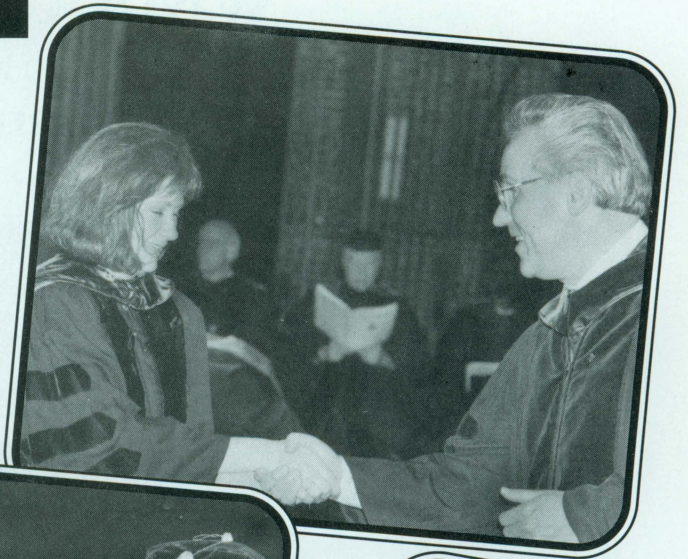
Although it is not directly linked to Medical Alumni Day, we should not forget the Medical School's Recognition Ceremony held on Friday morning at the Memorial Union Theater. Dean Laurence Marton presided and the Madison Brass provided music. Guest Speaker Governor Tommy G. Thompson pointed to Wisconsin's progressive stance as illustrated by the health care summit conference held recently and the formation of a health care plan for the state; he stressed to the graduates the importance of being good physicians. Emeritus Professor of Medicine George G. Rowe, Class Mentor, told the graduates that they were well equipped to take on the most satisfactory career of medicine, finishing with "I'm so proud of you!" Class speaker Bruce R. Douglas, who was to be married the following day, delivered a short but entertaining message to his classmates. Carl Olson, President of the Wisconsin Medical Alumni, exhorted the graduates to aspire to further goals in other aspects of their lives, for "Where you stand in life is not so important as the direction you are going."

Dean Marton administered the Declaration of Geneva to the graduates, Associate Dean for Students Elaine H. Mischler presented the Class of 1993, and Associate Professor of Biomolecular Chemistry Paul J. Bertics and Chair of Surgery Folkert O. Belzer hooded each student. The official graduation proceedings were held in the U.W. Fieldhouse later in the day.

at the awards banquet



at the recognition ceremony



after the recognition ceremony



WMAA Spring Meeting and the Ralph Hawley Distinguished Service Award



The Wisconsin Medical Alumni's annual spring meeting took place on Sunday, March 21, 1993 at the American Club in Kohler.

After the reception and brunch, President Carl Olson presented the Ralph Hawley Distinguished Service Award to Dr. James B. Kuplic '67 of Sheboygan Falls. Described in warm terms by his colleagues, he has been active in organizations such as the American Cancer Society, for which he has promoted colo-rectal screening and breast cancer education and served in several leadership capacities. He has been involved with Sheboygan Falls High School students as physician for the athletics program and promoter of careers in health care. Also he is Medical Director of the Pine Haven Christian Home and works with the Visiting Nurse Association Hospice Program and the Army National Guard.

Dr. Selma VanEyck, Director of the Medical Scholars Program, spoke about the Medical School's innovative program to help integrate selected students into Medical School activities while they are still undergraduates at the University. Three Medical Scholars spoke of their experiences.

The session ended with a Board of Directors meeting.



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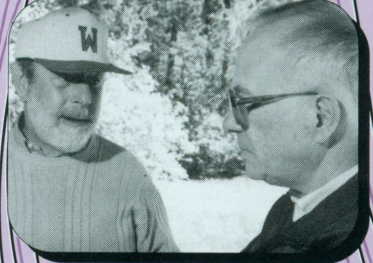
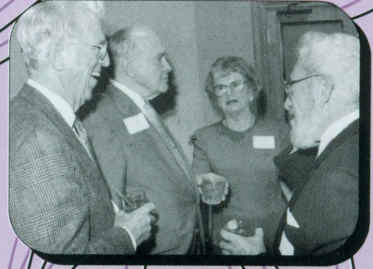
President Carl Olson presents the Ralph Hawley Distinguished Service award to Dr. James B. Kuplic.

President-elect Thomas Peterson and wife Lucy.

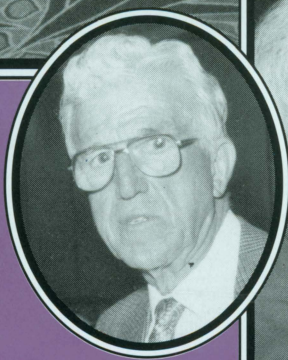
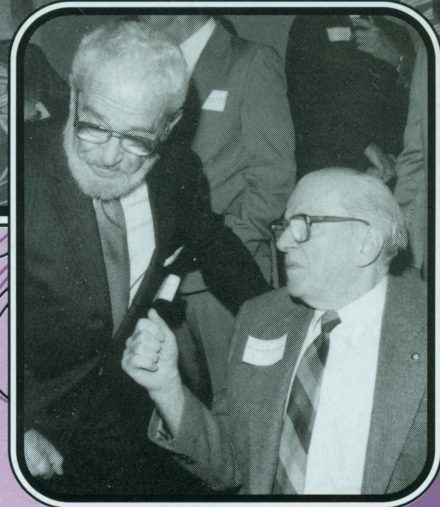
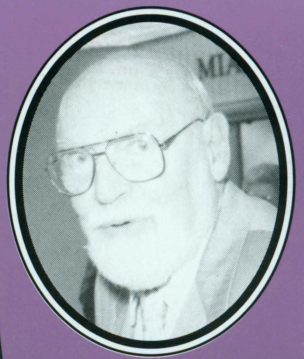
Dr. Selma VanEyck introduces Medical Scholars to the audience.



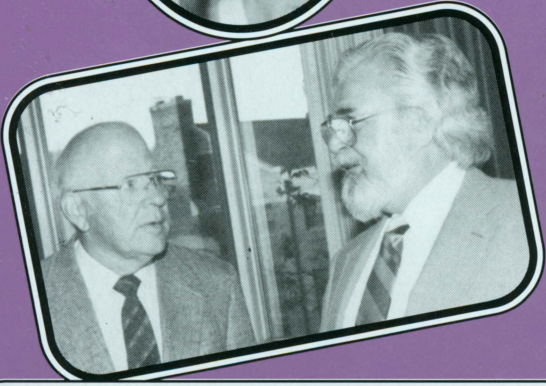
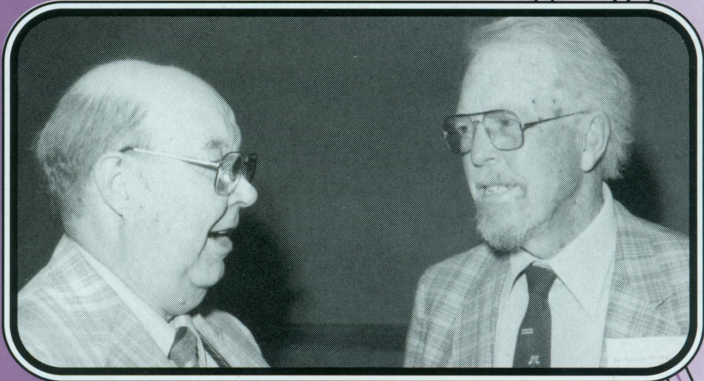
1993 CLASS REUNIONS



'43



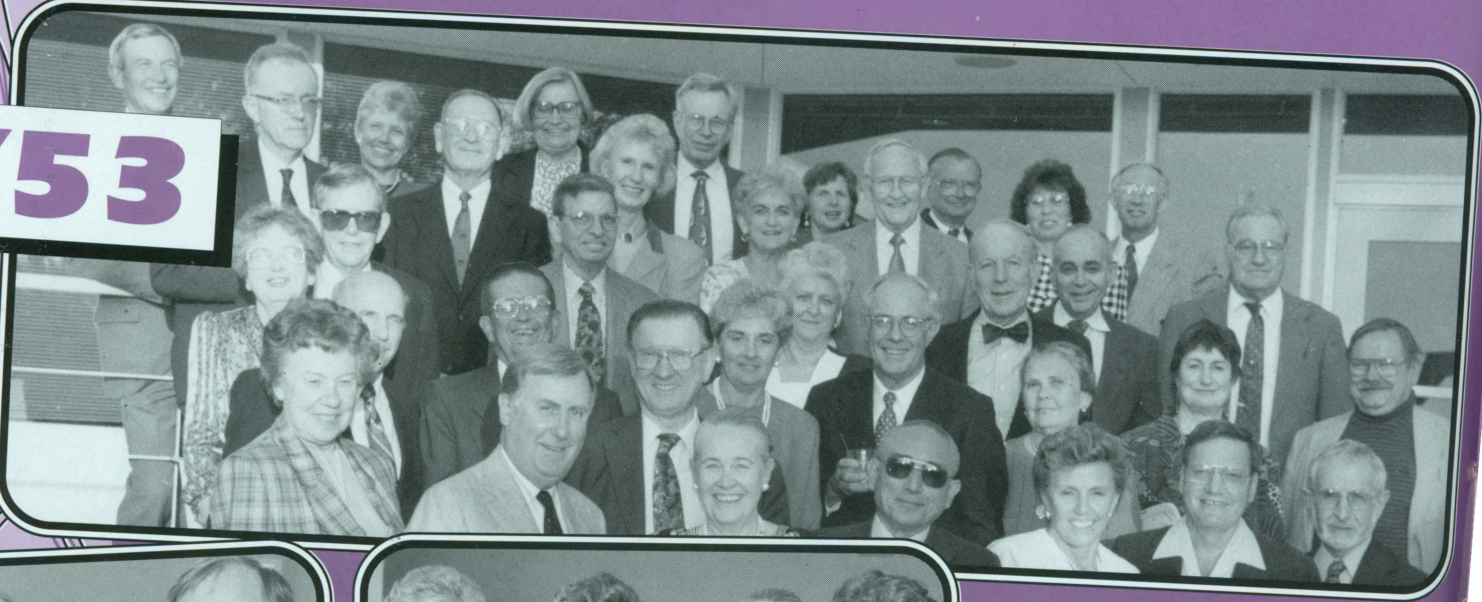
'43

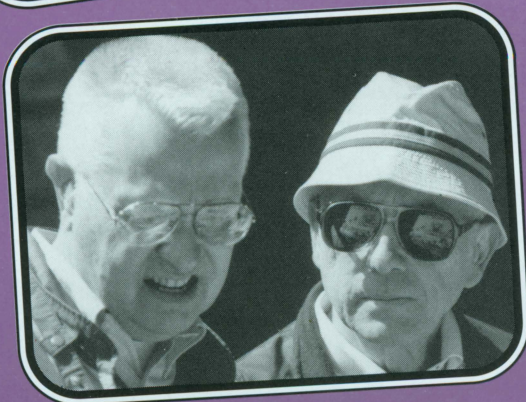
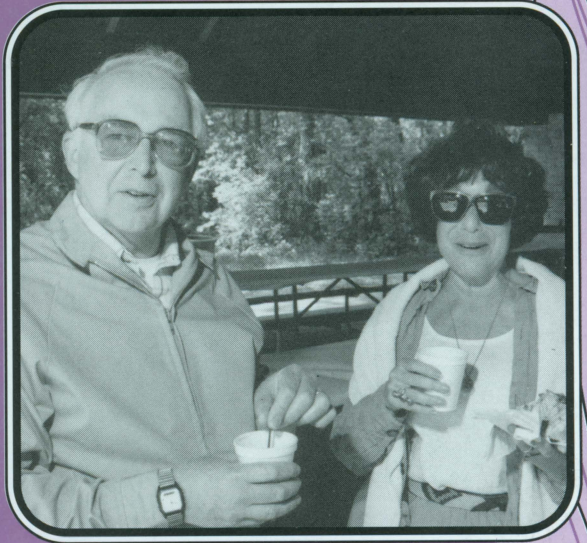


'48



'53





Reunion Photos

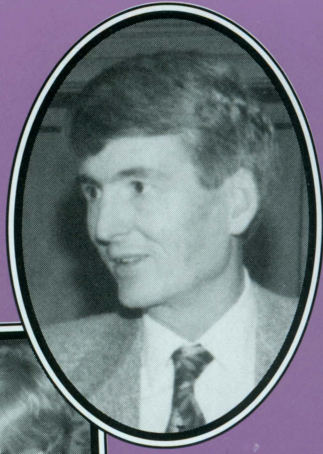
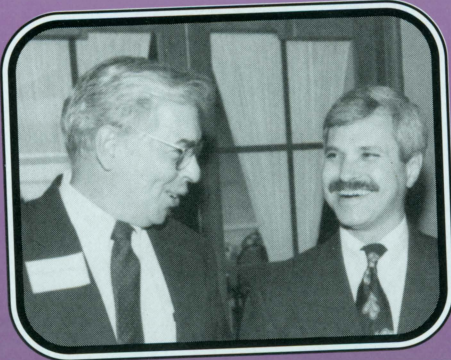
Copies of Reunion photographs or other photos appearing in the *Quarterly* may be ordered from the Medical Alumni Office at a cost 3 1/2 x 5 \$4.00 • 5 x 7 \$6.00 • 8 x 10 \$8.00.

\$3.00 Handling Fee per order

Make checks payable and mail to:
Wisconsin Medical Alumni Association
1300 University Avenue, Room 250
Madison, WI 53706



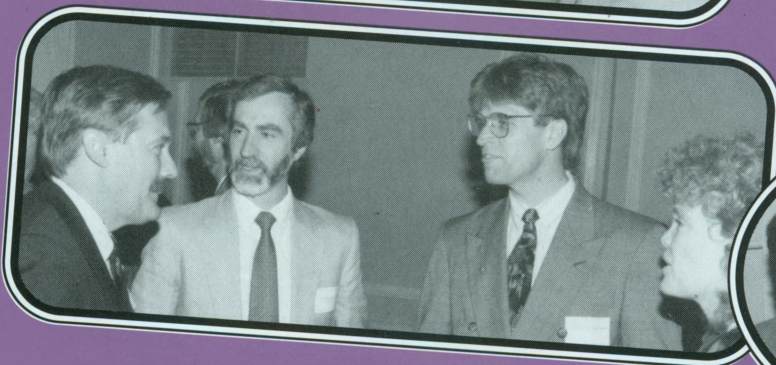
'68



'73



'78



'83



'88



Kenneth E. Lemmer



WMAA Past-President Kenneth E. Lemmer died on Friday, May 14, 1993—the thirty seventh Alumni Day since the founding of the Medical Alumni Association. He was eighty six years old. He served on the Planning Committee for the Association and was its first President.

