Wisconsin Medical Alumni
Quarterly
volume 27—number four—fall 1987

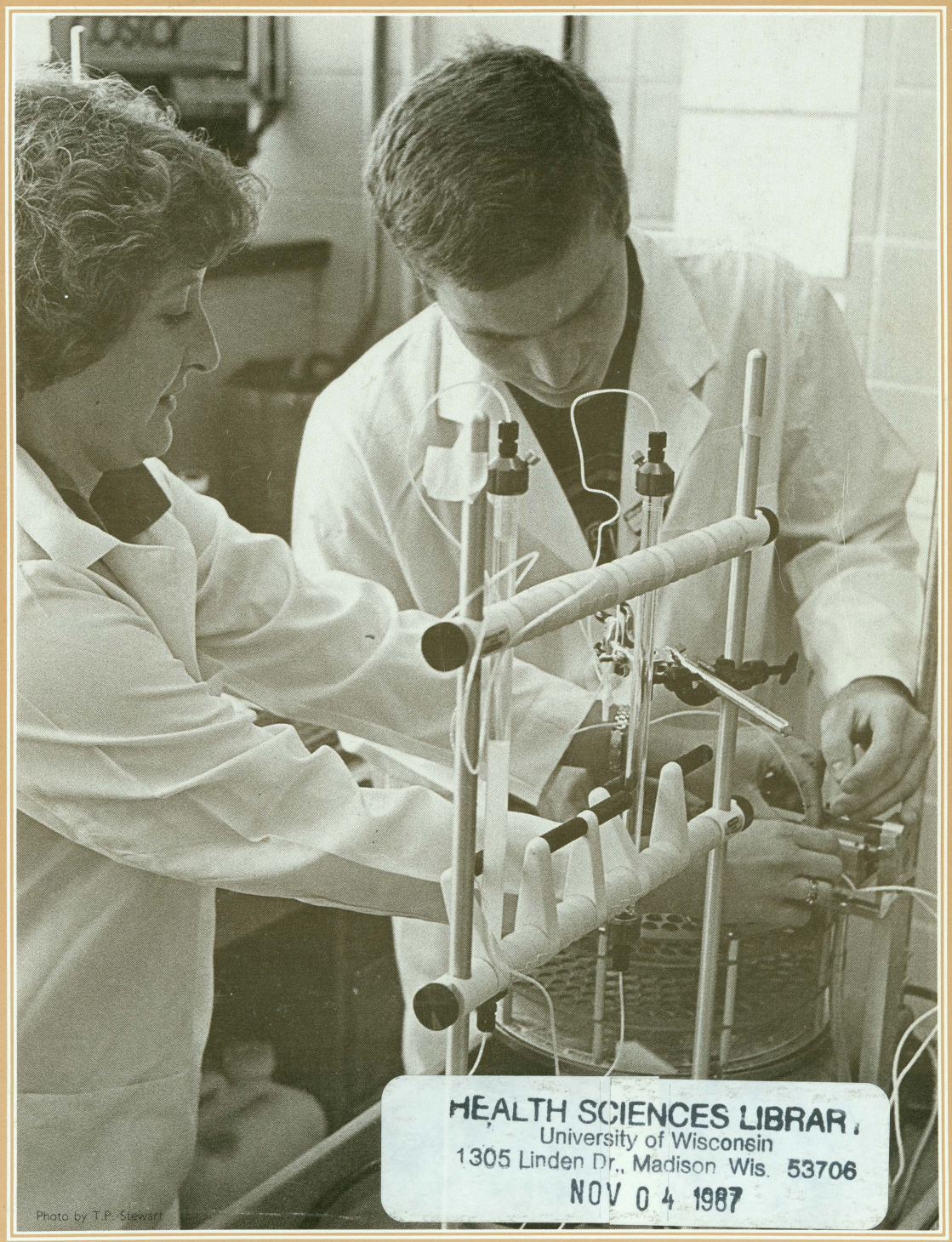

Photo by T.P. Stewart

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FRONT COVER: Medical Scholar Charlie Williams is being helped by Assistant Professor of Medical Microbiology Donna Paulnock, in whose laboratory he worked during the summer. The research project was funded by WMAA. (Photo by T.P. Stewart)

BACK COVER: A Northern Wisconsin scene as celebrated in Ted Fox's column. (Photo by Alaine Johnson)

Design and Layout by Rhonda Dix-Russin
Medical Illustration, University of Wisconsin–Madison

Typesetting by Steve Metko
IMDC Graphics, University of Wisconsin–Madison

The Medical Scholars Program

Alumni and faculty occasionally complain that the best and brightest of Wisconsin high school students are sometimes lured to undergraduate and medical schools in other states.

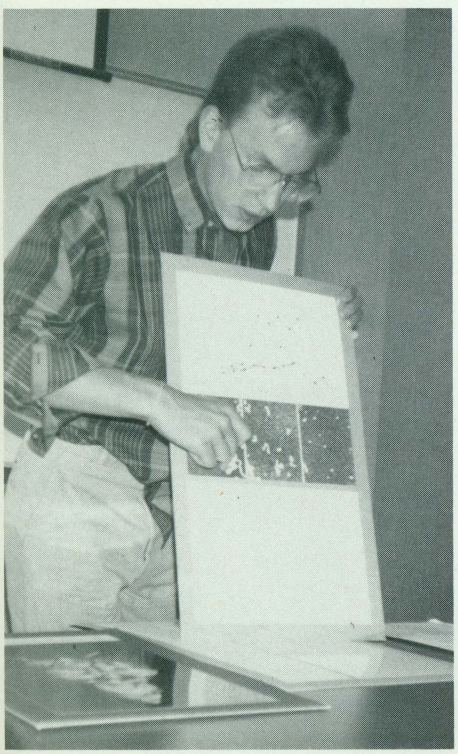
Another complaint voiced by observers of the medical scene is the single-mindedness of some physicians—a certain tunnelvision that tends to interfere with constructive interpersonal relationships between doctor and patient.

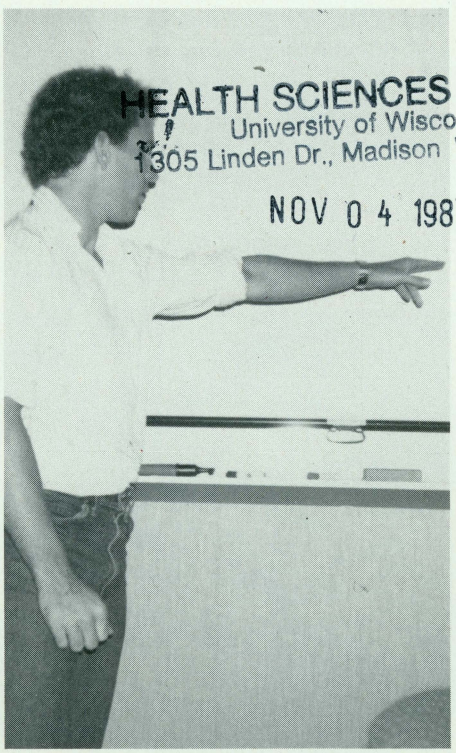
Assessments such as these have prompted the UW Medical School, along with several other medical schools, to consider alternative means of recruiting students.

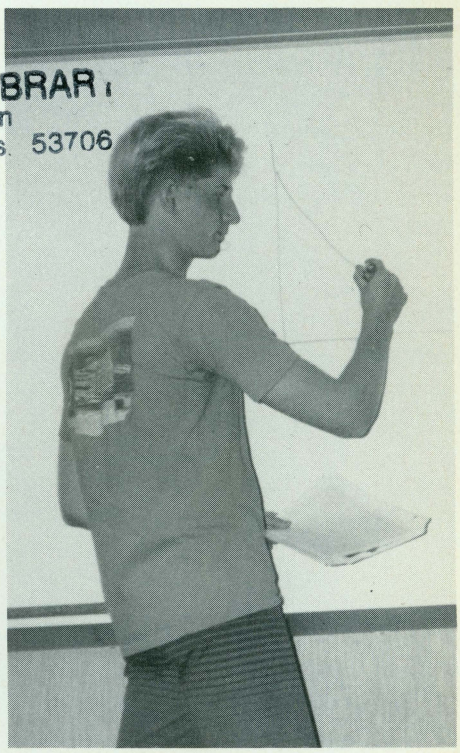
In an effort to identify and retain outstanding Wisconsin high school students, the Medical School faculty approved the Medical Scholars Program (MSP) in April of 1980. The first MSP students entered UW-Madison in the fall of '81, and the first MSP students entered Medical School in the fall of '84.

The faculty's initial depiction of the program summarizes its essence: "This program provides for the conditional admission of students to the Medical School during their senior year in high school. The purpose of the program is to identify students of great promise, with a strong interest in a career in medicine, and to encourage them to undertake the strongest possible undergraduate preparation, while relieving them from the pressures of undue grade competition, and eliminating the sharp distinction between undergraduate and medical education."

The idea is to find outstanding high school seniors who seriously want to pursue medicine and conditionally guarantee them a slot in the Medical School. MSP personnel see to it that they take the requisite math-science







Medical Scholars (left to right) Paul Koch, Tom Merkert and Lee Dresang explain their summer research in an MSP seminar.

Director Van Eyck gives helpful advice to Medical Scholars as a new year begins.

courses at UW-Madison and maintain good grades, and encourage them to delve into a broad array of liberal arts—even a non-science major. All the while, the MSP students are in frequent contact with Medical School faculty and staff as well as medical students, for they become members of the Medical School family at the very beginning of their careers.

About 30 Wisconsin high school seniors a year—up from 20—are now being accepted into the program; so far, more than half of the medical scholars have continued into the Medical School. Successful candidates for initial selection must have excellent high school grades, references from both a science teacher and a teacher from the liberal arts, and a combined score of at least 1300 on the SAT exam or 30 or more on the ACT. And they must plan to attend UW-Madison for their undergraduate years. The MSP Admissions Committee also looks for the personal qualities required of a good physician.

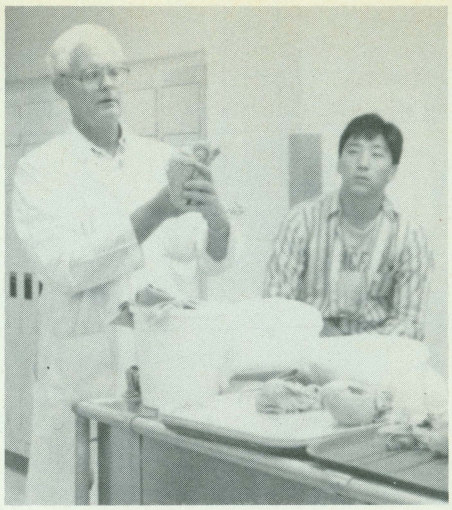
Persons connected with the Medical Scholars Program are pleased with their charges; some even provide the tender loving care often associated with the life of a football player. The scholars attend seminars, parties and other functions at which they can interact with one another and with more advanced medical scholars who know the ropes and can pass on hard-won advice. A favorite spot for informal get-togethers is the home of MSP Director Selma Van Eyck. The Wisconsin Medical Association funds many of these occasions.

Van Eyck is available to the medical scholars for advice and counseling and to take care of individual needs. "We provide the sort of contact that makes this big campus seem small," she said. "These are bright, highly motivated students and it's a delight to work with them. Last year we had a freshman go right into a junior-level English class and do well—and that's not unusual. I feel fortunate to be able to work with such good students."

Associate Dean for Administration and Research Millard Sussman concurs with Van Eyck. "They are a wonderful, diverse group of people," he said. "Even though they maintained good grades in high school, they were loaded with other activities. I meet some of them as a teacher in Biocore and I find them amazingly articulate."

Van Eyck is particularly pleased that some of the scholars major in music, language, philosophy, history, English and theatre/drama. Others arrange individualized majors with the help of undergraduate advisors and Medical School faculty. Their extracurricular activities are also varied, and include such diverse activities as marching band, crew and being a house fellow.

Director Van Eyck is resolute in her efforts to expose MSP students to the fine arts. She arranges for them to attend plays, orchestra performances and the like as a group—whether they want to or not—and otherwise encourages them to branch out from a strictly science pathway by taking courses such as art history, symphony, and theatre and drama. Van Eyck also helps them pursue their interests in science outside the formal curriculum.

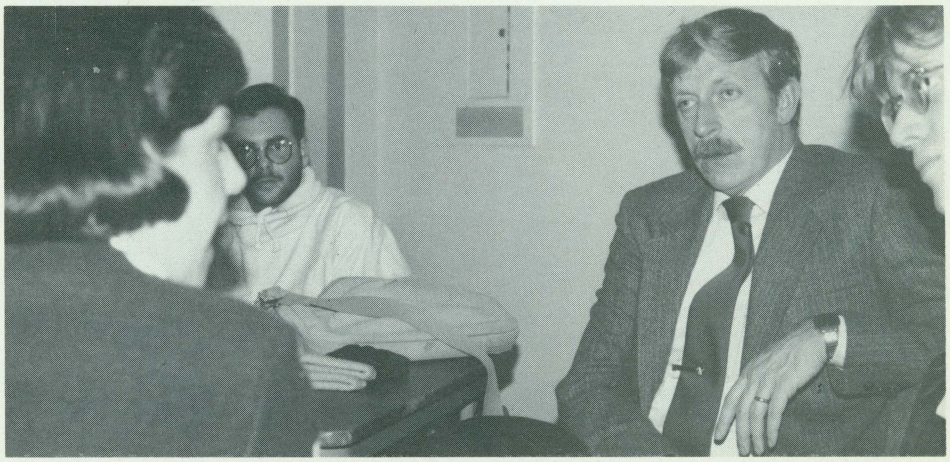


Professor of Anatomy James Pettersen gives a demonstration lecture to new MSP students.