Ken and Kay Lemmer were an unvarying presence at every Alumni Day and at scores of Medical School functions and Alumni gatherings. Throughout the country, for many years Ken's nostalgia theater presentations were a highlight of Alumni Day programs, and he was the emeritus faculty member most in demand as a reunion guest.

He served a unique role as goodwill ambassador for the Medical School and the Medical Alumni Association maintaining warm relationships with students and residents in numerous locations.

Ken's broad knowledge of alumni and former faculty was invaluable as a member of the Awards Committee selecting most deserving recipients of Association awards.

A native of Spooner, Wisconsin, Ken graduated from the Medical School in 1930 and served a residency in surgery at U.W. He was appointed to the faculty and advanced to professorial rank during his forty-one year tenure. He was a member of

Alpha Omega Alpha, Sigma XI, Nu Sigma and Alpha Chi Rho.

During his academic career he advanced our knowledge of gastro-intestinal surgery, was a mentor of numerous medical students and residents, was a member of more than twenty prestigious professional societies, and was a founding member or officer of several. Always willing to accept leadership roles, Ken chaired major faculty committees including the Medical School Curriculum Committee.

He saw active service in the Asiatic-Pacific Theater during World War II and was separated as Lieutenant Colonel with numerous decorations.

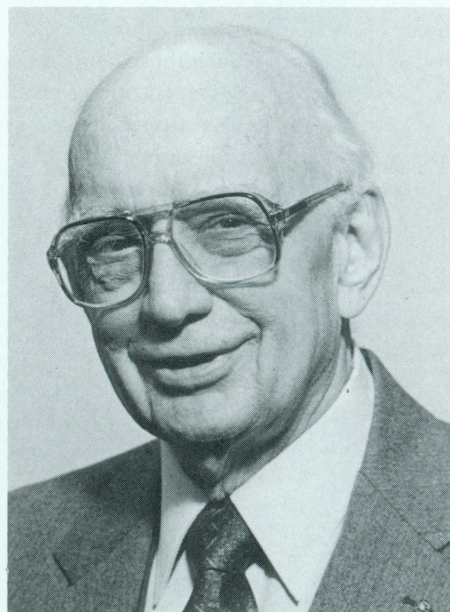
With thousands of medical students he shared a special occasion by serving as Graduation Marshal for the Medical School for twenty-seven years. In 1977 the affection and respect of the W.M.A.A. for him was manifested by his selection as recipient of the Emeritus Faculty Award.

One of his favorite diversions was golfing at Maple Bluff Country Club with old friends such as Past President Abe Quisling and Emeritus Professor Sture Johnson.

He is survived by his wife Katherine, a son, a daughter and three grandchildren. Ken and Kay celebrated their 58th wedding anniversary this year.

The family requests that memorial contributions be designated for medical student financial aid. **Q**

Clinton N. Woolsey



Clinton Nathan Woolsey received his undergraduate degree from Union College in New York and in 1933, his M.D. from Johns Hopkins University.

Choosing research over medical practice, Woolsey joined the faculty at Hopkins and embarked on a career of study of the central nervous system.

In 1948 Dr. Woolsey was named to the Charles Sumner Slichter Professorship of Neurophysiology at the University of Wisconsin-Madison and was given the broad charge to develop a research program on the central nervous system at Wisconsin. Dr. Woolsey recruited a number of neurophysiologists to Wisconsin and in 1960 his group was administratively designated the Medical School's Laboratory of Neurophysiology, with Dr. Woolsey serving as Director. In 1973, at Dr. Woolsey's suggestion, the Laboratory was granted departmental status by the University. Also at this time, Dr. Woolsey played a key role in securing federal funding to build the Waisman Center on Mental Retardation and Human Development and he served as its Biomedical Unit Coordinator from 1973 to 1978.

Dr. Woolsey made the University of Wisconsin a major center for basic research and training on the nervous system. Over

170 individuals from all parts of the world, from students to visiting professors, worked and trained with Woolsey and his colleagues. The published results of their pioneering explorations comprise an enormous corpus of scientific research, much of it with Woolsey as a silent author and editor. Dr. Woolsey offered strong encouragement to all seeking a career in neuroscience and tirelessly sought financial support for trainees through training and research grants. He traveled internationally, giving lectures, participating in symposia and recruiting students and colleagues. Upon his retirement, the Department of Neurophysiology established the Clinton N. Woolsey Lecture in Neuroscience, which annually brings to campus a distinguished neuroscientist to discuss the latest work in the field and to meet with faculty, students and staff from across campus.

Recognized as a leader in the field, the National Institutes of Health regularly sought Dr. Woolsey's advice. He was a member of the National Academy of Science and the American Philosophical Society and served on the editorial boards of most of the leading publications in the field. Dr. Woolsey received the 50 year membership medal of the American Physiological Society and the Ralph Gerard Prize from the Society for Neuroscience. Union College awarded him an Honorary degree; he was a charter member of the Johns Hopkins Society of Scholars; and was one of the first Fellows of the Wisconsin Academy of Sciences, Arts and Letters.

Clinton Woolsey was a man of absolute integrity, complete honesty and unbounded intellectual curiosity, which he conveyed by example rather than admonition. Much of what he first discovered regarding the neu-

roanatomical localization of sensory and motor areas of the brain is now simply taken as fact. Principles he enunciated improved understanding of the human brain and of ways to treat diseases that afflict it. Most of all Clint Woolsey was a compassionate and giving man, sharing his remarkable success freely with those around him.

He is survived by his wife, Harriet; three sons, Thomas, of Clayton Missouri, John of Bela Cynwyd, Pennsylvania, and Edward of Madison.

Memorials may be made to the Woolsey Lecture Fund, or to the Department of Neurophysiology Fund, both in care of the University of Wisconsin Foundation, 150 East Gilman Street, P.O. Box 8860, Madison, WI, 53706-8860, or to the Friends of the Waisman Center, 1500 Highland Avenue, Madison WI 53705-2280. **Q**

NECROLOGY

Wilbur M. Benson, '48
Hallsville, Missouri
April 9, 1993

Gordon W. Brewer, '36
Wausau, Wisconsin
March 5, 1993

William M. Coon
(Former Intern)
New York, New York
1990

Elmer F. Franseen, '40
(2 year)
Hillsboro, New Hampshire
March 20, 1993

L. Allan Gay, '44
The Dalles, Oregon
April 20, 1993

David N. Goldstein, '38
Kenosha, Wisconsin
May 1, 1993

Paul S. Haskins, '49
River Falls, Wisconsin
February 2, 1993

Paul F. Hausmann, '38
(2 year)
Delafield, Wisconsin
January 18, 1993

Richard K. Hausmann, '38
(2 year)
Tucson, Arizona
March 14, 1993

John L. Keeley
(Former Resident Surgery)
Maywood, Illinois
November, 1992

Leo V. Kempton, '50
LaCrosse, Wisconsin
March 19, 1993

Homer H. Kohler
(Former Intern & Resident
Urology)
Cincinnati, Ohio

Rose A. Kriz-Hettwer, '21
(2 year)
Monmouth Beach, New Jersey
February 27, 1993

Kenneth E. Lemmer, '30
Madison, Wisconsin
May 14, 1993

Arthur F. Lincoln
(Former Intern)
Montgomery, Alabama
November, 1992

Max W. Livingston, '33
Sunbury, Ohio
April 28, 1993

James L. Moffett, '40 (2 year)
Lake City, Florida
April 4, 1993

Stephen M. Mokrohisky, III
(Former Resident Orthopedic
Surgery)
Madison, Wisconsin
April 6, 1993

Harvey Monday, '50
Oshkosh, Wisconsin
March 6, 1993

Jack D. Moore
(Former Resident Orthopedic
Surgery)
Piedmont, California
November 21, 1992

Harris D. Murley, '64
Paradise Valley, Arizona
March 13, 1993

James W. Nellen, '39
DePere, Wisconsin
April 21, 1993

Edward N. Peterson, '25
(2 year)
Duluth, Minnesota
March 11, 1993

Steven C. Risse, '78
Tacoma, Washington
March 20, 1993

John R. Rydell, '43N (2 year)
Santa Barbara, California

Marvin H. Steen, '36
Carefree, Arizona
January 7, 1993

Arthur L. VanDuser, '38
Hot Springs Village, Arkansas
March 7, 1993

James I. Weimer, '37 (2 year)
Pekin, Illinois
April 21, 1993

Judah Zizmor, '34
New York, New York
March, 1993

Naomi K. Zizmor, '36 (2 year)
New York, New York
1987

The 6th Annual

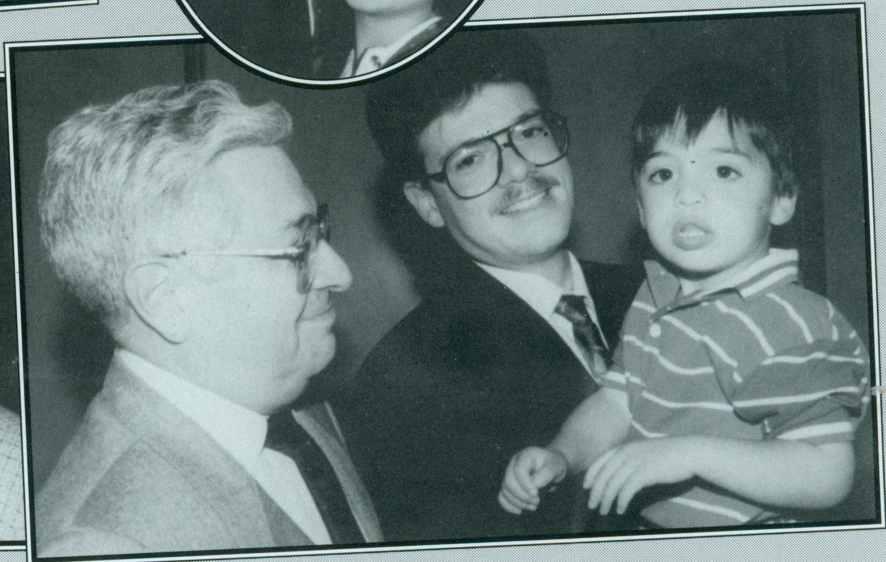
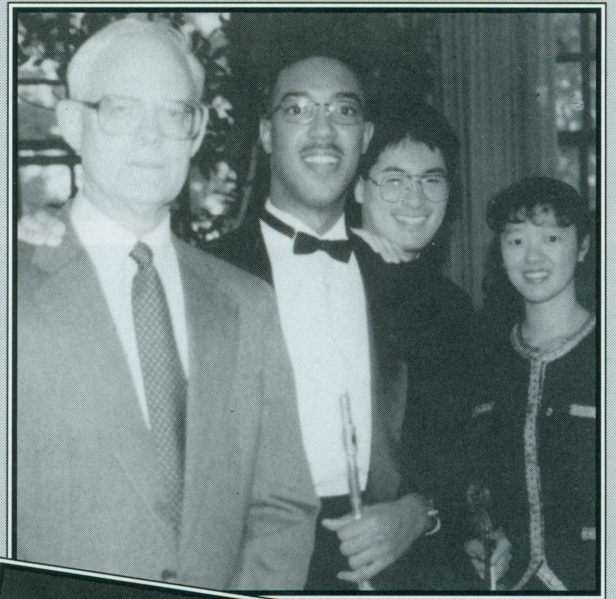
Minority Graduation Reception Medical Student



Lisa Franco

The Medical Students for Minority Concerns, established in 1985, sponsored the sixth annual Minority Student Graduation Reception. In keeping with prior years, the event was an elegant and memorable occasion.

Suzette Suniga-Brauch welcomed the participants and introduced the speakers. The keynote address was delivered by Lisa Franco '90, who also received the Distinguished Minority Medical Alumni Award. Steve C. Yun announced the Distinguished Student Awards to Maria Curet-Salim, Med II and Suzette Suniga-Brauch, Med I and introduced the twelve minority graduates. Rudy King '93 presented the closing remarks.



The Class of 1993





by Richard A. Culbertson

Associate Dean for Administration

In his famous cartoon, "Pogo," the late Walt Kelley once drew a strip in which Albert the Alligator greeted Pogo by saying, "Greetings, old friend. My future is assured." To which the sage Pogo replied, "I would be happy if my past was assured." Certainly, projecting future financing for medical education is no small problem in a time of fiscal pressure, both in the health care delivery and educational world. In addition, the present sources of funding for

THE MEDICAL SCHOOL'S

FINANCIAL FUTURE

medical education, and specifically the University of Wisconsin Medical School, are not well understood, and deserve explanation so that our alumni may be well informed on these critical issues.

First of all, to examine the past, funding for medical education in the United States has changed dramatically over the span of thirty years. In 1960, prior to the introduction of Medicare and Medicaid, state and local governmental appropriations accounted for 15 percent of the cost of medical education, and research support of all types accounted for 37 percent. The federal government was the major financier of research at this time, accounting for 27 percent of medical school budgets. Tuition covered six percent of school budgets, while clinical practice income was negligible, comprising only three percent of school budgets. By 1990, this picture had become almost unrecognizable based on prior history. State appropriations accounted for 13 percent of the budget, but research had taken an even more dramatic drop - falling to 16 percent, of which federal research dollars accounted for 12 percent of school budgets. Tuition had declined slightly as a percentage of school budgets to four percent, but contributions from clinical practice plans had increased dramatically to 31 percent of total budgets. Reimbursements from hospitals, which were virtually unknown in 1960, had also

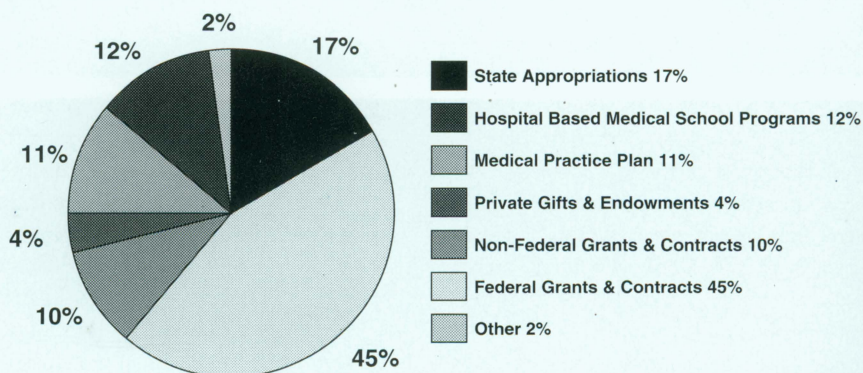
appeared as a major change in revenue source, totalling 11 percent of a typical school's budget.

Turning to the present situation of the University of Wisconsin, the Medical School operates on an annual core budget of \$45.5 million. These funds support expenditures of faculty and staff salaries, supplies and expenses, and capital investment in our facilities. Of this total, 32 percent is provided through state general program revenue sources, including direct appropriations to the School. Fourteen percent is provided by Medical School

Fiscal pressures on states and university systems across the United States give a clear message that general purpose revenues are not likely to increase from either the State of Wisconsin or through other University of Wisconsin sources.

tuition, 16 percent through return of federal indirect costs on research grants, 18 percent through state-provided fringe benefits, and 17 percent through the Medical School Development Fund provided from clinical practice income. The above financial snapshot does not include direct support of research provided by grants, hospital transfer payments, or payment for clinical services through Clinical Practice Plan. When all fund sources are considered, the Medical School receives annual revenues in excess of \$220 million. This total surpasses the annual budget of any other University of Wisconsin campus except Madison.

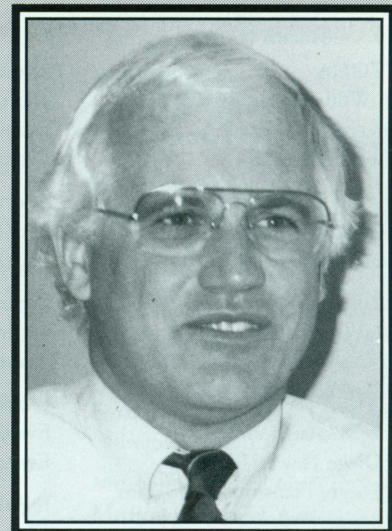
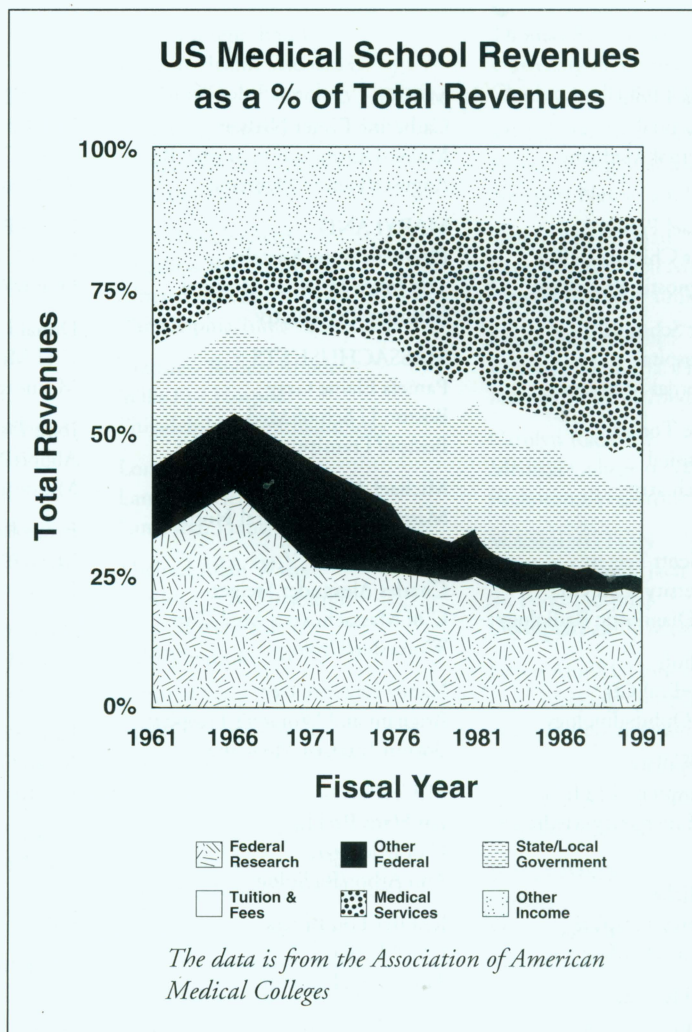
**Medical School Expenditures by Revenue Source
1992-93**



Pending the outcome of current discussions taking place on the future of health care finance, the future financial health of the University of Wisconsin Medical School, as well as medical education in general, is indeterminate. Without the specifics of any new federal plan, however, one can point with some assurance to several probable trends. The first of these is the probable decline in clinical revenues based on the adoption of fee schedules such as RBRVS and the continued rate pressure placed on all physicians through the growth of managed competition. These developments are trends with which our alumni are undoubtedly too familiar, and which affect all physicians to some greater or lesser extent. The second development is the probability of reduction of payments to teaching hospitals for costs related to indirect expenditures attendant to medical education. Finally, fiscal pressures on states and university systems across the United States give a clear message that general purpose revenues are not likely to increase from either the State of Wisconsin or through other University of Wisconsin sources.

It is the objective of the School to operate in a fiscally responsible manner with a balanced budget for its activities. Several strategies are now under consideration to meet the demands of the future environment. While research funding in relation to medical school operating expenses nationwide has declined, it is imperative that we strengthen our abilities to compete

for additional grant support in the future. The second area which has been addressed by many private and public schools is the need for additional fund raising efforts on the part of the medical school. This is true in the area of solicitation of personal contributions, industrial grants and contributions, and foundation solicitations. Such funds can assist the school greatly in providing "seed" money for startup of new programs and for capital enhancements. However, the challenge of meeting the ongoing budgetary obligations of the School is a daunting and continuing task which will challenge the managerial capabilities of the School's faculty and administration and staff through the next decade and which will demand our best efforts in responding to the changes which assuredly will occur in the health and higher education systems of the United States. **Q**



Richard A. Culbertson

Richard A. Culbertson, Associate Dean for Administration, recently came to Wisconsin from the University of California at San Francisco Medical School, where he served as Director of the Clinical Practice Organization. Prior to that position, he worked with the Kaiser Health Care System. Dr. Culbertson holds a PhD in Sociology/Health Policy.

Residency Selection

ARIZONA

John William Marchant
University of Arizona
Tucson/Pediatrics

David Jed Woodard
Good Samaritan Regional Med Ctr
Phoenix/Internal Medicine

CALIFORNIA

Martin Joseph Blahnik
U of CA-Irvine Medical Ctr
Orange/Pediatrics

David Michael Johnson
San Diego Naval Hospital
San Diego/Transitional Program

Amanda June Simsman
Highland General Hospital
Oakland/Transitional Program

COLORADO

Paul Glenn Bouessa
The Children's Hospital
Denver/Pediatrics

Bruce Charles Drummond
St. Joseph Hospital
Denver/Obstetrics and Gynecology

Kristen Marie Geiger
U of Colorado Sch of Med
Denver/Pediatrics

DISTRICT OF COLUMBIA
Houman Tavaf-Motamen
Walter Reed Army Medical Ctr
Washington/General Surgery

FLORIDA

Antonio Eugenio Cornier
U of Miami/
Jackson Mem Med Ctr
Miami/Pediatrics

David Larry Hei
U of Florida-Shands Hospital
Gainesville/Internal Medicine

GEORGIA

Bruce Alden Elkins
Martin Army Community Hospital
Fort Benning/Family Medicine

ILLINOIS

Mark Paul Bogner
Loyola University Medical Ctr
Maywood/General Surgery

Pedro Miguel Banda
U of Illinois at Chicago
Chicago/General Surgery

Andrew Michael Pohl
St. Francis Hospital
Evanston/Internal Medicine
Evanston, IL

Andrew Michael Pohl
U of Illinois at Chicago (UIC)
Chicago/Diagnostic Radiology

Steven Walter Schmidt
St. Francis Hospital
Evanston/Internal Medicine

Elizabeth Rose Tomar
Evanston Hospital
Evanston/Psychiatry

INDIANA

Christopher Scott Peeters
Indiana University Med Ctr
Indianapolis/Diagnostic Radiology

Erik Obin Schoff
Indiana U Medical Ctr
Indianapolis, Ophthalmology

Annette Rae Willan
Methodist Hospital of Indiana
Indianapolis/Emergency Medicine

IOWA

Alan Roger Hjelle
St. Joseph Mercy Hospital
Mason City/Family Medicine

Donald Doo-Hee Lee
U of Iowa Hosp & Clinics
Iowa City/Internal Medicine

Theodore Sheldon Parins
Siouxland Medical Ed Fdn
Sioux City/Family Medicine

Todd Martin Williams
U of Iowa Hospital and Clinic
Iowa City/Orthopedic Surgery

Stephen Fordyce Worth
U of Iowa Hospitals & Clinics
Iowa City/Pathology

Aysha Shaikh
U of Iowa Hosp and Clinics
Iowa City/Internal Medicine

KANSAS

Robert Wayne Haller
U of Kansas Sch of Med-Wichita
Wichita/General Surgery

LOUISIANA

Rudolph Carlo King
Tulane U School of Medicine
New Orleans/Obstetrics and
Gynecology

MAINE

Catherine Eisner Nielsen
Maine-Dartmouth Fam Prac Res
Augusta/Family Medicine

MARYLAND

Elizabeth Anne Kastelic
The Johns Hopkins Hospital
Baltimore/Psychiatry

MASSACHUSETTS

Pamela Elaine Gray
Boston U Sch of Med
Boston/Transitional Program

Michael Allan Rater
Massachusetts General Hospital
Boston/Psychiatry

Charles Alexander Steiger
U of Massachusetts Med Ctr
Worcester/Urology

Nancy Kay Sweitzer
Brigham and Women's Hospital
Boston/Internal Medicine

MICHIGAN

Jan Hans Brekke
U of Michigan
Ann Arbor/Radiology

Jennifer Lou Bruess
U of Michigan
Ann Arbor/Pediatrics

Mark Roger Brumm
U of Michigan
Ann Arbor/Family Medicine

Scott David Caldwell
Butterworth Hospital
Grand Rapids/
Transitional Program

Melissa Ann DeNiel
Blodgett Mem Medical Ctr
Grand Rapids/Transitional
Program

Thomas Edward Leow
MSU Kalamazoo Ctr for Med Stud
Kalamazoo/Orthopedic Surgery

Anne Marie Schlimgen
Butterworth Hospital
Grand Rapids/Internal Medicine

David Lawrence Sickels
MSU-EM Residency Program
Lansing/Emergency Medicine

MINNESOTA

Erik Edwin Alexander
Mayo Graduate Sch of Medicine
Rochester/Urology

David Brian Anderla
Duluth Grad Med Ed Council
Duluth/Family Medicine

Donald John Anderson
U of Minnesota Hosp & Clinics
Minneapolis/Family Medicine

John David Burfeind
Abbott Northwestern Hospital
Minneapolis/Internal Medicine

Bruce Robert Douglas
Mayo Graduate Sch of Medicine
Rochester/Diagnostic Radiology

David Alan Evenson
U of Minnesota Hosp & Clinic
Minneapolis/Pathology

Pamela Elaine Gray
Mayo Graduate Sch of Medicine
Rochester/Anesthesiology

Trudy Julynn Hartmann
U of Minnesota Hosp & Clinic
Minneapolis/Obstetrics and
Gynecology

T. Andrew Israel
Mayo Graduate Sch of Medicine
Rochester/Surgery

Robert Sangbum Kim
U of Minnesota Hosp & Clinic
Minneapolis/Internal Medicine

Timothy Edward Tanke
U of Minnesota Hosp & Clinics
Minneapolis/Internal Medicine

Michael James Vander Kooy
Mayo Graduate Sch of Medicine
Rochester/Radiation Oncology

Jean Ellen Orchard Van Pelt
U of Minnesota Hosp & Clinic
Minneapolis/Internal Medicine

Anne Elisabeth Wallace
Duluth Grad Med Ed Council
Duluth/Family Medicine

NEW MEXICO

David Charles Coy
U of New Mexico Medical Ctr
Albuquerque/Internal Medicine

Julie Kay Van Someren
U of New Mexico School of Med
Albuquerque/Obstetrics and
Gynecology

NEW YORK
Thomas John Check
Montefiore Medical Ctr
Bronx/General Surgery

Dorothy Mary Delisle
Strong Memorial Hospital
Rochester/Pediatrics

Ivan Andrew Ireland
Albany Medical College
Albany/Ophthalmology

NORTH CAROLINA
Michael John Aughey
Bowman Gray School of Medicine
Winston-Salem/Family Medicine

Janet Marie Johnson
Bowman Gray/NC Baptist Hosp
Winston-Salem/Internal Med
Primary Care

Timm Scott Missbach
Carolinas Medical Ctr
Charlotte/Pediatrics

Edward Matthew Nelsen Freund
University of North Carolina
Chapel Hill/Orthopedic Surgery

Elizabeth Louise Teigen
Bowman Gray School of Medicine
Winston-Salem/Diagnostic
Radiology

NORTH DAKOTA
Ellen Dar
University of North Dakota
Minot/Family Medicine

Douglas Roy Stafford
U of North Dakota Sch of Med
Grand Forks/General Surgery

OHIO
Luke Timothy Channer
Mount Carmel Medical Ctr
Columbus/General Surgery

William Rollin Cooper
U of Cincinnati Hospital
Cincinnati/Internal Medicine

Robert Anthony Murray
Cleveland Clinic Foundation
Cleveland/Diagnostic Radiology

David Morgan Roelke
Cleveland Clinic Foundation
Cleveland/Diagnostic Radiology

Thomas Paul Sobolewski
University of Cincinnati
Cincinnati/Anesthesiology

OREGON
Martin Joseph Balish
Emanuel Hospital & Health Ctr
Portland/Transitional Program

Martin Joseph Balish
Oregon Health Sciences U
Portland/Ophthalmology

June Marie DeSimone
Oregon Health Sciences U
Portland/Pediatrics

PENNSYLVANIA
Matthew Robert Runde
Albert Einstein Medical Ctr
Philadelphia/Internal Medicine