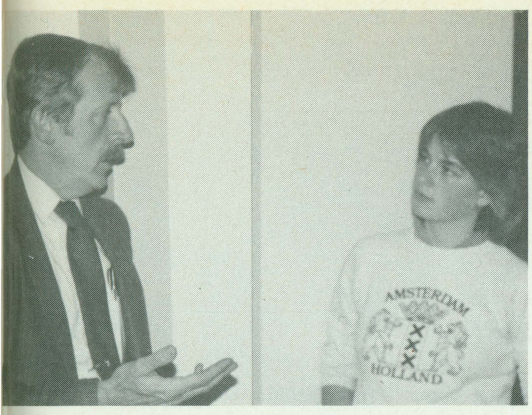
WMAA funding has made it possible for some medical scholars to be employed in laboratory research. Last summer, for example, four medical scholars who are now undergraduate sophomores worked under the wing of various faculty:

- Paul Koch studied mouse nerve growth factor with Associate Scientist in Zoology Brenda Kahan and Professor of Physiological Chemistry Larry Kahan. Paul quickly learned that he was not dealing with cook-book science as he would in a lab course. When something went wrong, he had to solve his own problem.

- Tom Merkert, under the direction of Assistant Professor of Medical Microbiology Gerald Byrne, studied the effect of adding tryptophan to chlamydia-infected human bladder cells treated with interferon. He found that tryptophan can reverse inhibition by interferon.



Selma Van Eyck and William Scheckler confer with students.



William Scheckler meets informally with a student.

• Charlie Williams investigated an aspect of the cell-mediated immune system—the role of macrophages in stimulating an immune response to the African trypanosome—in the laboratory of Assistant Professor of Medical Microbiology Donna Paulnok.

• Lee Dresang discovered something about extracellular bacterial proteins as he tested the stability of *Proteus* hemolysin at various temperatures. He worked under the tutelege of Rodney Welch, Assistant Professor of Medical Microbiology.

The Medical Scholars Program is currently directed by Van Eyck. Former Director William E. Scheckler, Professor of Family Medicine and Practice, described MSP students as a bright, enthusiastic and interesting group to get to know. He added that many MSP students have clearly indicated they would have gone elsewhere for their undergraduate education and probably to another medical school if it were not for the MSP. "There is no question in my mind that the Medical Scholars Program has been an unqualified success to date. It is serving admirably a number of objectives, including broadening and decompressing the pre-med years. Those with the foresight to develop this program in 1980 should be congratulated."

The program's first Director, Professor of Pediatrics Tom Meyer, established the procedures that have served MSP well. He recognized the importance of an amalgam—liberal arts and science to form a basis upon which the student/physician could grow and develop intellectually and spiritually as well as scientifically. "One should be able to mull things over before entering the four-year pressure cooker of medical school. The softer issues may, in the long run, be more important in forming a more understanding sort of physician. I'm happy with the way the program is running."

Sean Smullen, a senior medical student and a member of the first class of medical scholars, reflects Meyer's views. "Because I wasn't cloistered in science (during undergraduate years)," Smullen said, "I believe I understand more about people and where they're coming from. And I can talk about scientific things in non-scientific terminology."

The Medical Scholars Program must be considered a grand experiment which cannot be analyzed and evaluated for a number of years, although those connected with the Program are optimistic.

Readers might wish to consult a 1997 issue of the Quarterly for experimental results. Q

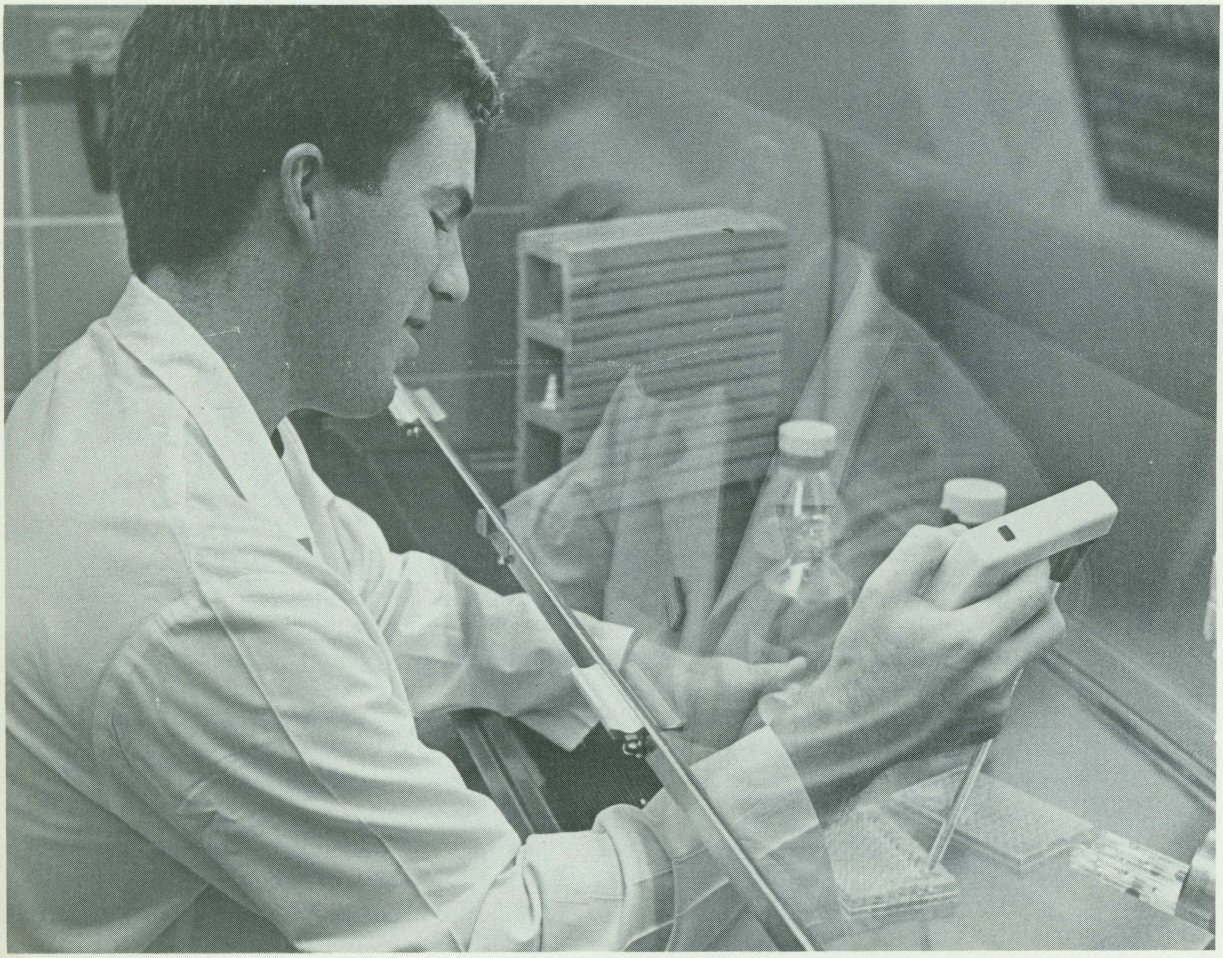
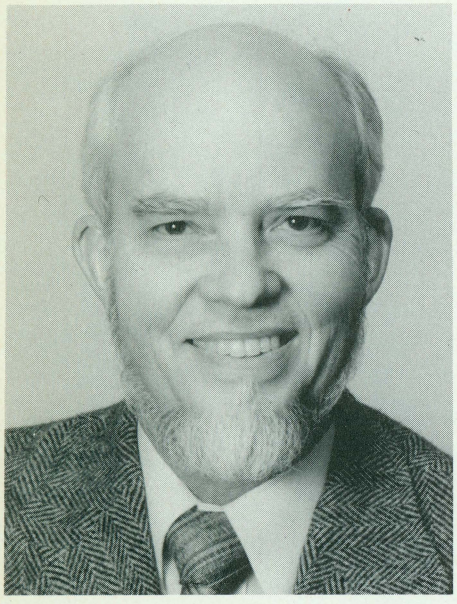


Photo by T.P. Stewart

Medical Scholar Charlie Williams works under a hood during summer research in the laboratory of Assistant Professor of Microbiology Donna Paulnock.

Archie MacKinney Receives UW Medical Alumni Professorship



Professor of Medicine Archie A. MacKinney has been chosen to receive the second Medical Alumni Professorship, funded by the Wisconsin Medical Alumni Association in recognition of excellence in medical student education.

MacKinney considers the award to belong to the Hematology Section as a whole, for its members have worked closely and cooperatively for many years to improve the curriculum.

Medical Alumni Professor of Medicine Archie MacKinney might be described as a patient revolutionary who gently but steadily pushes against the inertial mass of the Medical School community. He wants to change the way the basic sciences are taught to medical students and to change teaching in the clinical years as well.

MacKinney began to coordinate the Hematology second year course in 1968. He was excited about the opportunity to try some of his ideas, although he realized he had no guarantees of success or even of acceptance.

Fortunately for MacKinney, Howard Stone, Professor of Medical Education and Director of Education Research and Development, soon initiated two programs that provided MacKinney with a foundation upon which he could test some of his ideas. Stone insisted that every Medical School course be evaluated by students, and he also inaugurated a system of statistical analyses of examinations. With the aid of these two tools, the net results of teaching efforts could be assessed and compared year after year: Are the students learning what they should be learning? Is a particular course improving over prior years, and is it improving vis-a-vis other courses?

"With these objective measurements," MacKinney said, "we (in Hematology) began to chip away at our curriculum and we gradually improved our ranking."

One of the steps they took in their search for a better curriculum was to consult students. When they listened, one message predominated: "Stop lecturing." So they did.

The demise of standard lecturing —radical as it may have seemed to our faculty—made theoretical sense, MacKinney explained. A lecturer can speak about 250 words/minute, while a student can read at least 500 words/minute. And while the mind can wander during a lecture or otherwise fail to comprehend the spoken word, the reader can easily retrace his steps and take time to mull over graphs and tables. Lecturing, the hematologists decided, was inefficient and should be limited to the charismatic speakers among the ranks of the faculty.

"Once we decided to abolish the lecture," MacKinney said, "our job was to replace it with a 30-page text that was so good that nobody could fail to understand it."

And so the Hematology faculty plunged into the stimulating challenge of writing such a book, with their creative juices flowing at full speed. They were instructed to write by objectives, another of Stone's contributions. This meant they had to decide for every topic what was important for students to know and what was not so important. The text was improved every year and eventually, upon urging by Professor of Medicine Neville Bittar, was published.

We help the student understand how to think.

The efforts of MacKinney and the "heme team," however, did not rest with the writing of a textbook. They have developed an approach to studying hematology in which the student learns problem solving from several directions. For example, the student will read a designated text in the evening. The next morning he will spend an hour with a case presentation and a patient interview, followed by two hours in the lab, where he will interact with slides, charts, blood chemistry, etc. The morning ends with a one-hour small group seminar.

Most or all of the Hematology faculty are present and available to students throughout the morning, even though "no one can force a professor to teach second year medical students," MacKinney pointed out. "They have to love it. We try to make the teaching interesting and varied every year so that the faculty will be stimulated. And we make it rich for the students: they see all sorts of visual materials; they hear patients talk; they participate in small group discussions;

they try to solve problems; they read. Different people learn differently, so we come at them from a number of vantage points."

Hematology is easier to teach than most other disciplines, MacKinney feels, because so much is known about the red blood cell. With very few of its secrets not yet solved, the red cell can be taught with great clarity. "Once students understand the red blood cell—a simple, elegant model—they can apply basic principles to more complicated, less well known cells. That's why Hematology is taught first in the second year. It provides a foundation. And it's beautiful."

Hematology also lends itself nicely to the pathophysiology approach to teaching, in which an organ system is taught first in its normal form and then in its pathological variations.

"I value a great deal the thrill of seeing somebody's face light up or just seeing how a person's mind works when dealing with a problem."

"When we teach more at a basic science level, rather than this is what's wrong and this is how to fix it, we help the student understand how to think. Then he can look at a problem no one understands and analyze it down to its component parts. Maybe the pathology doesn't even have a name, but he will know how to pursue the problem, understand it and treat it," MacKinney explained.

MacKinney's fervor about status quo changes in medical school teaching extends to the clinical years. Education, he said, should start from the simple and advance to the complex. "But we start third year students with the most difficult cases, ward patients that may have six problems and take 10 different medications. Why not begin in outpatient clinics, where a patient comes in with one complaint? There you can study just joints, just heart, just lungs. Dr. Osler said the obvious 80 years ago: "Put the juniors in the clinic and put the seniors in the ward."

"I think medical people are willing to change, but not quickly. We must be patient. We are doing an experiment now at Madison and Mt. Sinai. Two third year students are seeing outpatients in the morning and spending the afternoon looking into references and writing."

"There's ferment all over the country. The climate here is favorable for change, I think—for making clinical and basic science education better. People like Dean Lobeck and Dr. Goodfriend, Chairman of the Educational Policy Council, and the E.P.C. members are keeping at the business of improving the curriculum. And I think that teaching is gaining a little, although it's still the poor step-child compared with research, where the money is."

Meanwhile, Archie MacKinney—an uncommonly enthusiastic man who pops out ideas at one per minute acording to colleague Elizabeth Silverman, Associate Professor of Medicine and head of ISP in Hematology—keeps teaching and trying to teach better.

Why? "Because," MacKinney said, "I value a great deal the thrill of seeing somebody's face light up or just seeing how a person's mind works when dealing with a problem."