Matthew Robert Runde
Wills Eye Hospital
Philadelphia/Ophthalmology

Lonnie Dean Simmons
Lancaster General Hospital
Lancaster/Transitional Program

Michael Allan Watts
U Hlth Ctr of Pittsburgh
Physical Medicine &
Rehabilitation

TENNESSEE
Michael James Drewek
Vanderbilt U Medical Ctr
Nashville/Surgery

Michael James Drewek
Vanderbilt U Medical Ctr
Nashville/Neurological Surgery

Peter George Janu
U of Tennessee--Memphis
Memphis/General Surgery

TEXAS
Kimberly Ann Ridl
U of Texas Medical Branch
Galveston/General Surgery

Steven Walter Schmidt
UTexas HSC-San Antonio
San Antonio/Anesthesiology

Joseph Mark Talsky
St. Paul Medical Ctr
Dallas/Obstetrics and Gynecology

James Patrick Willis
Baylor College of Medicine
Houston/Transitional Program

James Patrick Willis
Baylor College of Medicine
Houston/Diagnostic Radiology

UTAH
Cynthia Berner Lasecki
University of Utah
Salt Lake City/Family Medicine

Eric Richard Scaife
University of Utah
Salt Lake City/General Surgery

VIRGINIA
Mark David Earll
Medical College of Virginia
Richmond/Surgery

Thomas Arthur Gattelman
University of Virginia
Charlottesville/Anesthesiology

Michael Herbert Hoffman
Riverside Regional Med Ctr
Newport News/Family Medicine

Tracy Lee Hoffman
Riverside Regional Med Ctr
Newport News/Family Medicine

Sharel Ann Martin
Roanoke Memorial Hospitals
Roanoke/Family Medicine

Carolyn Rae Nash
Medical College of Virginia
Richmond/Pediatrics

WASHINGTON
Michael Edward Jach
St. Peter Hospital
Olympia/Family Medicine

Karen Ann McDonough
U of Washington Affil Hosps
Seattle/Internal Medicine

Catherine Ann Nobis
U of Washington Affil Hosps
Seattle/Pediatrics

WISCONSIN
Pamela Beth Alsum
Marshfield Clinic
Marshfield/Transitional Program

Pamela Beth Alsum
Mayo Graduate Sch of Medicine
Rochester/Physical Medicine &
Rehabilitation

Nicholas Nathan Armstrong
U of WI Hospital and Clinics
Madison/General Surgery

Deborah Lynn Arter
UW Hospital and Clinics
Madison/Psychiatry

Karl William Ayer
U of Wisconsin
Madison/Family Medicine

Vicky Ann Baker
Wausau Hospital Ctr
Wausau/Family Medicine

Theresa Lynn Behrs
Marshfield Clinic
Marshfield/Internal Medicine

Neal Dayal Bhatia
Medical College of Wisconsin
Milwaukee/Internal Medicine

Russell Neil Blankenburg
Medical College of Wisconsin
Milwaukee/Internal Medicine

Antonio Bosch
UW Hospital and Clinics
Madison/Internal Medicine

Jan Hans Brekke
Marshfield Clinic
Marshfield/Transitional Program

Gail Schwartz Carels
St. Elizabeth Hospital
Appleton/Family Medicine

Timothy Nels Christiansen
Medical College of Wisconsin
Milwaukee/Otolaryngology

Nancy Lynn Debbink
Sinai Samaritan Medical Ctr West
Milwaukee/Psychiatry

Mitchell Ross Erickson
Medical College of Wisconsin
Milwaukee/Internal Medicine

Mitchell Ross Erickson
Medical College of Wisconsin
Milwaukee/Diagnostic Radiology

Caroline Anne Farning
Marshfield Clinic
Marshfield/Internal Medicine

Marie Grace Ferber
Marshfield Clinic
Marshfield/Internal Medicine

Teresa Lee Field
UW Hospital and Clinics
Madison/Internal Medicine

Loren Christopher Fuglestad
Wausau Hospital Ctr
Wausau/Family Medicine

Thomas Arthur Gattelman
Gundersen Medical Foundation
La Crosse/Transitional Program

David Clifton Goodspeed
U W Hospital and Clinics
Madison/Orthopedic Surgery

Gary Joseph Grunow
U W-Madison
Madison/Family Medicine

Gabriella Ann Hangiandreou
UW Hospital and Clinics
Madison/Psychiatry

Karen Elizabeth Hansen
UW Hospital and Clinics
Madison/Internal Medicine

Suzanne Scheibengraber Hecht
U of Wisconsin-Madison
Madison/Family Medicine

Mark David Hohenwalter
St. Luke's Medical Ctr
Milwaukee/Transitional Program

Mark David Hohenwalter
Medical College of Wisconsin
Milwaukee/Diagnostic Radiology

Ivan Andrew Ireland
St Lukes Medical Ctr
Milwaukee/Transitional Program

Roxanne Jennifer Suslick Kane
Medical College of Wisconsin
Milwaukee/Pediatrics

Joseph Scott Krien
St. Francis Medical Ctr
La Crosse/Family Medicine

Amy Cortright Krohn
UW Hospital and Clinics
Madison/Psychiatry

Sharyl Gay Levine
Medical College of Wisconsin
Milwaukee/Pediatrics

David Patrick Lucke
Medical College of Wisconsin
Milwaukee/Internal Medicine

Darin Allen Maccoux
St. Luke's Medical Ctr
Milwaukee/Family Medicine

Rada Malinovic
Sinai Samaritan Med Ctr-UW
Milwaukee/Psychiatry

Paul Edward Mannino
Waukesha Memorial Hospital
Waukesha/Family Medicine

Jeffrey Allen Marcus
UW Hospital and Clinics
Madison/Psychiatry

David Patrick Matthews
Sinai Samaritan Med Ctr-UWI
Milwaukee/Obstetrics & Gyne

Matthew Mark Michalski
St. Luke's Medical Ctr
Milwaukee/Transitional Program

Eileen Carol Michels
U of Wisconsin-Madison
Madison/Family Medicine

Eric Davis Miller
St. Mary's Hospital of Milwaukee
Milwaukee/Family Medicine

Susan Elizabeth Montgomery
Southern Wisconsin
Family Prac Res
Janesville/Family Medicine

Mary Jo Oyten
UW Hospital and Clinics
Madison/Internal Medicine

Mary Jo Oyten
UW Hospital and Clinics
Madison/Ophthalmology

Thomas Edward Reinardy
UW Hospital and Clinics
Madison/Obstetrics & Gyne

Cornelia Monika Riedl
UW Hospital and Clinics
Madison/Anesthesiology

Sara Jane Rybarczyk
UW Hospital and Clinics
Madison/Internal Medicine

Jane Ellen Schauer
UW Hospital and Clinics
Madison/Internal Medicine

Erik Obin Schoff
Marshfield Clinic
Marshfield/Transitional Program

Timothy Scott Staacke
St. Joseph's Hospital
Milwaukee/Transitional Program

Timothy Scott Staacke
Medical College of Wisconsin
Milwaukee/Emergency Medicine

Kari Lynn Steffen
Medical College of Wisconsin
Milwaukee/Pediatrics

Scott Patrick Tannehill
St. Luke's Medical Ctr
Milwaukee/Transitional Program

Scott Patrick Tannehill
UW Hospital and Clinics
Madison/Radiation Oncology

John Edward Temprano
Gundersen Medical Foundation
La Crosse/Internal Medicine

Steven James Vandenberg
Gundersen Medical Foundation
La Crosse/Surgery

Steven James Vandenberg
UW Hospital and Clinics
Madison/Otolaryngology

Michael James Vander Kooy
Marshfield Clinic
Marshfield/Transitional Program

Sharon Marie Weber
UW Hospital and Clinics
Madison/General Surgery

Erik Dean Womeldorf
Marshfield Clinic
Marshfield/Internal Medicine

SavitaPrakash
Research Fellowship
Research-Madison

Kara Elizabeth Hayford
Postponing post graduate work

Katherine Sanborn Hellmuth
Postponing post graduate work

John Robert Kahoun
Postponing post graduate work Q

Nostalgia

by Michael Rater, Med 4

Winner of the 1993 Mischa Lustok CREATIVE WRITING CONTEST

The moon, that gospel singer dressed in rags,
floats its voice into the night. As advertised,
Johnny's come back live, his hair jet black
as the polish on his Lincoln parked out back.

His voice is rough as gunnysack, this god
of pop in pancake grease who counts off "One,
two, three!" and duckwalks onto stage. A drum-
beat cracks the spotlight on. Johnny's born again.

His six-string, painted red clay and evergreen,
he's rung like bells since boyhood, when he'd sit
beneath the shade by the railroad tracks
and strum to the rhythm that the driver made,

the music vibrating down crossrails through
Louisiana earth and pine, an engine
shimmering in a sea of wide and open
space, America, 1959.

Tonight, his fans have come from miles around,
from homes in metal scraps of towns dumped off
highways that roll across the plains like newsreel
washed of news. They've come because when the sun
goes down and the countryside turns silver rubbed
in black, memory cuts a track across
the screen of night where headlights flicker past
in streams. The old songs are what they've come to sing,

and Johnny gives it to them one more time,
snarling in the microphone a song that arcs
through the room like the headlights of a car
whose brakes are gone, the horn crumbling into
the sound of itself just like a ringing bell.

Go! go! go! The refrain swings into the crowd
alive in the promise that Johnny's come back
the boy he used to be, coiled over his guitar,
playing the music that's wild in his heart.
Like his mother told him his name's in lights,
"Johnny B. Goode Tonight," singing everyone
is young and driving dreams like Chevrolets,

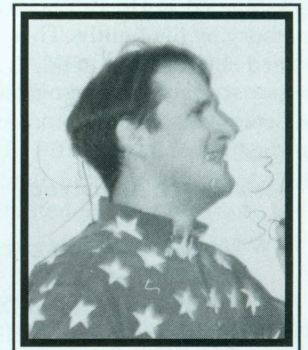
radios on and no particular place
to go, just cars in motion, washed in moonlight. Q

★MATCH DAY★ 1993

Amid palpable tension, nervous laughter and occasional hoots and clapping, senior medical students learned their fate for the next several years as Emeritus Professor of Medicine (Cardiology) and popular Class Mentor George Rowe handed each student the all-important envelope.

Ninety-four students will serve their residencies out of state while 48 will remain somewhere in Wisconsin. Family medicine and internal medicine accounted for the lion's share of disciplines with pediatrics, diagnostic radiology and surgery running close.

Eighty-seven of 138 students received their first choice, three are postponing graduate work, and one is pursuing a research fellowship.



awards to GRADUATING SENIORS

WILLIAM J. BLECKWENN, JR. AWARD

Given by the late Dr. William J. Bleckwenn, Sr. and Mrs. Bleckwenn in memory of their son who died during his third year in medical school. Dr. Bleckwenn was a member of the faculty of this medical school from 1922-1954. The award is based on clinical promise and is presented annually to a senior student in recognition of qualities of character, heart and mind, that combine to make the true physician.

Todd M. Williams

Residency: University of Iowa Hospital and Clinics in Orthopedic Surgery

DR. EVERETT CARL BURGESS AWARD

Established in Dr. Burgess' memory by his family. This award is presented to a senior student in recognition of demonstrated excellence in the field of surgery.

Nicholas N. Armstrong

Residency:
UW Hospital and Clinics in Surgery

THE DRS. JOSEPH DEAN AWARD

Given by the late Mrs. Joseph Dean, Sr. in memory of her husband and son, distinguished physicians in the Madison community and clinical teachers at the Medical School. It is given to assist the education of a worthy medical student.

Amanda J. Simsiman

Graduate Program:
Transitional Program - Highland General Hospital

THE FRANCIS M. FORSTER AWARD

Established by the Department of Neurology in recognition of Dr. Forster's outstanding service to the

University of Wisconsin Medical School as Chairman of Neurology from 1958 to 1978. This award honors a graduating medical student for excellence in Neurology.

Amy C. Krohn

Residency:
UW Hospital and Clinics in Psychiatry

FOUNDERS AWARD

This award is presented by the Wisconsin Academy of Family Physicians to an outstanding student interested in forwarding the concepts of family practice.

Michael E. Jach

Residency:
University of Washington/St Peter Hospital in Family Practice

THE MARK GICHERT MEMORIAL AWARD

This award has been established by the Division of Neurosurgery in Memory of Dr. Mark Gichert, a brilliant young resident in Neurosurgery who died in 1987. The award is presented annually to an outstanding senior medical student entering postgraduate training in the Neurosciences.

Michael J. Drewek

Residency:
Vanderbilt University Medical Center in Y1. Surgery-Preliminary Y2. Neurosurgery

DRS. HOUGHTON AWARD

This award, presented annually by the State Medical Society of Wisconsin, recognizes an outstanding student who, through scholastic excellence, extracurricular achievement, and interest in the activities of medical organizations, shows high promise of becoming a "complete physician." The Houghton brothers hoped to encourage

young men and women to greater appreciation of the need for physicians to work together through their county, state and national medical organizations and to achieve a well-rounded education including the socio-economic as well as the scientific.

Donald J. Anderson

Residency:
University of Minnesota Hospital and Clinics in Family Practice

THE GATE/LEMMON COMPANY STUDENT AWARD

This award is given by the Lemmon Company, a Division of GATE Pharmaceuticals, in recognition of high achievement during the clinical years of medical school.

Houman Tavaf-Motamen

Residency:
Walter Reed Hospital in General Surgery

THE T. A. LEONARD AWARD

Named in honor of the late Dr. T. A. Leonard, this award is given in recognition of exemplary performance on the third year Obstetrics and Gynecology rotation.

Catherine A. Nobis

Residency:
University of Washington Affiliated Hospitals in Pediatrics

Eric D. Miller

St Marys Hospital of Milwaukee in Family Practice

GEORGE MAKI MEMORIAL SCHOLARSHIP

Established by Laura E. Maki in memory of her husband who died in 1985. This scholarship recognizes a fourth year medical student who has demonstrated outstanding abilities as a schol-

ar and exhibited commensurate outstanding qualities in the humanistic aspects of medicine, and who has made a commitment to pursue training in internal medicine.

Karen A. McDonough

Residency:
University of Washington Affiliated Hospitals in Internal Medicine

THE WILLIAM S. MIDDLETON AWARD

Given to recognize superior academic achievement including excellent performance on clinical rotations. The award memorializes Emeritus Dean Middleton whose medical school career spanned over sixty years and epitomized dedication to teaching at the bedside

Karen E. Hansen

Residency:
UW Hospital and Clinics in Internal Medicine

THE GRACE M. PARKER SCHOLARSHIP

Awarded on the basis of interest and promise in the field of psychiatry.

Elizabeth R. Tomar

Residency:
Evanston Hospital in Psychiatry

THE SANDOZ AWARD

Given by Sandoz Pharmaceuticals in recognition of high academic achievement in the clinical years.

Mary Jo Oyen

Residency:
UW Hospital and Clinics Y1. Internal Medicine-Preliminary Y2. Ophthalmology

THE SOCIETY FOR ACADEMIC
EMERGENCY MEDICINE AWARD
Awarded for excellence in emergency
medicine.

Nicholas N. Armstrong

Residency:
UW Hospital and Clinics
Department of General Surgery

THE CORA M. AND EDWARD VAN
LIERE AWARD

Dr. Van Liere was a graduate of the
University of Wisconsin in Medical
Sciences in 1918 and Dean Emeritus of
West Virginia Medical School. This
award is presented to the senior student
who achieved the highest scholastic
standing during the four years in
Medical School.

Amy C. Krohn

Residency:
UW Hospital and Clinics
in Psychiatry

THE HARRY A. WAISMAN
MEMORIAL AWARD

Dr. Waisman was a graduate of the
University of Wisconsin Medical School
and Professor of Pediatrics from 1958 to
1971. This award was established by
family and friends in his memory and is
granted annually to the senior medical
student who has demonstrated the
greatest talent in his or her studies of
health problems of children.

Catherine A. Nobis

Residency:
University of Washington
Affiliated Hospitals
in Pediatrics

WISCONSIN SOCIETY OF
PATHOLOGISTS AWARD
In recognition of demonstrated excel-
lence in clinical or anatomic pathology.

Robert A. Murray

Residency:
Cleveland Clinic Foundation
in Radiology

DONALD F. WORDEN MEMORIAL
SCHOLARSHIP

This award was established by the Class
of 1980 to honor the memory of a class-
mate, Donald F. Worden, who is fondly
remembered by classmates, faculty and
staff as a truly exceptional person in his
concern for the welfare of others. It is
given to a fourth year student in recog-
nition of demonstrated devotion to the care
and comfort of fellow human beings, both
in patient care and other activities.

Dorothy M. Delisle

Residency:
Strong Memorial Hospital
in Pediatrics

THE GIBBS ZAUFT AWARD

This award was established by Dr. C. E.
Schorer to commemorate Gibbs Zauft,
M.D., a general practitioner who gave an
exceptional amount of personal time and
care to Dr. Schorer's parents. It is given
to a graduating senior who has displayed
an exceptional concern for the comfort
and welfare of his or her patients.

Anne E. Wallace

Residency:
—Duluth Family Practice Center
in Family Practice

- Mary Jo Oyen**
- Michael A. Rater**
- David M. Roelke**
- Matthew R. Runde**
- Eric R. Scaife**
- Amanda J. Simsiman**
- Houman Tavaf-Motamen**
- Elizabeth L. Teigen**
- Elizabeth R. Tomar**
- Steven J. Vandenberg**
- Sharon M. Weber**
- Todd M. Williams**

**AWARDS TO THIRD YEAR
STUDENTS**

THE VINCENT RUSSO MEMORIAL
AWARD

Given by the Class of 1961 in memory of
Dr. Russo, a member of that class. It is
awarded to a third year student on the
basis of qualities of leadership and
character.

Shawn T. Sedgwick

THE DR. H. JAMES SALLACH
SCHOLARSHIP

Given by family and friends in memory
of Dr. Sallach, Professor of Physiological
Chemistry, to an outstanding third year
student interested in primary care.

David R. Rossmiller

THE UNIVERSITY LEAGUE
SCHOLARSHIP

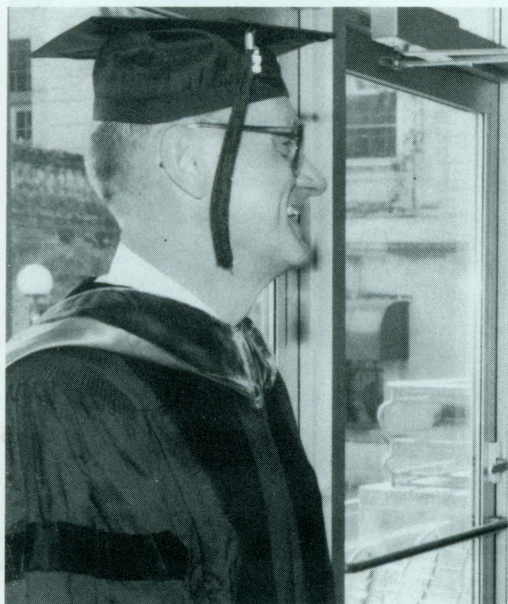
This scholarship is provided by the
University League and is given each
year to a student who has been a leader
among his or her classmates.

Kristine E. Flowers

THE RALPH M. WATERS MEDICAL
SCHOLARSHIP

This award is provided by the Class of
1945 in honor of Dr. Waters, Professor of
Anesthesiology from 1926 to 1949. It is
presented to third year students based
upon merit, ability and scholarship.

Howard D. Hoerl
Nikhil S. Wagle



ALPHA OMEGA ALPHA
Class of 1993

- Nicholas N. Armstrong**
- Jan H. Brekke**
- Mark R. Brumm**
- Timothy N. Christiansen**
- Bruce R. Douglas**
- David C. Goodspeed**
- Karen E. Hansen**
- Michael E. Jach**
- Amy C. Krohn**
- Thomas E. Leow, Jr.**
- David P. Lucke**
- Jeffrey A. Marcus**
- Karen A. McDonough**
- Robert A. Murray**
- Catherine A. Nobis**

THE EVAN AND MARION HELFAER SCHOLARSHIPS

It was the desire of Mr. and Mrs. Helfaer to reward academic achievement and assist in the further education of medical students. Mr. Helfaer was a native of Milwaukee and a graduate of the University of Wisconsin Class of 1920 in Chemistry.

Julie C. Dohr
Tracy L. Gallagher
Joan M. Neuner
John S. Oghalai
Brett S. Whyte

THE LEWIS E. AND EDITH PHILLIPS AWARDS

Awards are provided annually to help support the continuing education of students who have demonstrated outstanding achievement. Mr. Phillips was a native of Eau Claire and a generous benefactor of the University and its medical school.

Paul E. Koch
Sarah E. Lucken
Anne E. Rosin
Traci L. Skaleski
Kristen L. Traun

AWARDS TO FIRST AND SECOND YEAR STUDENTS

THE D. MURRAY ANGEVINE PATHOLOGY AWARD

Given in recognition of outstanding achievement in Pathology by a medical

student at the end of the second year. The award memorializes Professor D. Murray Angevine who served many years as Pathology chairman beginning in 1945 and who also contributed significantly at the national level.

Sheryl L. Asplund

AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS AWARD

Awarded for academic excellence and promise.

Sarah J. Schiefelbein

CHARLES RUSSELL BARDEEN AWARD

Given by Medical Alumni in honor of Dr. Bardeen, Professor of Anatomy and first Dean of the Medical School. Presented to the most outstanding student in anatomy.

Ryan A. Stanton

THE CIBA AWARD FOR OUTSTANDING COMMUNITY SERVICE

This award is provided by the CIBA/Geigy Corp. to recognize a second year student who has performed laudable extracurricular community service.

Maria T. Curet-Salim

THE CLASS OF 1953 SCHOLARSHIP

Given to a worthy and deserving student entering the second, third or fourth years. It was established by the Class of 1953 to recognize and assist dedicated medical students

Jennifer A. Goedken

HANSON FAMILY SCHOLARSHIP

The Maurice Hanson Family Scholarship was established by Elizabeth F., Fritz M., Peter G. Hanson, and Bela Hanson Block to be awarded to a second year medical student based on scholarship and financial need.

Eleanor S. Winston
Wade W. Woelfle

OTTO MORTENSEN SCHOLARSHIP

Awarded to a first year student for the most outstanding work in Gross Anatomy.

Mark S. Lang

RASEY MEDICAL SCHOLARSHIP

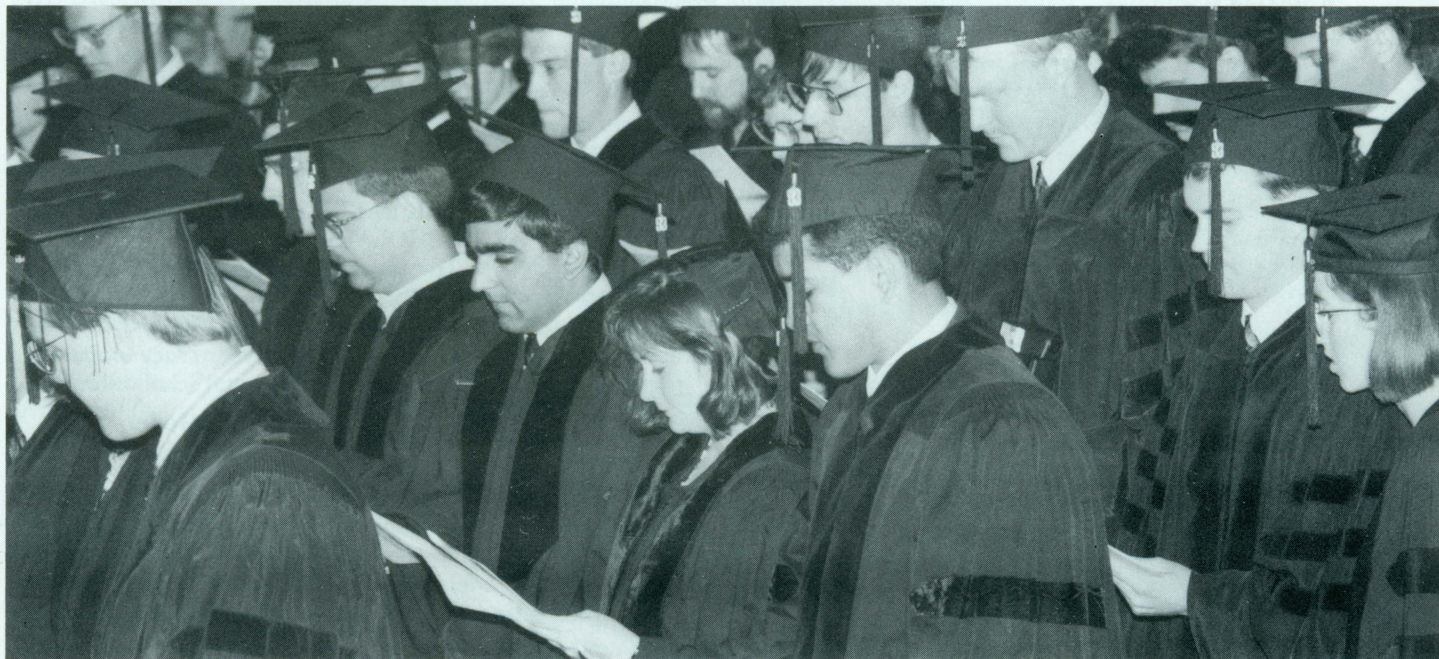
This award is made by the Wisconsin Farm Bureau Federation from funds provided in 1953 by a bequest from Edwin L. and M. Etta Rasey of Beloit. This scholarship is awarded annually to a second or third year medical student in recognition of academic excellence.

Eric T. Boie

THE YOUMANS AWARD IN MEDICAL PHYSIOLOGY

Provided by William B. Youmans, long-time chairman of the Department of Physiology who retired from the faculty in 1977. The award is given annually to the most outstanding student in medical physiology.

Brian M. Leonovicz
Ryan A. Stanton



GEORGE G. ROWE AWARD

Established by colleagues in honor of George G. Rowe, Professor of Medicine and Mentor of the Class of 1993, to recognize a second year student for academic excellence.

Robert J. Rilling

STUDENT LEADERSHIP AND SERVICE AWARDS

These awards are given by the Medical School in recognition of the many hours some students have devoted to medical school organizations and activities outside the classroom. In recognizing these few students, we wish also to thank publicly all students who have taken some of their time to serve on medical school committees and student organizations:

Med 1s

David L. McCorvey
Jacquelyn M. Paykel
Suzette E. Suniga-Brauch
Lambert A. Wu

Med 2s

Jason W. Hoppe
Vicki A. Jackson
Joseph A. Jaskolski
Bryant T. Karras
Julie L. Mitchell
Ants Palm-Leis
Courtney L. Scaife
Thomas J. Weigel

Med 3s

John A. Edwards
Evan K. Kanter

Med 4s

Bruce R. Douglas
Carolyn R. Nash
Jane E. Schauer

(These awards are provided courtesy of Lange Medical Publishers, McGraw Hill Book Company, Merck & Co., Ishiyaku EuroAmerica Inc., and the Medical School)

STUDENT RESEARCH AWARDS

THE DOROTHY AND CHARLES INBUSCH AWARD

This award is given to a medical student, a graduate student, or a junior faculty member for meritorious work in any phase of medical research.

Stephan D. Voss



THE JAMES M. PRICE AWARD

This award was established in recognition of the many contributions of Dr. James M. Price in the field of cancer research. It is given to a medical or graduate student for meritorious research in the general field of cancer.

Steven R. Wiley

AWARD FOR MEDICAL STUDENT RESEARCH ACCOMPLISHMENT

This award is given in recognition of noteworthy research conducted while a medical student.

Mary Jo Oyen

AMERICAN FEDERATION FOR CLINICAL RESEARCH AWARD

To recognize medical students who have performed significant scientific work or who show a strong potential for a career in academic medicine.

John M. Kock
Alexander M. Scharko

DISTINGUISHED TEACHING AWARDS

The student body selected the following individuals to receive distinguished teaching awards this year. Congratulations to all recipients!