Editor's note: The faculty to whom the Alumni Professorship is awarded must have demonstrated excellence in the education of medical students as measured by his or her peers and students. Candidates are nominated by faculty members, endorsed by the Chair(s) of the department(s) of the faculty member, and recommended for the award by a committee of 7 faculty chaired by Professor of Medicine Robert F. Schilling. After endorsement by the Dean and Chancellor, the Professorship is formalized by action of the U.W. System Board of Regents.

Alumni contributions provide $10,000 per year for three years for the Alumni Professor to use for any purpose in pursuit of improving his/her academic activity.

The Alumni Professor retains the title for as long as he/she remains at the Medical School.

The number of well documented nominations submitted each year gives promise that future Medical Alumni Professors will be equally innovative and deserving as the initial two appointees: Professor Enid Gilbert and Professor Archie A. MacKinney. Q

The 1987–88 Annual Fund Campaign

John Brennan '67 Chairman

Elsewhere in the Quarterly is an announcement that the second Medical Alumni Professor, Professor Archie A. MacKinney, has been appointed. Take a bow Medical Alumni, your contributions have made it possible.

These new professorships serve as an incentive and reward for teaching excellence and have done much to correct a deficiency in the Medical School's reward system.

Student financial aid, particularly low-interest loans, is also much more adequate because more of you are contributing more generously.

Warm thanks also for your contributions to provide student amenities, to fund many honors and awards to deserving students, alumni and faculty and for your support of the Ben. R. and Ruth Lawton Scholarship.

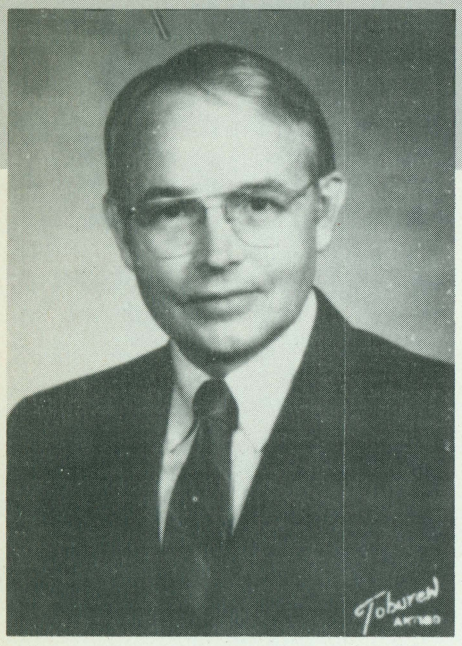
As each alumnus exercises the privilege of supporting the Annual Fund Campaign generously, our school and its student body will benefit the more. Q

HELP!

EDITOR VICTOR S. FALK IS ASKING for assistance from readers of the Quarterly. Any information you can provide about honorary and social fraternities or sororities previously existing in the Medical School will be appreciated.

Vic has received quite extensive information about the Phi Chi and Phi Delta Epsilon fraternities but little or nothing about the others. The honorary society, Sigma Sigma was initiated at Wisconsin but, thus far, nothing has been uncovered in historical files concerning its establishment, function and demise.

Your help will be appreciated. Q



PRESIDENT'S COLUMN

Theodore C. Fox, M.D. '57

"ESCAPE TO WISCONSIN" says the bumper sticker. On television the cry of a loon, a deer drinking at the lakes edge and a man slowly dipping his canoe paddle, propelling his canoe across a placid lake compares the hustle and bustle of freeway traffic and the slick ad says "ESCAPE TO WISCONSIN".

Since only 40% of our alumni live in Wisconsin, the rest are probably not aware of the tourist industry and efforts.

For the last twenty-five years I have practiced in rural northern Wisconsin. Barbara and I have raised our family here and I often contemplate our situation.

Wisconsin is a friendly, caring state because the people care. Farmers pitch in to help another farm family when illness or disability hit them. They donate hay to areas of drought without thinking of any financial return. People donate money and clothing for burned out families or families hit by tornadoes and feel this is only right. The State Medical Society of Wisconsin is endorsing Partner Care; a program that helps elderly patients who are on low annual income.

The beauty of our state is especially striking when you travel through less fortunate states. Our rolling farmland with the changing hue of crops as they sprout, mature and ripen are wonderful to watch. The ever present grazing cows and other livestock dot the hillsides and the meadows. Our wildlife, lakes, and streams are a pleasant reprieve from the everyday struggles. Lakes Michigan and Superior give us an ever changing picture of beauty and awe in all the seasons. The Mississippi bluffs and the Mississippi itself give our western population a beautiful place to live.

The Wisconsin seasons are second to none. I was in Denver in October and the newsman was saying how beautiful the mountain scenery was in its full fall color. We drove from Denver to Vail and saw the aspens and their yellow hue blending with the green spruce and snowcapped mountains. Indeed they were beautiful, but they lacked the yellow, orange, red color of the maple; the brown to red hues of the oak and the white birch. Each autumn I marvel at the beauty that we take for granted and are treated to again.

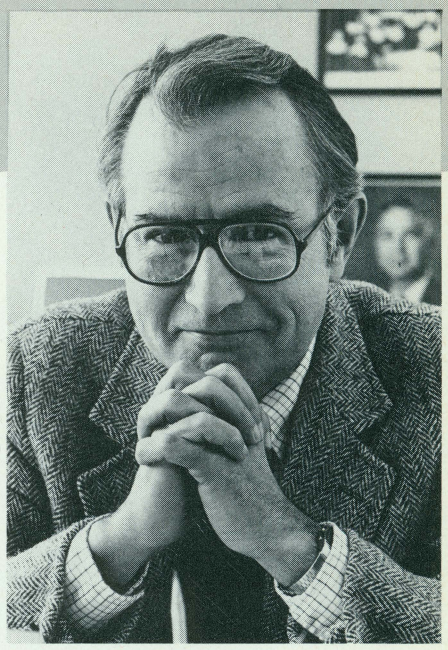
The first snowfall is another gift of nature. Who can forget the brilliant flash of a red fox running in the snow or the flight of a blue jay coming into your birdfeeder against the snow or the hustle of the tiny chickadees as they flit about with their rapid metabolic rate, keeping warm. The winter sports in rural Wisconsin are very available with more cross country skiing trails and snowmobile trails than other states would even think about . Downhill skiing, ice fishing, bird watching fill the winter months for many of our population. The smell of wood smoke and hot coffee and discussion by a burning fire at the hearth are all rewards of winter. Spring in Wisconsin is heralded by the flights of geese overhead, heading for our Canadian neighbors. The woods in May are brilliant with trilliums and other wild flowers. The rebirth is contagious to all those who take time to witness it.

Many of the young people in rural Wisconsin are eager to leave and get out into the "real world", but my son Steve, who is a resident in Long Island, New York, mentioned that the people in Antigo might not be as sophisticated as Long Islanders, but indeed they are genuine. My son Peter recently returned from six months in Boston, working in a big corporation, and thought that Wisconsin's license plates should read "WISCONSIN—WHERE A DOLLAR STILL BUYS SOMETHING".

Rural Wisconsin is a pleasant place to practice Medicine, but rural Wisconsin has always had trouble attracting enough doctors. I often wonder why. My advice to all our young alumni, still in training, and to any alumni that are disenchanted with big city Medicine and lifestyle, is to escape to rural Wisconsin—a wonderful place to practice Medicine and spend your life, and not bad for raising a family. Q

DEAN'S COLUMN

Arnold L. Brown, M.D.



The academic medical establish ment, so definitively defined by Dr. Petersdorf a few years ago, has become a massive instrument with a matching inertia. It is slow to change. Among its many thousands of members, however, are those who continuously press for new directions, for different ways of doing things. If they are persistent and if their idea makes sense the Establishment will respond. Particularly if the idea resonates with notions that are taking shape in the society in which we are embedded.

An example of this is Family Medicine. Out of a complex mixture of factors, the idea grew that continuity of care based on the family with an emphasis on the psychosocial aspects of patient care and disease prevention required identification as a new medical specialty. Out of this grew the American Academy of Family Practice, residencies in Family Practice and Boards in Family Practice. And Departments of Family Practice in most, but not all, medical schools. The insertion of these Departments into academia was seldom quick and never easy. Even today some of the grayer heads, mine not among them, continue to wonder if the establishment of this new discipline was necessary, if the concepts upon which it was brought into the world were really new and deserving of special identification. Those gray heads are wrong. Family Practice as an academic discipline is here to stay and should be. As a new member it also contributes to the inertia of the Establishment and will have to consider and react to newer ideas that might encroach on the territory that it has defined.

Such a notion, perhaps not new, is receiving increasing attention, not only in academic medicine, but also in the larger world of medical practice. This is the idea of primary care. It has grown out of internal medicine and pediatrics with the formal recognition that this is just what many of the graduates of their residency programs ended up doing. Training programs with an emphasis on general internal medicine or general pediatrics and residencies combining both are increasing in number. Medical school faculties are beginning to realize that the general education of their students as the basis for however they may spend their careers requires a comprehensive grounding in primary care.

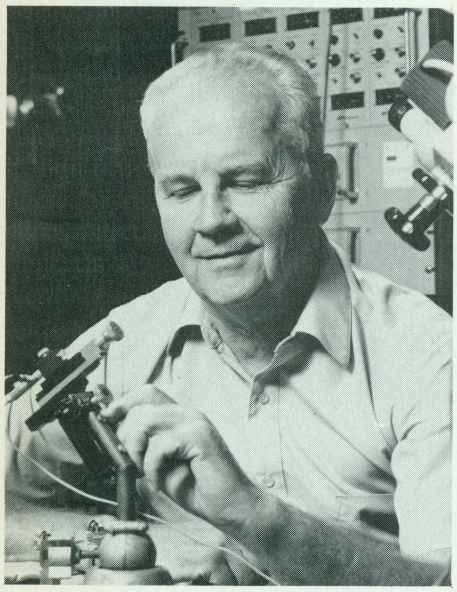
My own perception of just what primary care is has recently been considerably enhanced by a draft report of the Primary Care Task Force, a group appointed by Dr. Theodore Goodfriend, chair of the Educational Policy Council, as a part of the curricular review that he and members of the faculty are conducting. The draft, written by Tom Jackson and his colleagues, defines primary care explicitly, distinguishes it from consultative care, and lays out how our students can be taught its precepts. The local branch of the medical establishment, meaning us, will now have an opportunity to consider it.

To work, education in primary care must involve the Departments of Medicine, Pediatrics, and Family Practice. Such a cooperative effort will require a sense of collegiality, an agreement on shared concepts, and a determination that teaching together will offer our students more than teaching separately.

It may even turn out that someday, in the 1990's perhaps, a group of faculty will come banging on the dean's door demanding a new department to be called Primary Care.

It has happened before. Q

Robert M. Benjamin Retires



Picture 120 acres of semi-wilderness near the Wisconsin River—mostly sand country but interrupted with marshland and a pond with a small island. No neighbors can be seen, and the driveway to the highway is half a mile long. Deer, ducks, muskrats and beavers call this home, and so does Robert Myles Benjamin, recently retired Professor of Neurophysiology.

For the past several years, Bob and his wife Hanna have harmonized with this rustic landscape as they planted 10,000 pine trees, explored the flora and fauna, watched the pond's early morning fog dissipate as sunlight pierced through.

Bob's major project has been creating a home here. It began as a small cabin and gradually evolved, addition by addition, into a comfortably-sized home. He designed and built it from scratch—foundation, plumbing, wiring and all—with skills he picked up on the job.

"I've always liked to build and fix things," he explained. "It's the main reason I liked laboratory work." But it didn't always go smoothly. He admits, for example, that some of the doors had to be moved three times and that, through miscalculation, a hole had to be cut in the second story to admit a shower unit.

In a more recent project, Bob responded to Hanna's desire to house 6,000 potted plants by designing and building an efficient, self-operating solar greenhouse with three compartments, each maintained at a different temperature. Using concepts quite unlike those for conventional greenhouses, he designed a well-insulated building which is made mostly of wood, with one slanting side of glass. It requires essentially no upkeep, and only minimal cold-weather heating is needed for two of the compartments that contain cold-intolerant plants. The greenhouse has been so successful—and sensible—that Bob may write a book about it with the help of his home computer, which can handle the graphics needed for building plans.

Bob said his new "frontier" life, much like homesteading, fulfills a basic, almost child-like desire to live in tune with nature—a fantasy fulfilled. And he is finding it easier than many other retirees to fully let go of the lab and office routines that dominated his life for 35 years at the Medical School. He has, in fact, thrown away all his files and books, keeping only a CV "in case I forget what I did with all that time."

When he first came to the UW as an NIH postdoctoral fellow in 1954, after earning his PhD in Experimental and Physiological Psychology at Brown University, Bob worked with Emeritus Professor of Neurophysiology Clinton Woolsey, then the world's leading expert on localization of brain functions.

Bob's research covered a broad range of topics and methods. In particular, he made outstanding contributions in tracking down the mechanisms responsible for taste preference and discrimination. At Brown, he was the first to carefully identify and delineate the taste areas of the cerebral cortex in a mammal. He continued these studies at the Medical School, where he carried out neuroanatomical, neurophysiological and behavioral studies to identify the taste pathways in the thalamus and cortex of rats. By studying taste discrimination and preference behavior of rats following lesions to the brain, he was able to confirm the localization of behaviorally relevant areas in the cerebral cortex.

Later, Bob investigated other circuits from the tongue, including thermal, nociceptive and tactile projections to the thalamus and cortex of rats, and was the first to identify the different thalamic and cortical projection targets of these three tongue sensory modalities in any mammal. Also, he showed that the taste areas of the brain were not closely associated with what were known to be olfactory centers—a discovery that led him to a series of studies of central olfactory circuits in several mammals including rabbits, squirrel monkeys and the primitive opossum.

Bob began using computers during the second phase of his research program, which focused on how the brain determines the temperature of objects touching the skin. The incredibly fast speed of the computer allowed him to analyze the complex responses of single neurons in various parts of the nervous system.

In recent years Bob has been interested in the brain's frontal lobe. He concentrated on the opossum, which has a surprisingly large frontal lobe devoted largely to interpreting and responding to olfactory stimuli.

"Neurophysiology has developed far beyond anything I could have imagined," Bob said. "Techniques that seemed like science fiction not many years ago are routine today. It is more and more possible to bridge the gap between basic science and clinical practice. The future of the field is limitless."

Bob's extensive teaching career was equally successful. "I am not a natural teacher," he explained. "I had to work hard at it." Yet his enthusiastic teaching style earned him the applause of students as well as the Outstanding Teaching Award for second year instructors. He taught primarily in the Independent Study Program and in the first and second year medical student neuroanatomy course. Many of Bob's PhD students and post-doctoral fellows have successfully extended his work on taste, temperature, pain and tactile inputs and circuits in the central nervous system.

Serving on committees, where he was highly valued for his forthrightness and decisiveness, also claimed a good deal of Bob's time. He was, for example, Chairman of the Medical School Admissions Committee and Chairman of the Second Year Special Senses Committee, and he served on the search and screen committees for Department Chair, Dean and Vice Chancellor—and several others. He also served on an NIH review committee.

"I've always liked to build and fix things. It's the main reason I liked laboratory work."

Bob Benjamin has some thoughtful advice for those nearing retirement. "To take full advantage of retirement requires a lot of preparation. It's not only necessary to look at economic factors, but mental health as well. The nature of this profession makes it easy to get totally wrapped up in one's work. When that activity is no longer available, the effect can be devastating. Not many people know what they want to do once that are free to do anything they want.

"What to do is not a problem (for me), only when to stop," he mused. "I want to learn to sit sometimes and just enjoy the beauty of the nature around me." Q

The General Clinical Research Center

The Medical School's General Clinical Research Center recently became the newest facility to join a nationwide NIH effort to provide scientifically-based solutions to many chronic diseases. The overall goal is to improve care for patients, especially those with poorly understood illnesses.

The Center has already become a focal point for a variety of physicians whose research interests span premature infants to the elderly. Here investigators can carry out their own research projects with the assurance that their inpatients and/or outpatients will receive whatever specialized care is needed while experimental procedures are meticuously observed.

If an investigator wants to make use of the Center, he or she must first submit his protocol to the Medical School's Human Subjects Committee. If approved, the proposal next goes to the Center's Protocol Review Committee, which evaluates it for scientific content and its impact upon the health care problem it plans to attack. The Committee may also offer advice and help in planning the study and insuring maximum patient safety.

"Then we tell the investigator to what extent we can help support the work," said Program Director and Professor of Clinical Oncology George T. Bryan, "and we coordinate and cut red tape. We do everything we can to facilitate the research. We also work closely with biostatisticians to make sure the study is carefully designed, so that the investigator can secure the most scientifically valid information possible.

The Center offers the researcher a total package: specialized personnel, 8 beds, 2 examining rooms for outpatients, laboratory, pharmacy, dietary area, and—perhaps the most important—the opportunity for collaboration.

Program Administrator Jennifer Wehbie describes the package in terms of the Center's environment. "We try to provide an environment for research as well as patient care," she explained. "The staff—experienced in several different areas—is dedicated to clinical nursing and is particularly sensitive to research needs. We are very fortunate to have Andrea L. Williams as the Clinical Nurse Specialist/Head Nurse for the Center." The environment could also be said to include the whole University: the Center not only makes use of UW's many biomedical facilities but also has reached to areas as far flung as the Business School and the Department of Psychology.

The core laboratory, for example, appropriately processes patient specimens and distributes them to a varie-

Beginnings

The National Institutes of Health, Division of Research Resources, awarded a $2.7 million, three-year grant to the Medical School to establish the UW General Clinical Research Center, designed as an institutional resource for clinical research and training to facilitate patient-oriented scientific inquiry.

The University was selected, according to Program Director George T. Bryan, because of its high density of physicians trained in and capable of coordinating clinical investigations in a variety of diseases.

Dean Arnold Brown is the Principal Investigator.

ty of labs on campus where new and innovative procedures can be run.

"We identify labs where specialized procedures are being conducted or developed, and introduce them to other investigators. That's one way we try to facilitate mutually beneficial relationships," Bryan said.

Bryan added that cooperation among researchers is easier at UW than at many other institutions. All resources are located on the same campus, although traveling between facilities sometimes poses problems. And Wisconsin maintains its strong reputation for collaboration and cooperation, encouraged by administration and willingly executed by faculty.

A survey of participating faculty reflects the broad and eclectic nature of the Center. There are investigators from Oncology, Psychiatry, Pediatrics, Internal Medicine, Surgery, Infectious Diseases and Hematology. The basic sciences are also included. For example, Professor of Human Oncology and Nutritional Science Raymond Brown, collaborating with oncologists, is trying to determine the reasons—on a molecular level—why certain treatments with interferon-type drugs are more effective in some patients than in others.

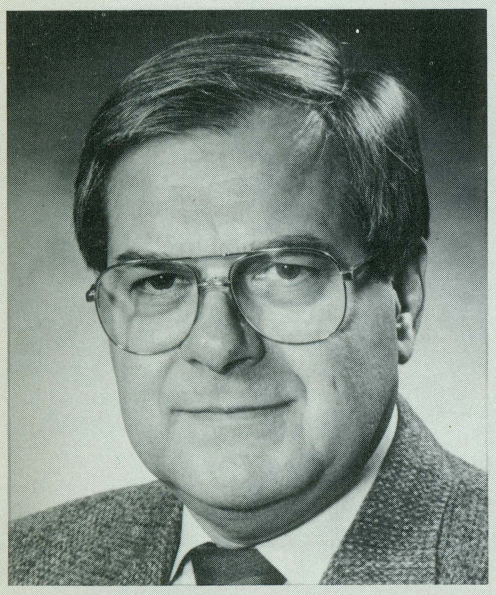
Other research programs that have been carried out (or are in progress) since the Center admitted its first patients on May 11 include the following:

- Paul Sondel, Associate Professor of Pediatrics and Human Oncology, is testing a cancer treatment in which lymphocytes taken from the patient or a donor are grown in vitro with interleukin-2 and injected into the patient. Interleukin-2 enhances the lymphocytes' tumor-killing ability.
- Associate Professor of Human Oncology Donald Trump is investigating the effects of treatment with tumor necrosis factor with and without the administration of gamma-interferon.
- William Ershler, Associate Professor of Medicine (Hematology), is conducting a study of the effectiveness of the influenza vaccine among elderly recipients.
- William Busse, Professor of Medicine (Allergy and Immunology), is investigating innovative therapy in the treatment of allergy-induced asthma—prevention versus standard treatment of symptoms.
- H. Ian Robins, Associate Professor of Human Oncology and Associate Director of the General Clinical Research Center, continues his innovative treatment of cancer patients with whole body hyperthermia in conjunction with interferon and the drug lonidamine.
- Ernest C. Borden, Professor of Human Oncology, is studying the administration of adjuvant alpha-2 recombinant interferon in high risk melanoma.

Since modern medicine increasingly recognizes the role of factors such as economics and human behavior, the Center has also attracted non-medical researchers. "We've had an investigator from the Business School bring us a financial proposal to study the cost effectiveness of delivering patient care. The Center can be a laboratory for such studies," Bryan explained. "And we have investigators interested in behavior modification of teen-agers so they won't start smoking, as well as social scientists focusing on how families and patients interact."

Although the Center is a relatively small research unit, it takes advantage of a variety of UW facilities as well as the ancillary services of the Hospital. It is the one place where an individual physician—or other University researcher—can carry through a special clinical project, assured that its design is sound and that it will be executed in a carefully supervised setting.

"I believe the Center's impact will be far greater for the University community than one might initially visualize," Bryan said. "We're fostering an atmosphere in which serious investigators from all areas of the University may interact in trying to enhance the care of people with serious illness—illness for which there are not presently satisfactory solutions. Basically we're trying to enhance the quality of life for patients and their families." Q



Program Director Bryan

Professor of Clinical Oncology George T. Bryan was a logical choice to direct the UW General Clinical Research Center.

He has been involved in research at the Medical School for 30 years and has published more than 250 papers. His investigations have, at various times, concerned clinical as well as fundamental studies, and he has helped design and implement a wide variety of studies locally, nationally and internationally.

Currently Dr. Bryan also is Associate Director for Laboratory Programs at the Wisconsin Clinical Cancer Center and Chairman of the Laboratory Advisory Committee of the Department of Human Oncology. He served several years as Director of Research Laboratories, Division of Human Oncology, beginning in 1967.

Bryan received his baccalaureate, medical and Ph.D. degrees at the University of Wisconsin.

Editor's Column

Two Years/Four Years

Victor S. Falk, M.D., '39

At the spring meeting of class representatives, there was discussion about "two year" and "four year" medical students. This was of no significance to the more recent classes and the question was raised as exactly what was meant by this. To explain it requires a review of the history of the medical school.

In 1848, the Territorial Governor signed a bill stating the University should consist of four departments, one of which was the Department of Medicine. Then in 1854, the Board of Regents of the University established a Department of Medicine and actually named a small faculty which never convened. Doctor Bardeen was named Professor of Anatomy in 1904, although this department was still in the College of Letters and Science. In 1907, the two year medical school was begun with Dr. Bardeen as the first Dean. The two years consisted of the preclinical studies and the University had a working agreement with a number of medical schools whereby Wisconsin medical students could complete their two clinical years.

Then in 1920 the State Legislature voted to permit some of the unused balance of the remaining Soldiers' Fund to be used for construction of Wisconsin General Hospital. This was established as a memorial to WW I veterans and to this date veterans of all wars are entitled to special rates at the University Hospital. Wisconsin General Hospital was completed in 1924 and the first class of 25 students was admitted to the junior year. The first physicians graduated from the University of Wisconsin Medical School in 1927. However, the custom of admitting students to both the two year and four year programs continued. For example, when our class was admitted in 1935, there were 110 freshmen students. It is of interest that only two of these were young ladies. I cannot recall of any admissions committee functioning and the fateful letter at the end of the premedical course determined whether one received a two year or four year appointment to medical school. Occasionally students were admitted after a two year premedical course, most commonly after three years and rarely after four years.

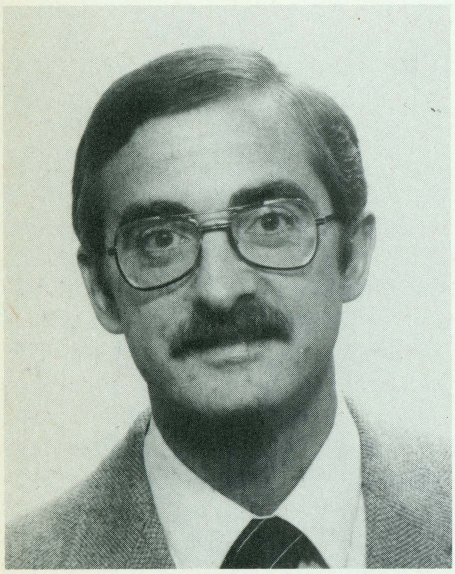
During the first two years of medical school a few fell by the wayside. After two years in medical school, most students received a Bachelor of Science degree in Medical Science. This was really quite a meaningless degree unless a medical course was to be continued. At that point, the class was cut to 50 for the junior year. Some students of their own volition chose to go to Eastern schools. For example, three from our class went to Pennsylvania and two to Harvard. This left a few vacancies in the third year and equal number of two year appointees were accepted for the last two years. Others went to Northwestern, Rush, Washington University in St. Louis and Louisville among others. Some were never accepted anywhere. This was really quite a vicious system as some students were left out in the cold after five or six years of college. Apparently the two year and four year programs were the continuation of old two year school and the small four year program.

Ultimately the two year program was discontinued. The freshman classes became much larger, as were the graduating classes.

The old problem has presented some problems for the class representatives. The Alumni who had only two years of medical school at Wisconsin and received their degrees elsewhere naturally have divided loyalties. There are a few who want no part of our Medical School Alumni Association and have asked to be removed from the mailing list. In the past, some schools did not grant the MD degree until after a year's intership. This has been somewhat confusing in determining the class attachment for our alumni association. In my own class, almost 20% of the people on my roster were not listed in our freshman class nor are they graduates of the Wisconsin Medical School. I am not sure that they are interested in hearing about the classmates that I mention in my class letters.

So that is the story of the two year and four year admissions to medical school and the consequent designations in the Medical School Alumni directory. Q

Physicians for Social Responsibility



Jeffrey Patterson

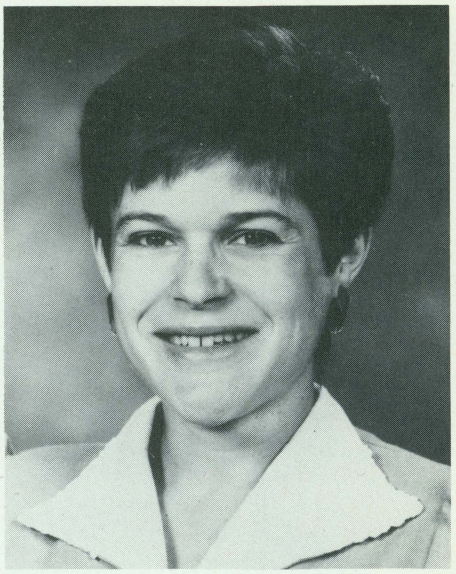
Since its inception in 1980, International Physicians for the Prevention of Nuclear War (IPPNW) has been a one-issue movement—the prevention of nuclear genocide. With 150,000 members worldwide, IPPNW is the fastest growing medical society. The U.S. chapter of IPPNW, called Physicians for Social Responsibility (PSR), claims a membership of nearly 40,000.