DISTINGUISHED BASIC SCIENCE TEACHING AWARD

Dr. Larry D. Davis
Department of Physiology

DISTINGUISHED CLINICAL TEACHING AWARDS

Dr. Daniel D. Gilman
Department of Obstetrics & Gynecology
Sinai-Samaritan Hospital

Dr. John P. Kirchner
Department of Medicine
Marshfield Clinic

Dr. Barend P. Lotz
Department of Neurology
UW Hospital and Clinics

Dr. Young K. Lee
Department of Anesthesiology
Gunderson Clinic

OUTSTANDING RESIDENT TEACHING AWARD

Dr. Michael E. Sweet
Department of Surgery
UW Hospital and Clinics

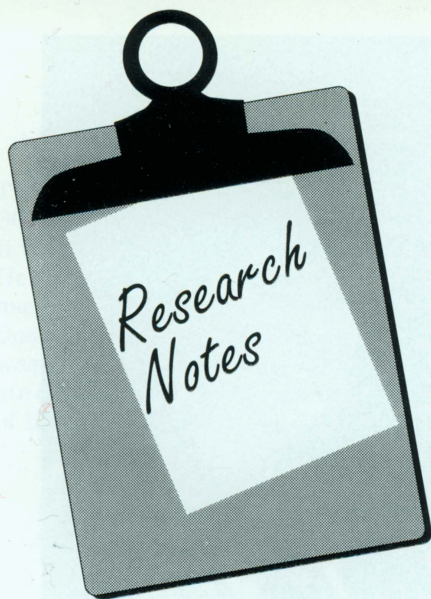
DEAN'S TEACHING AWARDS

Robert F. Barreras M.D.
Department of Medicine,

Paul J. Bertics Ph.D.
Department of Medicine

Sheldon D. Horowitz M.D.
Department of Pediatrics

Mary Ellen Peters M.D.
Department of Pediatrics Q



Pain Research Group Studies Laws and Regulations That Impede Treatment for Pain

Many health care professionals recognize that pain is often undertreated. Pain, they say, is an overlooked and low-priority public health issue.

In 1989 the University of Wisconsin Pain Research Group in the Department of Neurology started a policy studies program to investigate regulatory impediments to the appropriate use of controlled substances such as opioid analgesics like morphine in cancer pain management and to develop educational and policy responses to the issues that are identified. In the U.S., this involves analysis of laws, regulations and enforcement policies. For example, some state laws or their enforcement cause physicians to be overly cautious when prescribing controlled substances for fear of being investigated and losing their license.

The Pain Research Group has been involved for a number of years in laboratory studies and clinical trials of ways to improve pain assessment and management. It continues to assist with the development of the Wisconsin Cancer Pain Initiative. More than half of the states are developing similar initiatives of their own, patterned after the Wisconsin Initiative.

The Pain Research Group, which is a World Health Organization Collaborating Center, also works with health and regulatory authorities abroad to identify impediments to appropriate pain relief and to improve availability of opioid analgesics for cancer pain management. In early March, 1993, it hosted a delegation of health and

drug policy administrators from the People's Republic of China's Ministry of Public Health. The visit was part of an effort to evolve a bilateral agreement to develop a cancer pain relief program in China. In early June a delegation from the Pain Research Group and the WCPI visited China.

Professor of Neurology Charles Cleeland heads the group and David Joranson is Associate Director for Policy Studies.

Sigmoidoscopy Found To Be Powerful Screening Tool

From her study of the medical histories of 262 men and women enrolled in the Greater Marshfield Community Health Plan in Marshfield, Wisconsin between 1979 and 1988, Assistant Professor of Human Oncology Polly Newcomb concluded that colorectal cancer mortality may be significantly reduced through wider use of sigmoidoscopy. Her results showed that of the 66 people who died of colorectal cancer, only 10 percent had undergone screening sigmoidoscopy. Other screening methods evaluated in the study, including testing for blood in the stool and digital rectal examination, were not associated with a lower death rate from colorectal cancer. Her results were consistent with those reported in a larger study in California.

Such findings should prove beneficial if they are widely adopted. Newcomb said that sigmoidoscopy has not been widely used on asymptomatic persons, partly because of limited data supporting its effectiveness in reducing mortality.

Investigators from the Marshfield Clinic collaborated in the study.

Novel Use of Old Drug May Prevent Epilepsy

Associate Professor of Neurology Thomas Sutula and his neuroscience research team have found that phenobarbital, a drug used for more than 80 years to treat epilepsy, may actually block the development of epileptic seizures when used appropriately.

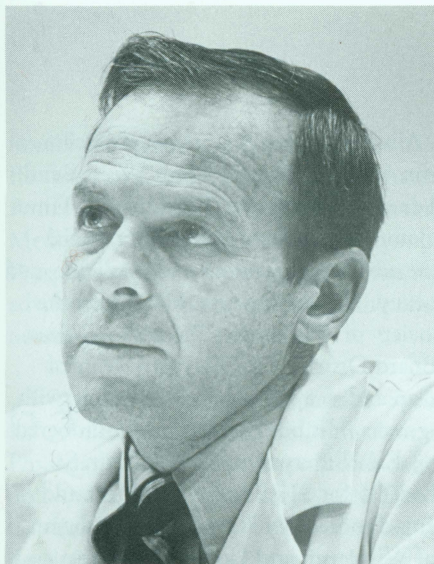
A few years ago, Sutula found that "kindling" seizures in rats, produced by brief electrical stimulation, produced changes in the arrangement of certain nerve cells in the brain. In rats that had acute seizures, many nerve cells died and others "sprouted;" that is, they made new fibers that connected more densely with other cells. The brain essentially rewired itself and seemed to become more susceptible to seizures. It appeared that seizures themselves might actually cause damage that could lead to further seizures—the seizures might be the cause as well as the result of seizure activity.

The more recent work of Sutula and colleagues was designed to discover whether the changed brain circuitry and its propensity to increase the risk of later epilepsy could be interrupted. They showed that giving brief high doses of phenobarbital to laboratory rats with acute seizures not only suppressed seizures but also markedly reduced the rats' risk of later developing epilepsy by kindling. The brains of the phenobarbital-treated rats were free of nerve damage in one part of the brain, the dentate gyrus, although there was extensive damage elsewhere. Perhaps the dentate gyrus is an important site in the development of epilepsy.

The researchers say their findings offer a new way to think about treatment and prevention; in the future a drug may be administered after a seizure to prevent the rewiring that leads to further seizures.

If human trials are considered, it will probably be well into the future because the doses of phenobarbital used in the laboratory experiments with rats might cause serious side effects in humans. Nonetheless, the research shows promise that a brief course of drug therapy might be effective in preventing long-term damage.

The work appears in the November, 1992 *Journal of Neuroscience*. **Q**



Donald Harkness

Harkness Leaves Post as Chair of Medicine

Professor of Medicine Donald Harkness is stepping down from his 13-year position as Chair of the Department of Medicine, the Medical School's largest and, with 16 sections, most academically diverse department.

During his tenure, he worked hard to attract top-notch faculty and increase the level of clinical and

basic science research grants. Grants from the National Institutes of Health grew from \$2 million to \$5.4 million, and pharmaceutical grants increased from \$1.2 to \$4.7 million. He was also instrumental in developing required clerkships in which third year medical students are exposed to primary care settings in hopes of attracting more students to primary care.

He will spend the next two years in Hiroshima, Japan, as a member of the Board of Directors of the Radiation Effects Research Foundation, formerly known as the Atomic Bomb Casualty Commission, which was formed in 1947 to follow approximately 120,000 people who had been exposed and non-exposed to radiation from the 1945 bombing of Hiroshima and Nagasaki. So far the Japanese and American researchers have found no evidence of an increased frequency in genetic disorders, which had been predicted by many. They have discovered an 8 percent incidence of cancer and, in particular of leukemia, attributed to radiation exposure.

The job will allow Harkness to apply his administrative skills in a different medical and scientific setting. And it will allow him to reacquaint himself with the Japanese culture, for he had attended high school in Japan when his father served as an advisor to General Douglas MacArthur.

Several other Medical School faculty members have also been affiliated with the Japanese-American research agency.

New Leadership in Department of Medicine

Jeffrey E. Grossman, Professor of Medicine and Medical Director of U.W. Hospital's Trauma and Life Support Center, has been named interim Chair of the Department of Medicine. He also directs the Hospital's Adult Critical Care Services and serves as Vice President of the Medical Staff.

Grossman came to the Medical School in 1975 for a residency in internal medicine followed by a fellowship in pulmonary and critical care medicine. He joined the faculty in 1980.

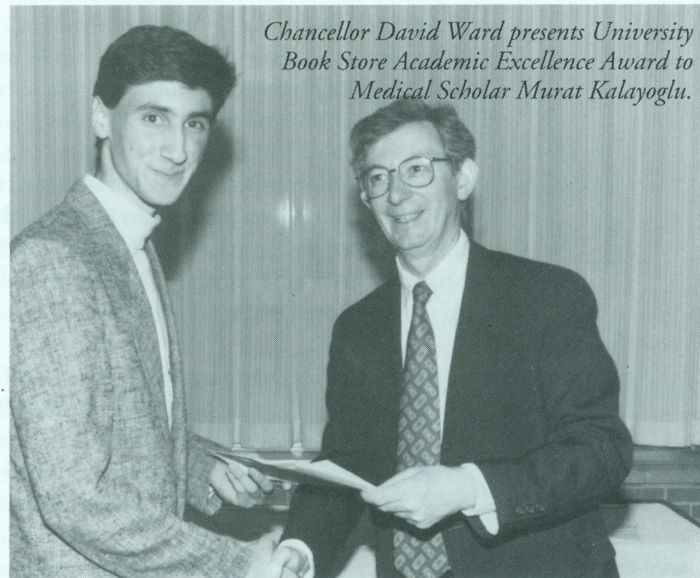
Chair of Psychiatry Ned Kalin will head a search and screen committee to advise Dean Marton of candidates to replace retiring Chair of Medicine Donald Harkness.



Harold Rusch

Rusch Memorial Lecturer Discusses Tamoxifen

Consultant Medical Oncologist Trevor J. Powles from the Royal Marsden Hospital in Surrey, England delivered a Rusch Memorial Lecture, "Tamoxifen for the Prevention of Breast Cancer" during Medical Grand Rounds on April 16. The lecture honors the late Harold Rusch, who founded the McArdle Institute for Cancer Research and the Comprehensive Cancer Center.



Chancellor David Ward presents University Book Store Academic Excellence Award to Medical Scholar Murat Kalayoglu.

Medical Scholar Receives University Book Store Academic Excellence Award

Medical Scholar Murat V. Kalayoglu, a University of Wisconsin undergraduate, has received a \$1,000 grant from the University Book Store for excellence in independent study. He worked in the laboratory of Gerald I. Byrne, Professor of Medical Microbiology and Immunology, on the effects of Chlamydia on Class II MHC gene expression.

Medical scholars are outstanding students chosen among graduating Wisconsin high school students, who are provisionally accepted to the Medical School. As they attend the UW-Madison for undergraduate study, they are encouraged to pursue interests beyond the sciences, and they participate in selected Medical School activities. **Q**

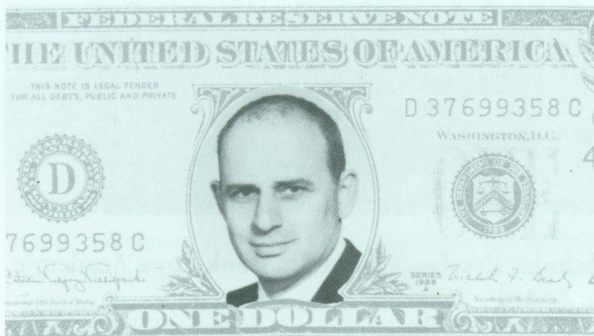


David G. Welton

35 David Goe Welton has retired after 53 years of practice in Charlotte, North Carolina. He served as President of the Mecklenburg County Medical Society, the North Carolina Medical Society and the Southeastern Dermatology Association, and he was a member of the AMA's House of Delegates for 15 years as well as Chair of the North Carolina Delegation. His career in music has been equally notable. Since 1980 he has been writing, performing and recording programs of old popular music and Broadway musicals for senior citizens. While a student at Central High, under the direction of

Professor Ed Gordon he played piano to accompany singing at the Madison Rotary Club; for 50 years he served as pianist for the Rotary Club of Charlotte and for 32 years as pianist in the orchestra of the Men's Bible Class of the Myers Park Presbyterian Church. He also wrote the scores for three productions of the Haresfoot Club while a U.W. student.

39 The Wisconsin Medical Alumni Association will be starting a new program to celebrate the 55th anniversary reunion. In 1994, the Class of 1939 will be the first to observe this category. Already several '39ers have shown interest in the reunion.



Earle Rotter,
Phi DE's own
Milwaukee buck

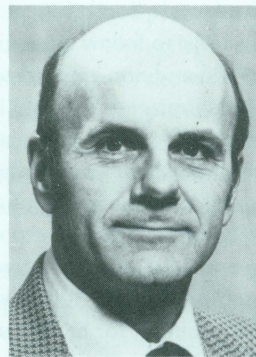
42 Earle Rotter recently was extolled by the medical fraternity Phi Delta Epsilon and featured in its Journal for his actions in pulling a "dying organization from the darkness of

despair toward the light of hope." He received Phi D E's Distinguished Service Award in Dallas. He has been National President of the fraternity, President of the Board of Trustees, and, most recently, Executive Director—in spite of health stresses to himself and his wife Fern.

43 Lynn Johnsen has retired from her practice in Internal Medicine. She lives in Fayetteville, North Carolina.

47 James E. Albrecht, a family practice physician at the Jackson office of General Clinic, West Bend, WI, has penned an autobiography, "The Life and Times of a Country Doctor," about farming, poverty, social changes, faith, the advance of farming and medicine, and the decline of society. He also was recently named the State Medical Society of Wisconsin's Physician-Citizen of the Year for Board District 1 for his many years of work as a physician and as a social activist working with alcohol and drug users. His book, signed and numbered, is available from J.E.A. Enterprises, 137 N. Main St., West Bend, WI 53095 for \$17.95 plus \$0.90 tax and \$2.50 for shipping. Proceeds will be given to Lutheran Social Services of Wisconsin and Upper Michigan.

50 The Pensacola Christian College in Pensacola, Florida, has named its health center to honor George P. Graf, who has been associated with the school since its early years, when he donated his time to seeing students and staff as patients on campus. After leaving Pensacola for several years and then returning in the spring of 1992, George became PCC's consulting physician. He also advises nursing and premed students.