Basic Tenets

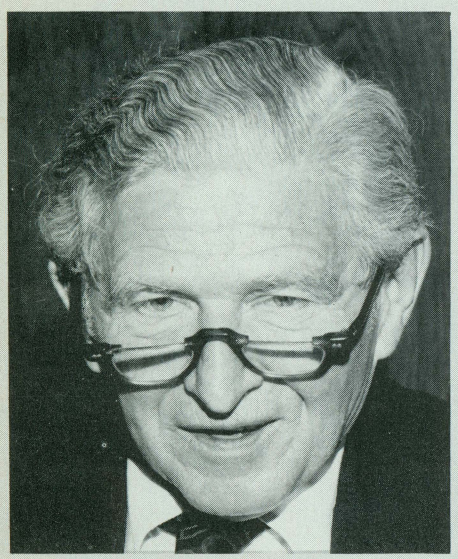
Associate Professor of Family Medicine and Practice Jeffrey Patterson enumerated some of PSR's guiding principles.

- PSR views nuclear war as the world's number one health threat. Its only treatment is prevention.
- One of PSR's primary responsibilities is to educate people about the effects of nuclear war and the possibilities for nuclear war.
- To find a common solution, the two great antagonists—the U.S. and the U.S.S.R.— must sit down together as governments. We must also initiate massive exchange programs. "When we get to know one another," Patterson said, "we'll learn that we have more in common than our differences. There is fear and paranoia on both sides. Some of it is justified, but much of it is based on unrealistic assumptions, and each side believes it must arm itself for defensive purposes." (Members of IPPNW cross the full spectrum of idealogies.)
- A basic step towards peace is an immediate, comprehensive ban on the testing of all nuclear weapons—before another spiral of escalation begins. This would stop the development of new weapons, which are becoming increasingly sophisticated, smaller and harder to detect. Such weapons could more easily spread to other countries. Simply reducing the current nuclear arsenal is not sufficient.
- Although the U.S. and the U.S.S.R. account for about 60% of the world's armaments, third world countries spend a disproportionate amount of their budgets on their military. Health care is one of the casualties. For example, 10,000 children die every day, mainly from preventable illness.
- We must learn to deal with our propensity to use violence to solve problems. And we must make people realize that there are better ways of making ourselves secure than preparing for a nuclear war. PSR will conduct a seminar on non-violent parenting next spring and is planning an elective Medical School course on the medical effects of nuclear war.

Patterson is a member of the Board of Directors for PSR and the U.S. Councilor to IPPNW.



Mary Zupanc



Lawton's Influence Lives On

Ben R. Lawton was a tireless crusader for peace and a seven-year member of Physicians for Social Responsibility. At the 1986 UW-Madison Commencement, he said to the new graduates: "Prevention of nuclear war is the first imperative of our times. My generation has goofed badly. I am confident that you will save us from ourselves. Thank you in advance."

Faculty Activities

Many Medical School faculty members belong to PSR. Following is a sampling of some recent activities.

Professor of Psychiatry Jack Westman, along with Patterson and Assistant Professor of Neurology Mary Zupanc, attended a IPPNW meeting in Moscow early in the summer, where they became reacquainted with Russian physicians who visited Madison in 1985. (During their stay, the small plane flown by a West German youth landed on Red Square. "It could have been carrying a bomb," Westman said. "That's why the struggle to abolish nuclear weapons is important.")

Zupanc, who is co-president of PSR's Madison chapter, visited Cologne, West Germany last Spring as a delegate to IPPNW's annual conference. Later she went to Uppsala for a meeting among 15 IPPNW physicians from the U.S., Sweden and the U.S.S.R. Zupanc belongs to PSR's National House of Delegates and Board of Directors, and to IPPNW's International Congress.

Sidel Initiates Ben Lawton Lectures

Distinguished University Professor of Social Medicine at the Montefiore Medical Center in New York **Victor W. Sidel,** who also is President of Physicians for Social Responsibility and past President of the American Public Health Association, visited Madison in early October. He participated in a special grand rounds at the Hospital and a forum for medical students on the effects of the arms race on health care for minorities. He also delivered PSR's first annual Ben Lawton Memorial Lecture.

"I work with handicapped children," Zupanc said. "Funding for them is being slashed while military funding grows. Our priorities are mixed up." Both the U.S. and U.S.S.R. must come to terms about their weapons expenditures, Zupanc added, and take better care of health and social services for their people.

Eugene Farley, Chairman of Family Medicine and Practice, his wife Linda Farley, Patterson and others from Wisconsin have participated in demonstrations and trespassing at the Nevada Test Site, where nuclear devices are tested. "It's an attempt to get the Reagan administration to pay attention," Farley said. Farley and Patterson were arrested in Nevada twice for trespassing. Although PSR maintains no policy on civil disobedience, Patterson said he felt a moral obligation to protest testing and the continuance of the arms race.

Patterson visited a Moscow hospital after the Chernobyl incident. "The Russians told us their medical care system was overwhelmed, yet Chernobyl was tiny compared with the aftermath of even one nuclear weapon. It was clear to us and the Soviets that prevention is the only method of dealing with a potential nuclear catastrophe." Q

From the Archives

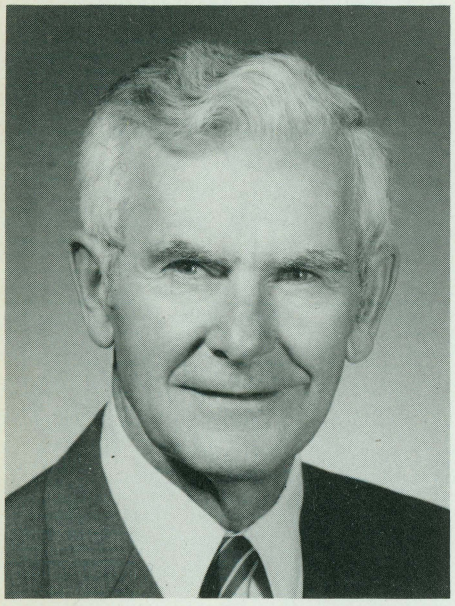
Freshman women were honored at a picnic at Vilas Park in the summer of 1943 by Alpha Epsilon Iota Women's Medical Sorority.

Standing: **Jean Le Poidevin '45, Ann Bardeen '45, Dorothy Wittmann (Betlach) '46, Mary Loo Spooner '49.**
Kneeling: **Gertrude Luther '44, Betty Koch '46, Margaret Schaeffer '46, Dorothy Warnecke '49, RoseMarie Carlson '46, Kathryn Schwerma '46, Jean Chapman '46.** ***Sitting:*** **Minnie Frank '45, Charlotte Slotnick '44, Evelyn Lipp, '48, Clare Brindley '46, Ingeborg Stevenson*, Mary Helen Coenen '44, Norena Hess '47, Peggy King*, Gertrude Liebl '47.**

****non-grads***

No, Chicken Little, The Sky is Not Falling

Robert F. Schilling, M.D.
Classes of 1943 and 1990*



Current and prospective Medical Students are bombarded with advice, opinions, and warnings. In the last few years some physicians have advised prospective students to avoid medicine because of the perceived and projected changes in the economic, legal, and social climate of medicine. Wherewith I offer my opinion that the opportunities in medicine today are as numerous and exciting as they ever have been. It is only for those whose major goal is financial reward that the opportunities in medicine are being narrowed. The mushrooming of the applicability of molecular biology and physical sciences to the practice of medicine assure an impressive increase in the number of treatable situations. The rapid increase in sophisticated studies employing the powerful techniques of epidemiology will provide physicians with much better information for advising patients about diet, drugs, exercise and sexual practices.

The major social contracts in medicine include important areas such as the ethical considerations in abortion, euthanasia, malpractice and distributive justice. The attitudes of our society are in flux on each of these difficult dilemmas. The medical profession has unique contributions to make in each instance but we must not be so naive as to think we have exclusive or even majority rights to policy determination. We must always remember that medicine is a service profession and we should not expect our society to necessarily be responsive to our suggestions. We have an increasingly important role to play as teachers and advisors to our patients and the general public.

It is abundantly clear that physicians should have an effective method of continuing their education while they are in practice. Super specialization will increase. There is no end in sight to what might be done with the increasing knowledge (power) being generated by the vast research effort in biological and physical sciences. I believe that such research will always increase our ability to categorize (diagnose) illness to a greater extent than it will increase our ability to cure illness. I suppose most of us would say "go for it" if there is a 1% chance that diagnostic studies utilizing the methods of molecular biology would yield a clue to a treatable condition. But at some point society will say the probability is to low to justify the cost; it is better to spend those dollars in some other manner for the general welfare. A Gordian knot is no more difficult than the question of who gets what when the medical commons is being allocated. Shall we spend $100,000 or more on a newborn infant with hopeless brain damage or should that money be used to immunize 100,000 children? Our present system allows (? fosters ?) the spending of large sums for cancer treatment in situations where the therapy being used is known not to be effective or at most marginally effective. A "social invention" that would be genuinely useful in our present medical grappling with cancer is a device to measure and evaluate the product of quality X quantity of life. Such an instrument would help patients in the difficult choices we ask them to make. Another useful instrument would be a less costly method (than the present one) for conducting randomized trials of treatment. I believe that many more patients should (and would be willing to) be in randomized studies of cancer therapy. Spending more on the prevention of smoking, obesity, and alcohol abuse seems to me a better way of spending our medical dollars than expensive marginally beneficial cancer therapy.

I don't believe that there are too many doctors or that the medical establishment is too large. Though I am not advocating such a move, the size of the medical establishment (health maintenance/care system) could be doubled and society might benefit. But such a system would require a major rearrangement of emphasis, effort and compensation. Truly effective methods of prevention and treatment should be emphasized and made readily available to all who would benefit. Before we decide to significantly enlarge the health maintenance/care arenas, we must decide whether the dollars would be better spent in non-medical sectors such as early child care and education or in providing jobs for the unemployed. In addition to the obvious benefits of being employed, there is pretty good evidence that the job is good for one's health. If we decide to enlarge the medical establishment, we need a plan to foster growth in areas where there is most need and most benefit will accrue.

Surely you now see that the sky is not falling. You are merely experiencing another example of the ever changing panorama of life. Q

Some Reflections on Medical Education

A 1951 paper by the late Dean Emeritus, **William Shainline Middleton, M.D.**

Reprinted from a collection of Dr. Middleton's writings: "Values in Modern Medicine." *Published by the U.W. Press for the Medical Alumni Association—1972.*

Medical education had its origin in the priesthood of antiquity. For many generations the shaman, or priest, and the practitioner of the healing art were one and the same individual. Under the Hippocratic oath, the knowledge of the medical skills was imparted only to physicians and to the sons of physicians. Chomel termed this the traditional method of medical instruction. In the evolution of Greek culture, medicine was eventually separated from the priesthood. The first medical school at Alexandria was founded by Alexander of Macedonia. Notable medical figures, as Herophilus, Erasistratus, and Galen, trained in this school. With the Roman conquest of Egypt, the school at Alexandria was disbanded. Interestingly, the church bridged the gap until the establishment of the next formal medical school at Salerno in the ninth century A.D. The monks at Monte Cassino assiduously copied ancient medical work, while at St. Gall the first medical botanical garden was maintained.[1]

The torch of medical education at Salerno was kept bright for at least four centuries, but its decline dates from the thirteenth century, when the medical leadership passed in turn from Bologna to Naples to Montpellier to Paris. The doors of the University of Salerno were eventually closed by Napoleon in 1811. True academic tradition in pageantry and form dates from the University of Paris. The influence of the church in medicine waned very perceptibly when first surgery and then all forms of medical practice were denied the priesthood. In France, surgery was separated from medicine and taught at the College du St. Come.[2] In turn, Leyden, Edinburgh, and London gained ascendancy in medical education in the late seventeenth and eighteenth centuries. The first medical school in North America was established as the Medical Department of the College of Philadelphia in 1765. Its founders, John Morgan and William Shippen, Jr., were both graduates of Edinburgh.

Before the establishment of the medical school in Philadelphia, the apprentice system of medical education prevailed. Among the most notable of the Philadelphia preceptors were John Kearsley, Sr., and John Redman. While formal medical education showed a mushroom growth in the nineteenth century, the pattern of medical apprenticeship persisted in varying degrees throughout this period. The opportunity to read in an established physician's office was a coveted method of introduction to the study of medicine almost to the end of the nineteenth century in this country. True, the house pupils were frequently required to perform menial duties, but the intimate contact with practicing physicians in the office and sickroom earned incalculable dividends in the attainment of the art of medicine.

> In the evolution of Greek culture, medicine was eventually separated from the priesthood.

The formula for the first organized courses of medicine in America differed in no wise from the European or the British pattern. Classroom lectures and demonstrations were the rule. Personal dissection by the medical student was exceptional, and prosectors were commonly employed by the professors of anatomy to demonstrate either the actual dissection or prepared anatomic specimens. Private courses were conducted not only by independent teachers but also by occupants of the respective chairs in the medical schools. So limited was the scope of medical knowledge that the short course of winter lectures was repeated in the second year, and only two such courses were required for graduation. Not until 1859 was the course lengthened to three terms of five months each, over the protest of many members of the profession. The four-year course in medicine dates from 1894-95.

The requirements for admission to medical schools had undergone an almost imperceptible improvement before the Flexner report (1910). Since that time, there has been a distinct trend toward vocational preparation. Indeed, in recent years the more vocif-

Address presented at regional meetings in Trenton, New Jersey, and Chapel Hill, North Carolina. Reprinted from *Annals of Internal Medicine* 34 (June 1951): 1457–62.

1. D. Riesman,. *Medicine in Modern Society* (Princeton: Princeton University Press, 1938).
2. Ibid.

erous sciences have seriously crowded the humanities from the scene. A majority of medical schools require three years of premedical preparation. Of ninety essential credits over this period, some seventy odd are actually required for admittance by most institutions. With the science subjects in the ascendancy, chemistry is finding ever increasing weight.

The medical curriculum, like Topsy, "has just growed." Neither its length nor its content has been subjected to serious functional change in the past forty years. In its organization, too frequently compartmentalization prevails by reason of the overweening ambitions of special departments and skills. The movement toward overspecialization in medicine has made its impact felt even upon the undergraduate training of medical students. In many instances, highly refined specialties are taught to the medical student by teachers whose perspective is seriously

Not until 1859 was the medical course lengthened to three terms of five months each.

distorted by their limited field of interests and vision. Mechanization has supplanted clinical acumen and judgment in many quarters. A medical wag has said: "Here lies the body of Hiram Smythe, born a man, died a gastroenterologist." Undoubtedly, this system has certain elements of strength in offering to the medical student in his formative period the latest knowledge within specific areas of medical endeavor. By the same token, such a student, pursuing this development to his ultimate practice of the profession, could never be expected to see the patient as a whole, the host of a disease, from such a detached approach.

The remedies for the present situation in medical education should begin with the college program. It is eminently unfair from a psychological as well as a practical standpoint to term this period of preparation "premedical." Rather, it should be "pre-professional," or general collegiate training with special weight, but without vocational implication. Medical administrators appreciate the mental hazard to even our superior aspirants for medical training when the tag of "premedical" is placed upon them from their matriculation in college. If, in the course of the next few semesters, other aptitudes present themselves, or a lack of proficiency in special sciences emerges, a serious dilemma confronts the unfortunate student. In all probablilty the designation of a "pre-professional" course will be the early answer to this problem. In the interest of sound educational tenets, the entire college curriculum should be reviewed with a thought to broadening its base. In general, medical educators are agreed that foreign languages should be eliminated as required subjects. A minority of students, those with either a proper background or the prospect of a future in medical research or academic fields, should be encouraged to acquire a good working knowledge of one or more foreign languages. For the vast majority, the current requirement of two years of college French or German is a sheer waste of time. The classical languages, Latin and Greek, offer much sounder educational disciplines, if this be the objective. Currently, the natural sciences have usurped a lion's share of the college curriculum in the preparation for medicine. In the interest of broadening the product of such training, the humanities, social sciences, and psychology should be materially increased at the expense of the natural sciences. Furthermore, the natural sciences may properly be subjected to careful study. They should be taught as living sources, not as unsavory memory disciplines. The mere accumulation of isolated facts for regurgitation in more or less digested form at examination is not a measure of true education.

The next consideration, namely, that of the selection of students for admission to the medical school, is a very sensitive one. Particularly is this true when one represents a state-supported medical school in which preference must be given to residents of the state in the order of their academic accomplishment. Nevertheless, it is possible that such an experience may more properly qualify one for fair judgment in this matter. After forty years in academic life. I find it increasingly apparent that qualities of character and judgment are more important than mere intellectual attainment in the practice of medicine. Conversely, it should be equally evident

Natural sciences should be taught as living sources, not as unsavory memory disciplines.

that there is no logical basis for the assumption, that, because an individual has unusual intellectual endowment, he need be lacking in these most significant attributes of the practicing physician. Since the function of the medical school is primarily the production of physicians, in the ideal situation one would leave only a small secondary space, constituting not more than 10 percent of the elected, for the potential research prospects. Undoubtedly this would be the more difficult group to select, and a 50 percent error would leave the very high figure of 5 percent of prospectively productive graduates in the field of medical research.

A careful evaluation of the medical curriculum, with the possibility of its rational revision, has long been overdue. Lest this circumstance be deemed a measure of complacency, it should be indicated that the medical courses have been continuously subjected to minor changes over the past generation. Indeed, among the professional disciplines, medical education is deemed the most progressive. Yet we cannot accept this position as satisfactory. Let us first look to our objective. The late Professor William H. Welch, of the Johns Hopkins University, related the following experience to me:

> Armed with letters from Doctors Janeway and Osler, I presented myself to Dr. James Mackenzie on an early visit to England. He read the notes and then turned to me and said, "I am well acquainted with some of your work in bacteriology and pathology, but are you

the Welch who has had something to do with medical education at Baltimore?" When I admitted that I might be he, Dr. Mackenzie continued, "Well, you are making the biggest mistake in the world." When I protested mildly and asked whether he had a basis for such a statement, he said, "Yes, when I was a medical student, we had a professor

I find it increasingly apparent that qualities of character and judgment are more important than mere intellectual attainment.

who took the men out of the clinics and classrooms and put them in the laboratories, and even sometimes took them out of the wards and put them in the laboratories." I ventured to ask what was the result of this practice. Dr. Mackenzie retorted, "I came out of the medical school knowing no medicine." I interjected, "And knew that you knew none and wished to learn more?" "Yes," he said, "and I wished to learn more." "Then," I said, "Dr. Mackenzie, you have had the finest medical education I have ever heard of."

From many quarters you will encounter proposals for the integration and correlation of medical instruction. The movement for the vertical coordination between the preclinical and the clinical subjects is growing throughout the medical world; but there has been little effort to carry this principle into a horizontal integration at the preclinical levels. For a generation, the basic sciences were taught as abstract sciences, and any suggestion of practical application was offered apologetically. The leaders in anatomy, histology, physiology, and physiologic chemistry, particularly, felt that they were losing caste among their kind if their respective subjects had a popular appeal to the students. Without prostituting their ideals, and without seeking vocational levels, such teachers should give increasing thought to the potentialities of correlating information among the related subjects, so that the student is confronted with a living unit. The opportunity for effective integration is even greater in the area of medical microbiology and pathology. The elimination of detailed technic, as of dissection, staining reactions, and cultural characteristics, except in the interest of a cohesive design, should be seriously considered in all subjects. The routine lecture is a relic of bygone generations. Occasionally there are special fields in which the instructor may have unusual grasp or facility which will offer insight and direction to the medical students. On the other hand, the mechanical transfer of the pearls of wisdom from the instructor's lips to the notebook of the student is one of the most wasteful of pedagogic procedures.

Unfortunately, about 85 percent of students at all levels must be spoonfed, and only 15 percent (a liberal estimate) will think for themselves. Certain subjects, as pathology, are replete with theories. If this preferred 15 percent might alone be stimulated by the theoretic considerations, the time and effort of the majority as well as of the instructor would be spared. To this minority group should also be afforded the stimulating experience of the opportunity for the observation and experimental study of phenomena uncovered by their mental curiosity. Revitalization of the basic sciences by the appropriate introduction of clinical subjects is an expedient that is now widely and commendably employed. Even the most uninspired student might well be stimulated by this method, and would grow apace as source references are cited and explored. The introduction of psychobiology and medical psychology into the preclinical period is a wholesome sign of the times, but the social sciences have been seriously neglected in this newer development. Adequate exposures to the existing philosophies and practical examples of their operations will better prepare the medical student for the realities of a modern world when he is introduced to the practice of medicine. Above all, time for contemplation should be afforded. Perhaps no better means to this end than the continuance of nonscience electives into the medical school can be recommended. Even in education, a change of pace is an effective device.

Ideally, there should be no sharp division between the preclinical and the clinical disciplines of the medical student. Certainly he is in a much better position for thinking in terms of basic sciences when confronted with the clinical problem, and the converse is patent. Cross fertilization by an interchange of instruction among representatives of the preclinical and clinical fields insures a mutual advantage to both the students and the staff. In this day of overspecialization, it is most important to avoid a segmentation of medicine by the exposure of the student to the technic of specialists. The medical curriculum, particularly in the clinical fields, has grown by accretion. Much of the current crowding of the so-called clinical years depends upon this circumstance, which has obtruded itself without thought to its pedagogic unsoundness. For example, radiologic considerations may be attached to a series of clinical subjects if the student be given only a very slight insight into the principles involved in this highly

It is high time that we invite specialists in the field of pedagogy to advise us in this matter.

specialized field. Certainly, undergraduate medical students should not be expected to acquire a profound mastery of these technical subjects. To insure the best clinical approach in the ultimate product, the physician, the patient should be presented as a unit. The patient, as the host of the disease, will be subjected to many forces. The student who is introduced to the consideration of medicine with due emphasis upon the effects of heredity, environment, nutrition, sociologic, and economic conditions, will be much broader beamed than one who approaches his ultimate clinical problems from a series of tangential specialties. From the inception of the clinical years at the University of Wisconsin Medical School (1925), a coordinate course of medicine and surgery has been afforded. Wherever possible, all hours and facilities are pooled. Every skill that impinges upon the ultimate man-

agement of a given disease is utilized in continuity. For example, if foreign bodies in the tracheobronchial tree be under consideration, in sequence the pediatrician, roentgenologist, and otolaryngologist will discuss the subject with the class. Effective as is such a simple device, periodically the members of the faculty must be briefed as to their respective responsibilities toward the total effort.

Singularly, medical educators have assumed that teachers are born. Until relatively recent years, there has been no studied effort to establish the validity of this position. Yet the technics of education have grown apace. It is high time that we invite specialists in the field of pedagogy to advise us in this matter. Growth in clinical medicine depends upon painstaking attention to details. Osler wrote: "To study the phenomena of disease without books is to sail an uncharted sea. While to study books without patients is not to go to sea at all." At the bedside, then, with careful supervision and increasing responsibilities, the student lays the foundation for his ultimate development to clinical maturity. The instructor has the added opportunity of inculcating in the student at this malleable period an appreciation of his reciprocal responsibility to society. In 1926, the late Dean Charles R. Bardeen introduced the Wisconsin Preceptorial Plan, which attempts to recapture the advantages of the old house

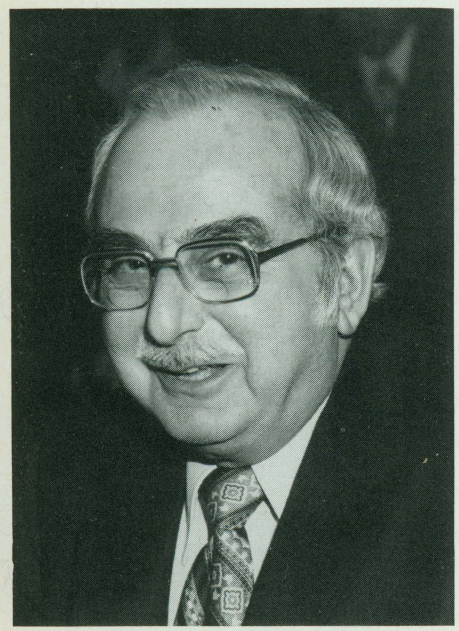
> "Education is not a thing at all, but a process."

pupil-preceptor relationship. By the expedient of extending the normal academic year of thirty-six weeks to forty-eight weeks in the senior year, an added quarter is gained to the student. During this period he is assigned to a recognized clinician in one of fifteen centers in the state. A single physician is made the responsible preceptor, although he may have any number of associates. Dr. Bardeen's design was to permit the student at this stage in his development to look over the shoulder of a tried clinician, and to observe his manner of handling the medical situation at its source. For the first time, these medical students realize the impact of environment upon disease expressions. At this very early stage in their development, their responsibility to society and many other sociologic, ethical, and economic implications are brought into relief. In our judgment, the extramural preceptorship is one of the most effective elements in the educational discipline of the medical student.

With this background, Professor Welch's philosophy of medical education must obtain. No student will leave the medical school with a sense of the fulfillment of his training. Brown has written: "Education is not something that is wrapped up and handed to the graduate rolled up in his diploma. Education is not a thing at all, but a process." May you enjoy this process to the end of your days; for then will your years be full and your life contented. Q

The Farther You Travel, the Closer You Are to Home

Mischa J. Lustok, '35
Editor Emeritus



Just in case you did not know, the world is round. The farther you travel, the closer you are to home.

We attended the 9th Asian Pacific Congress of Cardiology in Aukland, New Zealand. We enjoyed the opportunity to savor an intercourse with the physicians, teachers, and investigators from the other side of the world. It is unfair to compare the ultrasophistication of American medicine to the comparatively limited technologies of the less prosperous nations. Nevertheless, in spite of the disparity in the mechanics of medical practice, we shared with our colleagues "down under" a common concern in the ethical, moral, economic, and political problems which face organized medicine today.

Governmental intrusion, and structuring of the patient-physician relationship among the Pacific nations has long anteceded and considerably overreached our own surrender to bureaucracy. Accustomed as the physicians in the other half of the world had become to such tactics, their rising resentment of the increasing incursion and regulation of the professional options in medical practice by the health planners, was the focal topic of interest in our conversational exchange.

We relished the opportunity to tour New Zealand and Australia after the close of the Congress. New Zealanders take pride in the fact that their country has twice as many sheep as people. Apparently, they intend to keep it this way. They jealously protect the innocence of their land. There are no intrinsically native animals in New Zealand, except for a colorful variety of birds who flourished in sanctuary from predators. There are no snakes or reptiles to savage their nests. The animals who are now in New Zealand have been

imported from other lands, and were trained to respect their new environment. Grasslands are fenced. Cattle are raised for both milk and beef production. Deer were initially introduced as game. Freed from natural enemies and rigors of seasonal climate, they miltiplied profusely and became destructive of vegetation and crops. Unceremoniously, they were taken off the open habitat. The deer are now fenced in and raised as fully domesticated farm animals. Venison is an important export to Europe. We were a bit saddened to see the cousins of our freely bounding deer, who greet us each summer with their spotted fawns at our Wisconsin lakeside cottage, confined, pacified, and herded like cows. The land remains pristine in New Zealand.