D.J. Freeman

52 D.J. Freeman sent his regrets that he could not attend Medical Alumni Day because he and his wife left for England on May 8 for a 20-day walk from the west coast to the east coast of the island.

60 Richard W. Edwards, one of the founding members of the Richfield (WI) Medical Center, received two of the highest awards from the State Medical Society of Wisconsin, the Meritorious Service Award and the Directors Award. He has served as Assistant Clinical Professor in the Department of Family Medicine since 1981 and taught in the UW School of Nursing post graduate program from 1977 to 1980.

61 James R. Kimmey has been appointed Vice President for Health Sciences and Chief Executive Officer of the St. Louis University Health Sciences Center in St. Louis, Missouri. He is responsible for both academic and management activities of the University's Schools of Medicine, Nursing, Allied Health Professions, and Public Health, and for the health care programs of the St. Louis University Hospital. The

founding Dean of the School of Public Health, he is Professor of Community Health in that School and Professor of Community Medicine in the School of Medicine. Currently he serves as a member of the Prospective Payment Assessment Commission, which advises the U.S. Congress on health policy and reimbursement issues.

63 Reno cardiologist **Donald A. Spring** has been elected to Fellowship in the American College of Physicians. Clinical Assistant Professor at the University of Nevada, Reno, he practices with Sierra Nevada Cardiology Associates. He also directed the creation and development of Sierra Heart Institute and serves as its Medical Director. He is credited with bringing angioplasty to the Reno area. After leaving the Medical School, he trained at Virginia Mason Hospital in Seattle, the Mayo Graduate School of Medicine, and the U.W.

66 **Jeffrey Thomas**, an orthopaedic surgeon with the Janesville (WI) Medical Center for the past 20 years, was among 10 candidates who tried to fill the congressional seat vacated earlier in the year by Les Aspin. No newcomer to politics, he was elected to the Janesville City Council last year after logging 12 years on the Janesville School Board.

68 Diagnostic Radiologist **David E. Enerson**, who was a resident in radiology at the U.W., was elected President of the Medical Staff at St. Michael's Hospital. He is Past President of the Wisconsin Radiology Society and a Fellow of the American College of Radiology. David and wife Pam, who live in Stevens Point, have three sons.

David C. Riese is the 1993 President of the Medical Staff at St. Clare Hospital in Monroe, Wisconsin.

72 **Maury Berger**, Clinical Assistant Professor of Medicine, has joined Mercy Hospital Medical Staff as its new medical oncologist/hematologist. He completed a residency at the U.W. Mount Sinai Medical Center in Milwaukee, a fellowship in medical oncology at U.W.-Madison, a fellowship in hematology-oncology at Medical College of Wisconsin and another at Cook County Hospital in Chicago.

74 **James E. Casanova**, a resident of Brookfield, has been appointed medical director of quality and utilization management at the Medical College of Wisconsin. He assists in the development and implementation of managed care policies for the College. He joined its faculty in 1986 after 10 years in private practice.

75 **John E. Laabs** of Appleton, Wisconsin, received the degree of Master of Public Health from the Medical College of Wisconsin through its Academic Program in Occupational Medicine in which physicians, using an international computer link to communicate with the Milwaukee campus, can complete degree requirements in three years without leaving home. John, father of three children, is Director of the Clinical Research Center at Kimberly Clark Corporation, Appleton.

76 **Michael J. Steinnon**, along with his brother **O. Arthur Steinnon**, a graduate of the Medical College of Wisconsin, are providing radiological services at North Shore Radiology located in Ripon (Wisconsin) Memorial Hospital. The group provides consulting services to small and medium-sized hospitals. Michael interned at Ramsey County Hospital in St. Paul and served his residency at the University of Minnesota.

77 **Terrence W. Frank** has joined the practice of Roy J. Dunlop II, working in both Stevens Point and Wisconsin Rapids. He is a former Assistant Professor of Head and Neck Surgery at the U.W. Medical School.

78 **Thomas R. Perry** joined the Monroe (Wisconsin) Clinic and St. Clare Hospital. He completed a residency in neurology at Indiana University and served as flight surgeon with the U.S. Air Force.

Alan D. Strobusch, a family physician and current President of the Wisconsin Academy of Family Physicians, has joined Waupaca Family Medicine Associates. Prior to this move, he practiced in New London for nine years.

81 **Arnold J. Krubsack** has begun duties as Medicare Medical Director for Wisconsin Physicians Service. He served residencies in both family practice and nuclear medicine, and earned his PhD in organic chemistry from Stanford University. He was on the faculty at Ohio State University and the University of Southern Mississippi, and has been a research fellow at Harvard and the Swiss Federal Institute of Technology in Zurich.

82 **Donald B. Kohn**, Assistant Professor of Pediatrics and Microbiology at the University of Southern California School of Medicine and Director of the Gene Therapy Program at Children's Hospital Los Angeles, directed the first instance of a gene transfer into the umbilical blood cells of a newborn baby boy, who had been diag-



Donald Kohn

nosed in utero with a form of severe combined immunodeficiency ("bubble baby disease"). The researchers removed the hematopoietic stem cells from the umbilical cord blood, purified them, and infected them for three consecutive days with a virus containing a normal gene for adenosine deaminase (ADA), whose absence stops the body from making white blood cells to fight infection. On the fourth day the baby received back the treated, corrected cells.

The baby is currently healthy but will remain in protective isolation for three to six months. If the experiment is successful, it will form the basis to correct certain genetic defects at birth

and prevent the severe problems that follow.

Don received residency training in pediatrics at the U.W. from 1982-1985 and served an immunology fellowship with R. Michael Blaese at NCI. Blaese performed the first gene therapy for ADA deficiency, in older children, in 1990.

84 Ronnye D. Purvis has established a practice in obstetrics and gynecology in Meridian, Mississippi, where he is on the Board of Directors of the American Cancer Society, the Meridian Symphony Orchestra and the MCC Foundation. He interned at Mt. Sinai Medical Center, Milwaukee and served as Chief Resident at Mercy Hospital and Medical Center (Illinois) in OB/GYN. He also received certification as a sexual dysfunction therapist from Loyola University, Chicago. He is married with one daughter.

Gregory J. Schmeling has joined the Department of Orthopaedic Surgery at the Medical College of Wisconsin. He served his orthopaedic residency at the Medical College of Wisconsin, completed a fellowship in orthopaedic traumatology at the University of South Florida, and served as an International AO/ASIF fellow in Germany and Switzerland. He served on the orthopaedic faculty at the Loyola University Medical Center for two years.

85 Ron Myers, founder of the Health Center in Tchula, Mississippi, continues to receive honors and awards from around the country for his work with poor patients. Recently, John O. Norquist, Mayor of Milwaukee, proclaimed May 8, 1993, to be Ron Myers Day in conjunction with his being honored by the Cream City Wisconsin Chapter of The Links at its first

Annual Civic Luncheon on May 8. With help from his wife Sylvia, he has reopened his clinic for one day a week after he had been sidelined with illness.

86 Mark Hallet, who rowed for Wisconsin from 1980 to 1983, the year he was team captain, studied family medicine in St. Paul and then served a primary care sports medicine fellowship in Cleveland. He recently returned to Wisconsin to join a family practice and head a sports medicine department in Appleton.

Edwin M. Overholt, an otolaryngologist and head and neck surgeon, joined the Gunderson Clinic, LaCrosse, Wisconsin in 1992 after finishing residencies at the University of Washington in Seattle.

Scott D. Weber, until recently Major in the U.S. Army Medical Corps, received the U.S. Army Meritorious Service Medal for distinguished service as a Family Practice Physician and Health Clinic Commander, serving over the past seven years in Tacoma, WA, Stuttgart and Heidelberg, Germany and Monterey, California. He left the Army in June and will join Group Health Inc. of Minneapolis this August in the Apple Valley Medical Center.

Donald J. De Behnke, Assistant Professor of Emergency Medicine at the Medical College of Wisconsin and an attending physician at the Milwaukee County Medical Complex Emergency Department and Trauma Center, received the Emergency Medicine Foundation Career Development Award for his study of new drug regimens for cardiac arrest victims.

90 Philip D. Mercado is a third year resident in general surgery at the Kaiser-Permanente Medical Center, Los Angeles. Recently he was accepted into the Cardiovascular-Thoracic Surgery Training Program at Rush-Presbyterian-St. Luke's Medical Center in Chicago, to begin in July of 1995.

Other

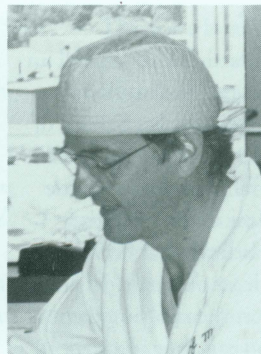
Emeritus Professor of Surgery (Urology) **Paul Madsen** recently was knighted by Queen Margrethe II of Denmark for his training numerous Danish physicians while at the U.W. He also had initiated a teaching course in surgery at the University of Copenhagen. He was Chief of Urology at the Middleton VA Hospital and Medical School Professor for 30 years before his retirement in 1990. **Q**



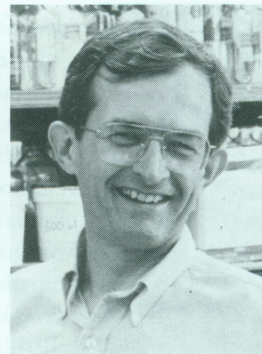
Leonard I. Stein



Matthew D. Davis



Thomas Duff



James E. Dahlberg



Edward H. Lanphier

Professor of Psychiatry and Faculty Mentor **Leonard I. Stein** has received the Arthur P. Noyes Award for 1993. The prize, which carries an honorarium of \$3,000, is presented to an outstanding contributor to the understanding and/or treatment of schizophrenia. The selection committee for the award is comprised of the chairs of the nine academic psychiatry departments in Pennsylvania and the Deputy Secretary for Mental Health of the Commonwealth of Pennsylvania.

The Epilepsy Foundation of America has awarded \$30,000 grants to Assistant Professors Neurology **William W. Lytton** and **Kenneth J. Mack**. Lytton will conduct research on "Computer Models of the Effect of Ethosuximide on Thalamic Cells," and Mack will research the question, "Do Differences Exist Between the Effects of Seizures and Physiological Activity on the Transcription of Neuronal Genes?"

On May 24 **Dean Laurence J. Marton** received an Honorary Degree from Yeshiva University during its 62nd Annual Commencement.

The American Academy of Otolaryngology-Head and Neck Surgery recently presented Professor of Otolaryngology **Charles N. Ford Jr.** with its Honor Award.

Stanley Inhorn, Professor of Pathology and Preventive Medicine and Director of the Wisconsin State Laboratory of Hygiene, has been appointed to the Clinical Laboratory Improvement Advisory Committee of the Centers for Disease Control.

Steven C. Port has been named Professor (CHS) of Medicine (Cardiology). He is an invasive cardiologist and director of Nuclear Cardiology in the Cardiovascular Disease Section at Sinai Samaritan Medical Center in Milwaukee.

Professor of Ophthalmology **Matthew D. Davis** has been appointed to the Peter A. Duehr Chair in Ophthalmology.

Thomas Duff, Professor of Neurological Surgery, was elected to the Society of Neurological Surgeons at its 73rd Annual Meeting held in San Diego recently. The Society is the oldest and most

prestigious Neurological Society in the world. Duff is the 4th Neurosurgeon from the State of Wisconsin to be included in the Society.

Professor of Pediatrics **Michael J. MacDonald** was honored by the Juvenile Diabetes Foundation (JDF) for his 25-plus years of work in the field of diabetes research. He received the first annual Juvenile Diabetes Foundation Career Development Award in the 1970s and since has received several JDF grant awards.

James E. Dahlberg, Professor of Biomolecular Chemistry, was elected a Fellow of the American Academy of Arts and Sciences at its 213th Annual Meeting in Cambridge, Massachusetts.

The Wisconsin Medical Alumni Association gave Faculty Distinguished Teaching Awards to Professor of Physiology **Larry D. Davis**; Assistant Professor of Neurology **Barend P. Lotz**; Clinical Professor of Medicine **John P. Kirchner** (Marshfield); Clinical Assistant Professor of OB-GYN **Daniel Gilman** (Mt. Sinai); and Clinical Assistant Professor of

Anesthesiology **Young K. Lee** (LaCrosse). **Michael E. Sweet**, Post-Graduate Trainee in Surgery, received the Resident Teaching Award.

Charles G. Matthews, Professor of Neurology and Director of the Neuropsychology Lab, recently received the American Psychological Association's Distinguished Contribution to Education and Training in Psychology Award.

Edward H. Lanphier, Senior Scientist in Preventive Medicine and Assistant Director for Biomedical Research at BIOTRON, authored an updated section on medical aspects of diving and work in compressed air. It appears in the recently published 16th edition of The Merck Manual of Diagnosis and Therapy. **Q**

Our Readers Write



Robert G. Parker

Dear Dr. Falk:

Your recent article overlooked an outstanding medical student-athlete. George Fuchs, School of Medicine 1948, played quarterback on offense and strong side linebacker on defense for the Badgers. I believe that he was captain at least one year. In addition, he won the shotput event at the Big Ten outdoor track meet one year.

George had an unusual career. He played tackle for three years at Miami of Ohio under Paul Brown and another year at the Great Lakes Naval Training Station under Paul Brown. Then, after three seasons at the University of

Wisconsin, he was contacted by the University of Miami claiming that his college eligibility hadn't been exhausted because of "wartime regulations!"

*Sincerely,
Robert G. Parker, M.D.*

Dear Victor:

It was quite a revelation to me that so many Med School grads had been so active in collegiate sports, besides trying to get good grades. That dual task made for many very full days!

You might add my name to your list-perhaps they're pouring in now. I played Freshman football at Marquette, was drafted, then quarterbacked an Air Corps team on Okinawa into the first Rice Bowl game in Tokyo on January 1, 1947. We had several good college players from Wisconsin (Hanley?), Missouri and North Carolina, if my memory serves me correctly, and our coach was Jules Alphonse, all-American half-back from Minnesota. Later I played football for three years and track for four years at Elmhurst College in Illinois. Once again, many long, full and exhausting days, but well worth the effort.

*Sincerely,
Warren Fieber '55*

Dear Dr. Falk:

I was interested in the short article on "More Medical School Athletes" in the spring, 1993 WMA magazine quarterly.