The cities, like the people, are relaxed, open, and well kept. Architecture displays a comfortable mix of old English, baroque, Mediterranean, iron grill balconies, and modern design. Spacious parks with wide rolling lawns studded with statues and fountains, and decorated with ornately lush flower beds, are everywhere. Many private gardens face the street and complement the mood and charm of the town.

The topography of New Zealand is volcanic. The North island lies between the Tasman Sea, which separates it from Australia, and the Pacific Ocean. The warm sunny climate encourages subtropical vegetation in the broad luscious valleys bounded by gently rising hills. In contrast, the distance is studded with extinct volcanic cones which sharply pierce the sky. The interior of the island paraded untouched rivers and clear water lakes abundant in rainbow, speckled, and brown trout. I didn't have my fly rod with me.

We drove south to Rotorua. The thermal region with its steaming hot water springs and active picturesque geysers was impressive, and attested to the not-too-distant volcanic origin of the land. Christchurch is the garden city of the South Island alive with color. A short flight to Mt. Cook and we found ourselves at a delightful ski chalet at the foot of rugged snow-covered mountain peaks crowned by glaciers. Queenstown, a resort area on the shores of glacial Lake Wakatipu, was our base of departure to Milford Sound. We boarded a launch and entered the waterway of the fiord. Sheer vertical cliffs drop to the water edge, and stand proudly with their bluff face decorated by garlands of waterfalls from melting glaciers. My camera tried but failed to capture nature's majesty.

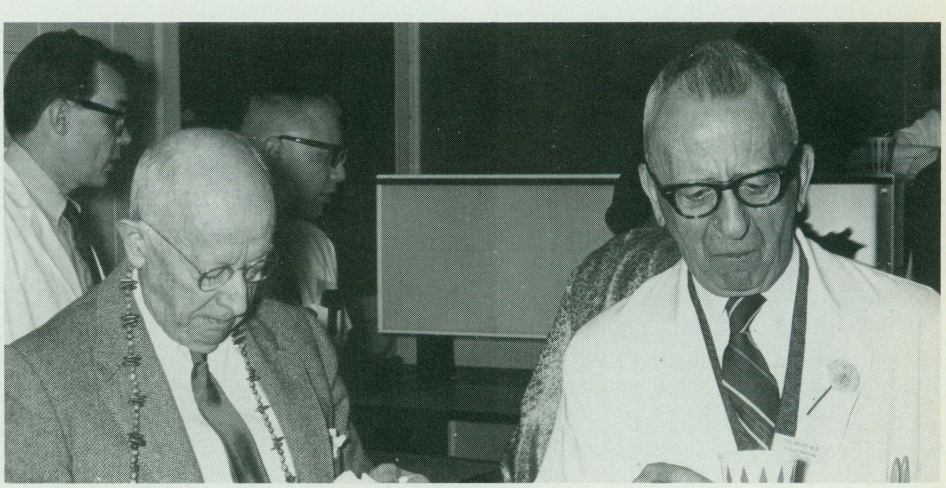
The Maori of Polynesian origin are the native people of New Zealand. They fought bravely to preserve their integrity and culture against the invader, and to a large measure, they succeeded. They now live and prosper with mutual respect in the company of the Anglo-Saxon immigrants. The Maori art expression is particularly unique and vividly reflective of their religion, tradition, and culture. Bert found the Maori artifacts to be of consuming interest as a model native art form. We spent much time in museums and cultural centers. We brought some objects home.

I have strayed from my initial theme. Let's start again. The farther you travel, the closer you are to home. We experienced cooler days as we traveled south. I put on my red Wisconsin sweater. I might as well have raised a flag. Dr. and Mrs. Jose E. Lopez of Rio Piedras, Puerto Rico attended the Congress and were traveling with our group. Dr. Jose E. Lopez, much to my delight, identified himself as a life member of the Wisconsin Medical Alumni Association! He was a medical resident at the University Hospital between 1955 and 1960 with a two-year hiatus to serve the U.S. Army in Germany. Dr. Jose E. Lopez is now the Academic Professor of Medicine-Cardiology at the University of Puerto Rico. We had a great time reminiscing about our many mutual friends on the Madison campus, and recalling many common experiences. I was able, in part at least, to assuage his thirst for news about our School. He promised to come back to Madison for Alumni Day—soon.

There is more. Dr. Daniel and Mrs. Ruth Connolly, Rochester, Minnesota attended the Congress, and were accompanied on the post-convention tour by their delightful children Christina and Tim. My red Wisconsin sweater clearly identified me as a disciple of Dean Arnold L. Brown. The Connollys knew "Bud" Brown and his family when they were in Rochester. With a common denominator we both admired, we exchanged informative conversation and mutually enjoyed the company. Indeed, the farther you travel, the closer you are to home.

We left New Zealand and flew to Australia. This was our second visit to the land "down under." Time and space do not permit further elaboration of this travelogue, and I must stop. I cannot even tell you about hearing Verdi's *I Masmadieri* in the magnificent hall of the famous Sydney Opera House, sung by a guest soprano from the Chicago Lyric Opera. (The farther you travel, the closer you are to home!) I cannot take time to tell you about the excitement of photographing the elusive Koala in its native sanctuary, or even begin to tell you about visiting Phillip Island and watching the fairy penguins waddle from the sea to shore to feed their young nested in the sand dune burrows while the sun sets over the Tasman Sea...

Perhaps another time. It's fun to travel, but it's great to be home! Q



Medical School News

Karl Beyer Visiting Professor in Medicine

Samuel I. Rapaport, M.D., Professor of Medicine and Pathology and Chief of Hematology at the University of California-San Diego, served as Karl Beyer Visiting Professor the week of October 4, 1987. He presented Medical Grand Rounds on the topic of Lupus Anticoagulant and gave a basic science lecture entitled: *"The Initiation of Coagulation During Hemostasis: Many Questions Some Answers."*

Dr. Rapaport was instrumental in organizing a workshop for the Blood Diseases branch of NHLBI on the Lupus Anticoagulant held in September.

The endowed Karl Beyer Visiting Professorships have been bringing outstanding medical scientists to the Medical School since 1960. Dr. Beyer, '43, received the M.D., Ph.D. and an Honorary Degree from UW-Madison and received our Medical Alumni Citation in May.

Electrophysiologist Initiates Murphy Lectureship

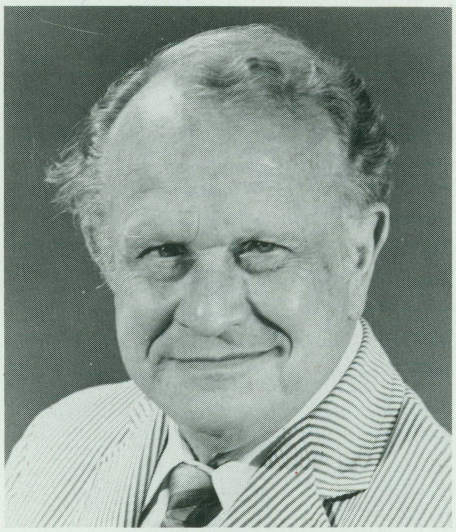
Harry A. Fozzard, Ortho S.A. Sprague Professor of Medical Science at the University of Chicago, presented the first *Quillian R. Murphy* Memorial Lecture September 30. Fozzard is an internationally recognized researcher in the cellular electrophysiology of the heart as well as an active clinical physiologist.

Q.R. Murphy '48 M.D., Ph.D. was a Professor in the Department of Physiology for many years and closely associated with Professors Walter J. Meek and J.A.E. Eyster. His research on cardiovascular physiology resulted in a series of important publications on the autonomic regulation of the cardiovascular system. He also collaborated with Professor W.B. Youmans and clinicians in the Departments of Medicine and Anesthesiology.

Murphy was particularly known among medical students and graduate students in Physiology for his excellent teaching and was awarded the Basic Sciences Teaching Award four times. He died unexpectedly on February 8, 1976.

Murphy's wife, Clinical Associate Professor of Medicine Marion E. Murphy, '46 is the allergist at the University Health Service.

The Department of Physiology welcomes contributions to help maintain the annual Quillian R. Murphy Memorial Lecture. They may be mailed to the Medical Alumni Association.



Frank Larson

Larson Becomes Third Academic Mentor

Dean Brown has appointed Professor of Medicine **Frank C. Larson** as Mentor for the Class of 1991. As such, he helps guide students in their academic work, facilitates contact between faculty and students, and will provide continuity for the Class of '91 students over their four years in the Medical School. He can frequently be seen attending classes and labs with the first year students as he examines what is taught and how it is taught.

Larson is the third Medical School Class Mentor. He joins Professor of Pediatrics **William Segar** and Professor of Medicine **Robert Schilling.**

Psychiatry Resident Receives Castello Award

Donald A. Meland, a first-year resident in the Department of Psychiatry, is the recipient of the 1987 Henry M. Castello Outstanding Resident Award.

The award is given in recognition of the qualities of clinical acumen, scientific curiosity and compassion for the patient. It was established by Dr. and Mrs. Donald Lieberman, Santa Clara, California in honor of their close friend Henry Castello, M.D., who died in 1968. Dr. Lieberman is a 1952 graduate of the Medical School.

The Mark Gichert, M.D., Memorial Award in the Neurosciences

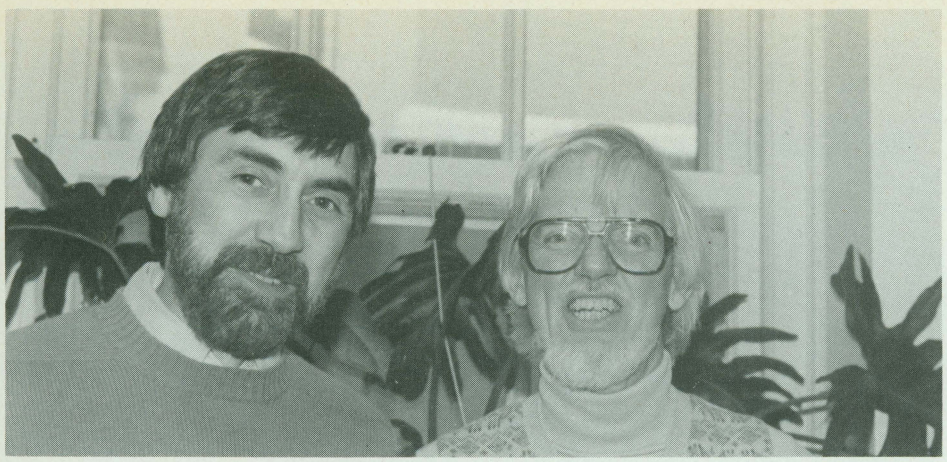
The faculty of the Division of Neurosurgery has made a commitment to establish and maintain an annual award in honor of the late Mark Gichert, a 1980 graduate of the UW Medical School, who died on March 27, 1987, while serving as Chief Resident in Neurosurgery.

The annual award of $1,000 shall be given to the graduating senior determined by the neurosurgery faculty to be the most outstanding student entering postgraduate training in any of the neurosciences.

The award will be presented at the annual Medical School Honors Convocation

International Conference Explores Chest Imaging

The Chest Imaging Conference–87 (CIC–87) was held at the University August 31–September 2. CIC–87, organized by Emeritus Professor of Medical Physics and Physics **John Cameron,** was sponsored by the UW Departments of Medical Physics and Radiology, the Medical College of Wisconsin's Department of Radiology, and several scientific organizations.



Chuck Mistretta and John Cameron

Sessions covered many new developments in chest imaging. One of the new systems described was the Digital Beam Attenuation (DBA) technique developed by Professor of Medical Physics and Radiology **Charles Mistretta.**

Mistretta co-chaired the conference with Lawrence R. Goodman from the Medical College of Wisconsin, while**Walter Peppler,** Clinical Assistant Professor of Medical Physics, handled local arrangements. Peppler and **Albert Alter,** Clinical Associate Professor of Radiology, will edit the proceedings.

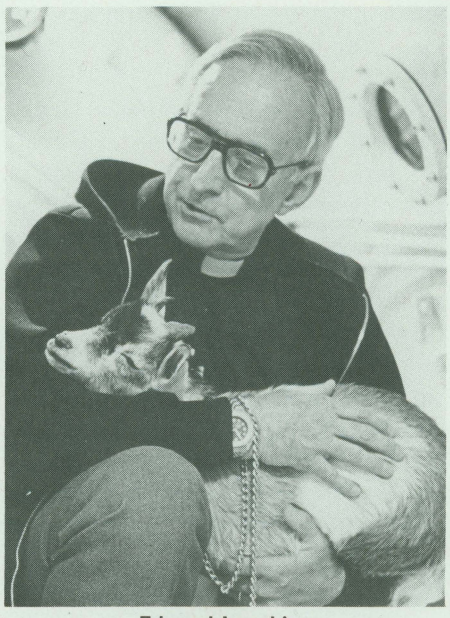
Financial support came from 11 medical equipment companies and the National Cancer Institute.

Diving Research May Help Transplant Recipients

Deep-sea divers suffering from decompression sickness and some organ transplant recipients can develop osteonecrosis, which destroys bone tissue in major joints. Both types of patients seem to suffer pressure increase in the bone marrow—brought about by decompression bubbles in divers and probably by high-dose steroids given to transplant patients as well as other types of patients.

Edward Lanphier, Senior Scientist in Preventive Medicine, has studied decompression sickness for several years at the UW Biotron, where he and **Charles Lehner,** Assistant Scientist in Preventive Medicine, have developed a method to produce osteonecrosis in sheep. Recently they began a pilot project for early detection of the reduced marrow supply than can lead to osteonecrosis by comparing bone scanning with radioisotopes and magnetic resonance images.