As a graduate of the 1971 University of Wisconsin Medical School class, I am aware of two members of that class that played varsity college football. James Long, M.D., who is an ophthalmologist in Wisconsin, played for the University of Minnesota prior to

entering medical school. I also played varsity football for the University of Virginia from 1963-1967 as a tight end, then eventually offensive guard.

I hope your list continues to grow, and I find it an interesting collection that will be followed with some interest.

As a sidelight to your interest in medical school athletes, the University of Virginia recruited 21 scholarship players in 1963 (known that year as the "21 jewels"). Out of those 21 recruits, 5 members entered and finished medical school (one was a non-scholarship walkon) at Wisconsin, UVA, Harvard, Georgia and Magill University. Ironically, three of those physicians have joined together in practice in Huntingdon, Pennsylvania.

I was also interested in seeing that Wisconsin has acquired an excellent director of student health services, Richard P. Keeling, M.D. I remember Rich as a bright, energetic resident at UVA when I was doing my residency and fellowship. He is an excellent physician and certainly will be an asset to the University of Wisconsin. I also remember Dr. Kabler very well since he was the first physician to diagnose my "cluster of migraine headaches" when I first arrived in medical school. I feel certain that Dr. Kabler has served the University of Wisconsin in an exemplary manner and is being replaced by a very capable physician.

*Yours truly,
Bruce L. Thomas, M.D., FACP*

Dear Mr. Griffith and Academic Awards Committee Members:

Thank you for selecting me as the recipient of the Award For Medical Student Research Accomplishment. I had the privilege of presenting my research at the 1993 ARVO Convention. A manuscript will be submitted for publication at a later date. Receiving this award is an honor and bolsters my confidence.

The following information is a brief description of my background. I am a lifetime Wisconsin resident. In 1978, I graduated from Platteville High School. I graduated from UW-Platteville in May of 1982 with a Bachelor of Science degree in Mechanical Engineering. For the next six years, I worked as a Project Engineer, Team Manager, and Maintenance Supervisor while completing the remaining prerequisites for medical school at UW-Green Bay. I have been married for fourteen years and have four children.

I entered the UW-Medical School in the fall of 1988 and graduated this May. I am currently working as an intern in the Internal Medicine Department at the University of Wisconsin Hospital and Clinics

(UWHC). I will begin my residency in ophthalmology at UWHC in July of '94.

A difficult aspect of medical school has been the financial burden placed on my family. Receiving your award eases this financial burden.

*Thank you,
Mary Jo Oyen, M.D.*

Dear Dr. Falk:

I enjoyed your article in the Winter, '93 issue on Medical School Athletes. I never would have classified myself as an athlete (especially looking in the mirror currently!) but your mention of one cheerleader reminded me that indeed, according to that definition, I qualify. Following are details.

Upon entry to the University in Madison in September, 1942, in pre-med, I tried out for cheerleading, having been a cheerleader at Shorewood High School in my senior year. By some fluke I made it and there were five of us erstwhile enthusiasts. That year we had much to be enthusiastic about! Hirsch, Harder, Schreiner, Fred Negus, Ken Currier, Evan Vogts, Bob Bauman, etc., made up one hell of a football team. Next year it was a bit tougher...all of the above disappeared, either to Michigan in the V-12 program or directly into the service. By the way, Johnny Kotz was in his senior year and gave us a bit to cheer about in basketball and Johnny Walsh's boxers were always worth a yell. By 1943, the ranks of the cheerleaders were depleted and there were only three of us: "Pepper" Martin, Eddie Daub and I. By 1944, Eddie and I were the "team" and remained so until after the war in the autumn of 1945. By April, 1944, I had begun med school and thus, was a cheerleader until I graduated in May, 1947.

I shall never forget my first interview with the newly returned dean, one William S. Middleton, M.D., in the little deans' office building off University Avenue. He had returned in 1945 and interviewed everyone in our class, and probably all of the others as well, of that I am not certain. What happened to me was the following: I stood in line on the stairs leading up to his office. When I entered he was already pondering my transcript. (Not outstanding, I might add.) There followed a succinct summary by Dr. Middleton of my strengths and weaknesses. Then, that unforgettable face looked up and those piercing eyes burned into mine and he asked, "Baum, what do you do in your spare time?" My answer, "I am a cheerleader, sir." His reaction, "A what!!! I swore if I ever had a son who was one of those I would kill him! Are you any good?" he asked. "I don't know, sir, I think so." "Baum, I'm going to be at the game Saturday and if you aren't any good you're going to have to quit....Is that CLEAR?!!!" Boy, was that clear! P.S., I didn't have to quit.

There are lots of other stories, but I thought that this might be of some interest. In any case, I got my "W" which I have treasured even though I heard the following conversation shortly after donning the letter sweater for the first time. I was walking proudly on State street after having been in Rennebohm's drug store on State and Lake and I heard a couple of elderly bystanders speaking about athletics at the University of Wisconsin during the war. They spotted me strutting nearby and one said to the other, "There, you see who they are giving letters to these days. Now tell me that UW athletics hasn't been destroyed by the war!"

You are doing a fantastic job with the *Quarterly*. Keep it up. Best wishes to Sig Sivertson. He and I have a date for our 50th reunion in May, 1997.

*Warmest regards,
Gerald L. Baum, M.D.
Class of 1947*

Dear Dr. Falk:

This is in response to your recent column on medical school athletes. I don't totally understand your qualifications for mention in the article, but a few athletes do come to mind that were not in your column. The first was Tony Curreri, who apparently boxed in undergraduate as well as medical school. Kenneth Sachtjen completed his orthopedic residency in 1961, and he played football for the University of Wisconsin during his undergraduate years. I think he went to medical school here as well, but I cannot verify that in our file. Malcolm Snider is a graduate of the orthopedic residency here, and he has played six years in the NFL; three with Green Bay and three with Atlanta. Best wishes.

*Sincerely,
Andrew A. McBeath, M.D.*

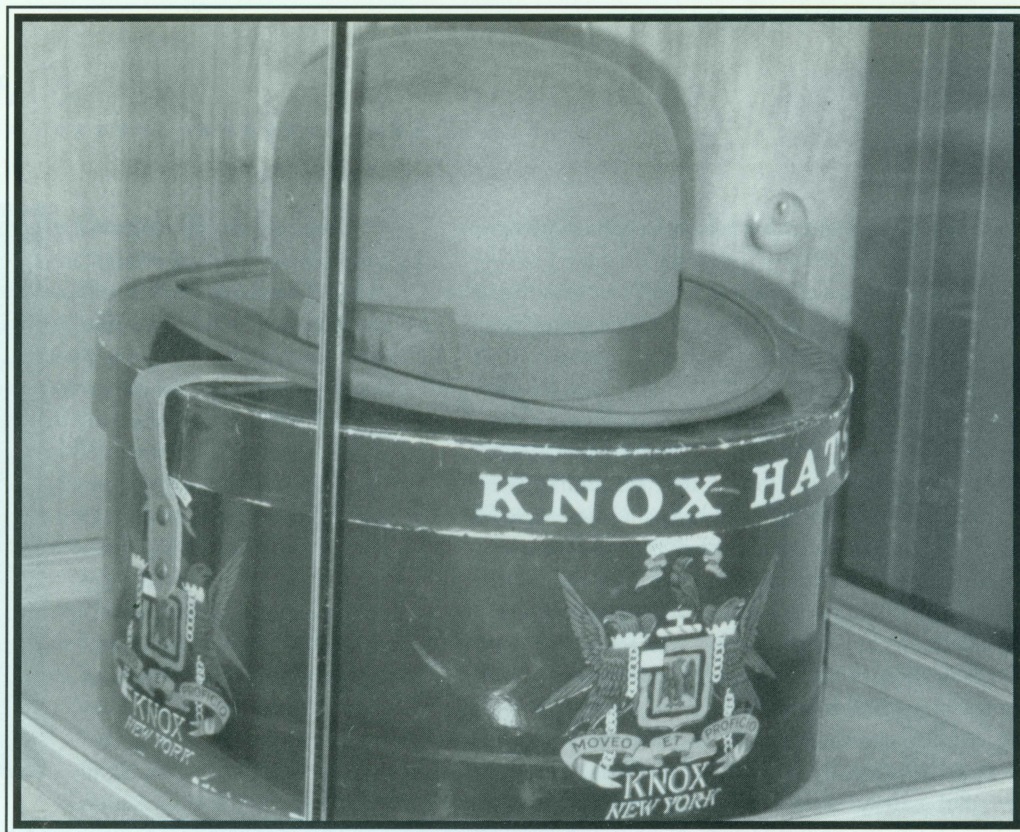
Dear Carl (Olson),

Thank you for the lovely Middleton Society Certificate. It's a pleasure to be able to contribute in some way to my Alma Mater. Wisconsin is a wonderful medical school, which has trained me in my beloved profession, and which I appreciate the more I see the atmosphere in which other schools function!

I was delighted by the invitation to join all of you at the Governor's Mansion on May 13th, but unfortunately must decline. The date is very close to the American Psychiatric Association and the American Psychoanalytic Association meetings in California to which I will be traveling. Please do keep me informed of future events, however, because one of these days I'll show up!

*Warm personal regards,
Eric R. Marcus, M.D.*

The famous brown derby, presented to Dean William S. Middleton by New York Governor Alfred E. Smith in 1938, has finally found a permanent resting place on the third floor of the Middleton Health Sciences Library. The Class of 1939 provided the display case.



COMING EVENTS

October 9, 1993

Homecoming

Union South

UW-Madison vs Northwestern

Madison, WI

October 10, 1993

Wisconsin Reception

American Society of Anesthesiologists

Washington, D.C.

Time and place to be announced

November 1, 1993

American Academy of Pediatrics

Wisconsin Reception

Washington, D.C.

Time and place to be announced

February 13, 1994

Milwaukee Winter Meeting

Sheraton, Milwaukee

March 20, 1994

Spring Meeting

Stevens Point

Time and place to be announced

May 20, 1994

Medical Alumni Day

Madison, WI

CONTINUING MEDICAL EDUCATION

Electrophysiology

Conference

September 30-October 2

Boston Vista, Boston

Nuclear Cardiology

Symposium

October 6-8

Grand Hotel, Milwaukee

Seminars in Pediatrics

October 8-10

University of Wisconsin

Hospital and Clinics,

Madison

Mammography: Update 1993

October 14-15

Holiday Inn West, Madison

Psychiatry Conference,

October 29-30

Holiday Inn East Towne,

Madison

Infectious Diseases

Update-1993

November 18-20

Holiday Inn West

New Therapeutics Conference

January 16-19, 1994

Telemark Lodge, Cable, WI

Orthopedics in Primary Care

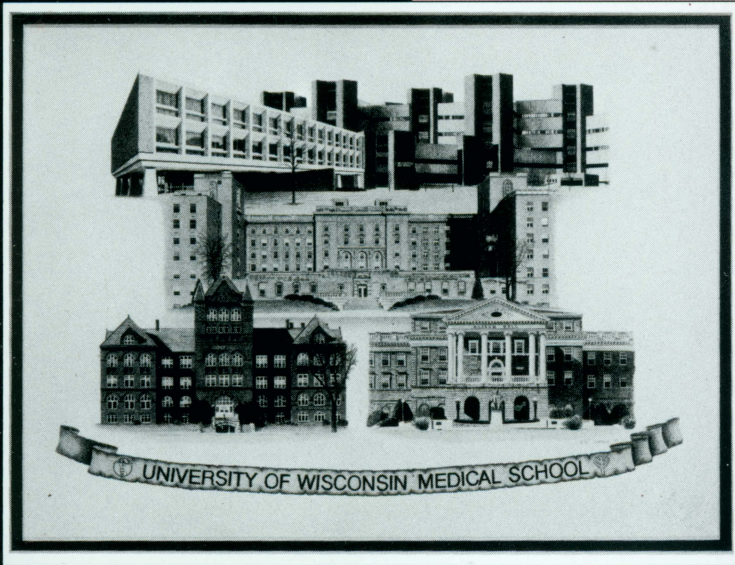
February 18-19, 1994

Holiday Inn West, Madison

All conferences qualify for AMA Category I credit. For more information, please contact Cathy Means, Continuing Medical Education, 2715 Marshall Court, Madison, Wisconsin 53705 or phone (608) 263-6637.

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University of Wisconsin Medical School Diploma Holder
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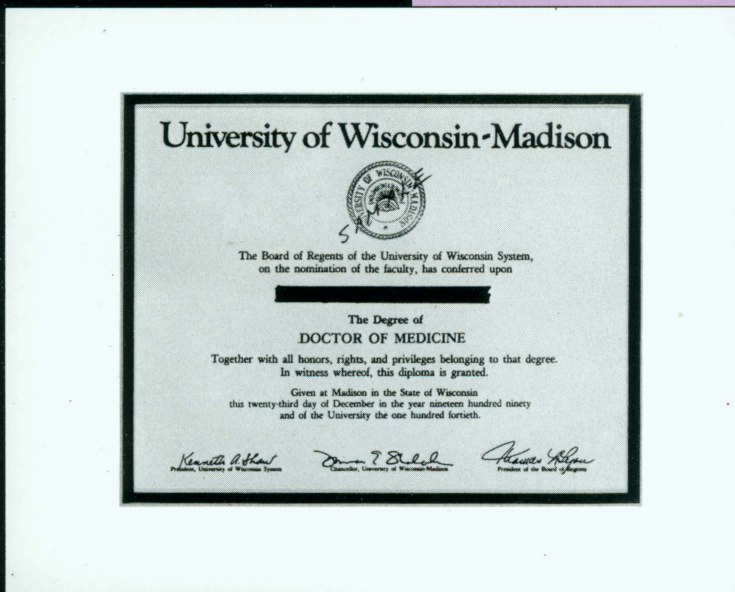
The proceeds from your purchase help support the various Wisconsin Medical Alumni Association programs.

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For those who care to give the very best

join the Middleton Society



The Society was formed in 1989 to recognize alumni, faculty and friends who contribute a one-time gift of \$10,000 or \$1,000 a year over a ten-year period to support the Medical School. Funds can be allocated for student loan funds, general use, or other Medical School Programs.

I am interested in receiving more information about the Middleton Society

Name _____

Address _____

Please mail to

Wisconsin Medical Alumni Association
1300 University Ave.
Madison, WI 53706

or phone WMAA Executive Director James Griffith at (608)263-4915, FAX (608)262-2327