Associate Professor of Medicine (Nuclear) **Michael Wilson** said that the only established method to diagnose the problem now is with x-rays. However, the condition has advanced beyond treatment by this time. The developing method of early detection may allow the prevention or arrest of osteonecrosis before joints are damaged and in need of replacement. Patients may be treated by drilling a hole in the bone to lower the pressure.



Edward Lanphier

Neurology Funded for Stroke Research

The Department of Neurology recently received a $142,154 grant from the National Institutes of Health to study swallowing and speech after a stroke.

McArdle Awarded Additional Government Support

The McArdle Laboratory for Cancer Research recently received a $1,710,625 Cancer Center Support Grant from the National Institutes of Health. The funds, in part, help to support ancillary personnel and research facilities.

Role of House Staff Reviewed

S. Craighead Alexander, Professor and Chairman of Anesthesiology, is serving on an ad hoc committee of the Association of American Medical Colleges which is considering the role that house staff should play in the A.A.M.C. to advance medical education.

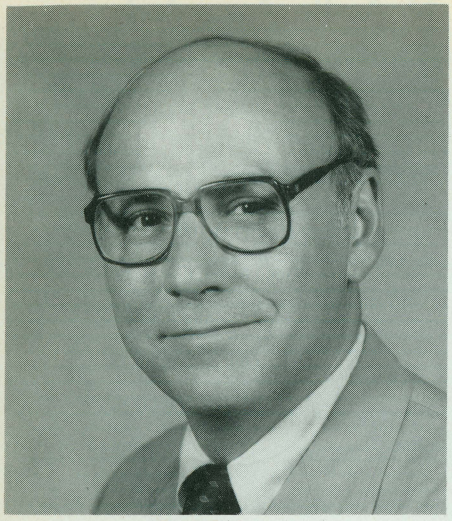
S. Craighead Alexander

DeLuca Appointed Chairman

Professor of Medical Physics **Paul DeLuca** has succeeded Emeritus Professor of Medical Physics **Herb Attix** as Chairman of the Department of Medical Physics.

DeLuca joined the University in 1971 after receiving his Ph.D. in Nuclear Physics at the University of Notre Dame. Active in teaching, research and service, he developed and headed the M.S. program in Health Physics and directed the Gas Target Neutron Facility. His research interests include fast-neutron radiation dosimetry and radiobiology, including protection of workers against neutrons

Faculty News



Paul DeLuca

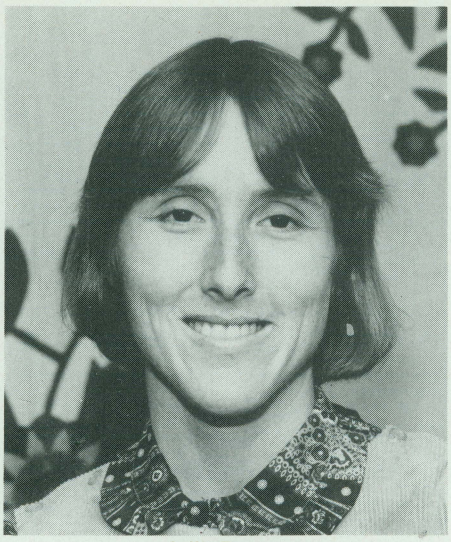
and the use of neutrons in cancer therapy.

Chairman DeLuca also has served the Radiation Safety Committee, the State Committee on Radioactive Wastes, the Health Physics Society, and the American Association of Physicists in Medicine.

A. James Liedtke

Recognition of Rennebohm Foundation Support

In a ceremony at the Medical School, cardiology researchers unveiled expanded laboratories and recognized the Oscar Rennebohm Foundation's $1.6 million grant in support of cardiovascular research. **A. James Liedtke,** Professor of Medicine and head of the Cardiology Section, said that Cardiology has been able to add "top-notch researchers to an innovative staff to explore areas of cardiology that could change the course of patient care." Q



Julie Fagan

Assistant Professor of Medicine **Julie Fagan** is the new Medical Director of the Women's Health Center. Internist Fagan recently completed a master's degree in biomedical ethics at the Kennedy Institute of Bioethics in Georgetown. She received her undergraduate degree at Stanford, her medical degree at Tufts and her residency at UW.

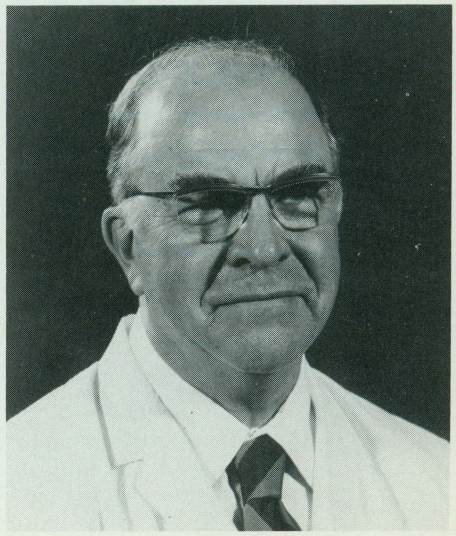
Professor of Genetics, Medical Genetics and Human Oncology **Robert DeMars,** a faculty member since 1959, recently was named Tracy M. Sonneborn Professor. The Professorship provides $65,000 in unrestricted research support for a five-year period.

DeMars is known for his research studies on the regulation of gene expression on the X chromosome, the first successful work on radiation and chemical mutagenesis with normal human somatic cells, and the nature of somatic variation and the analysis of the human major histocompatibility complex. DeMars also has originated courses in microbial genetics, molecular and cell genetics, somatic cell genetics, and genetics and cancer.

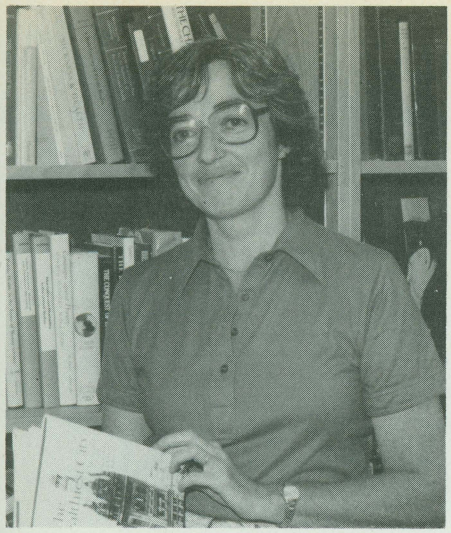
Tracy Sonneborn was Distinguished Professor Emeritus of Zoology, Indiana University, at the time of his death in 1981. Master teacher Sonneborn, who discovered the basis of mating types in paramecia, made important findings in population genetics of ciliates, serotype switching, cytotaxis and other areas. He was a member of the National Academy of Sciences and one of the original members of the Committee on Science and Public Policy.

Guillermo doPico, Professor of Medicine and Director of the Hospital's Pulmonary Function Laboratory, was invited to the Pan American Congress on Chest Diseases in Caracas, Venezuela. He chaired and participated in major symposia on occupational asthma and hypersensitivity lung diseases.

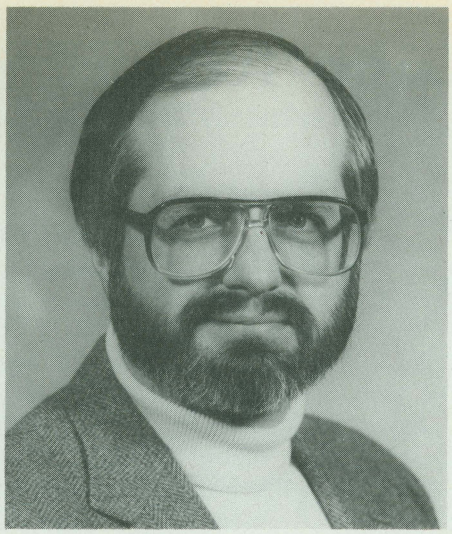
The Mohs Technique made national news again when President Reagan's nose cancer was recently removed. Surgeons used the method of microscopically controlled surgery developed 50 years ago by Emeritus Professor of Surgery **Frederic E. Mohs.** The Mohs method of removing skin tumors is 99% effective and consists of excising cancerous tissue layer by thin layer. After removal, each layer is frozen, examined microscopically and mapped on paper. The map shows precisely where to remove more tissue. Although retired, Mohs can frequently be seen helping at the Hospital's Chemosurgery Clinic.



Frederic E. Mohs



Judith Leavitt



Ronald Numbers

The second edition of "Sickness and Health in America: Readings in the History of Medicine and Public Health," was recently published. It was described in JAMA as an excellent collection of historical vignettes which provides useful and captivating reading for health professionals at all levels.

The book was edited by **Judith W. Leavitt,** Professor of History of Medicine and History of Science, and **Ronald L. Numbers,** Professor of History of Medicine and History of Science.

Two members of the Department of Medicine (Cardiology Section) were awarded grants from the National Institutes of Health. **Stephen Nellis,** Associate Professor of Medicine, received a three-year, $303,879 grant to study microcirculation in the beating heart. Assistant Professor of Medicine **Edward Toggart** received a three-year, $420,217 grant to investigate DSA imaging of coronary flow reserve.

Ruth Bleier, Professor of Neurophysiology and Women's Studies, was one of five UW faculty members to receive a faculty development award. The grant will enable her to prepare a new course and to work on another book concerning the misinformation on gender differences. Bleier's first book on the subject, "Science and Gender: A Critique of Biology and its Theories on Women," made the New York Times "Most Notable List of 100 Books" for 1984.

Members of the faculty have customarily served on test committees of the National Board of Medical Examiners. Currently, **William T. McKinney, Jr.,** Professor of Psychiatry, is chairman of the Psychiatry Test Committee—Part II and **Perry A. Henderson,** Professor of Obstetrics and Gynecology, is a member of the Ob-Gyn Part II Test Committee.

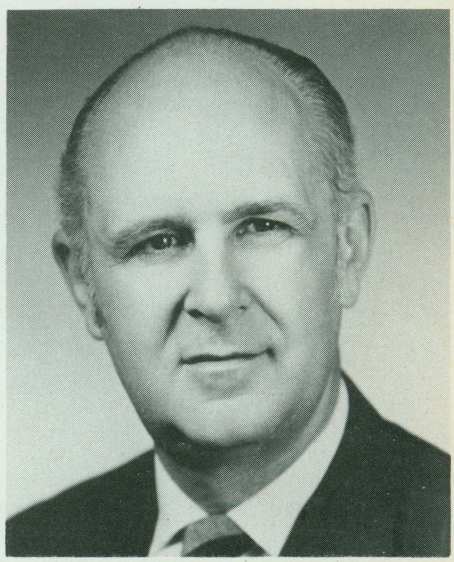
Paul Carbone, Professor of Human Oncology and Director of the Clinical Cancer Center, was unanimously chosen by the Board of Directors of the American Cancer Society to receive the Medal of Honor for 1987, the highest honor the Society bestows, for his clinical research. The award will be presented at the Society's Annual Banquet in New York on November 6.

Professor of Ophthalmology **Suresh Chandra** spoke on "Vitreous Surgery in Diabetic Retinopathy" at the Platinum Jubilee convention of King Georges Medical College, Lucknow, India. He also was the main speaker at the 45th All India Ophthalmology Conference National Symposium held in Hyerabad and was invited to speak at the Indo-US program "Update in Ophthalmology" in Madurai, India.

Professor of Medicine **JD Kabler** has been chosen President-elect of the State Medical Society of Wisconsin. Kabler has directed the University Health Service since 1968.

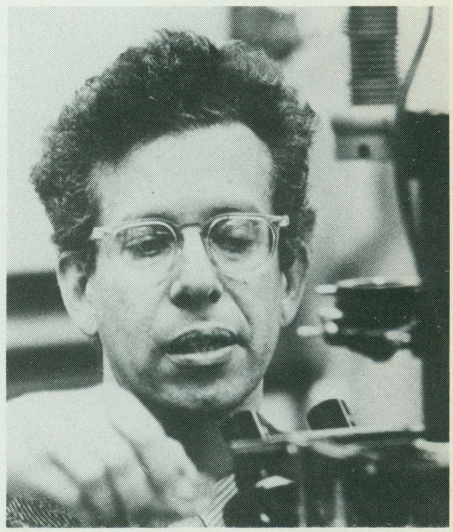
Associate Professor of Psychiatry **Warren Olson** has been appointed as a surveyor for the Joint Commission on Accreditation of Hospitals. He participates in site visits to ensure that hospitals are meeting JCAH standards.

Professor of Oncology **Waclaw Szybalski** was cited in "What's Happening in Chemistry?", an annual publication of the American Chemical Society, for his discovery of a universal restriction enzyme that can slice DNA at any desired site along the molecule.



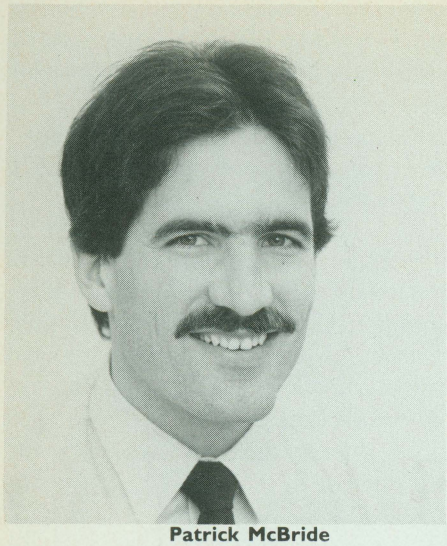
Waclaw Szybalski

President Reagan appointed Professor of Oncology **Howard Temin** to the National Cancer Institute Advisory Board. Temin joins another Medical School faculty member, Professor of Oncology **Roswell Boutwell,** on the 18-member board.



Howard Temin

Alumni Capsules



Patrick McBride

Patrick McBride, Assistant Professor of Medicine (Cardiology Section) and Family Medicine and Practice, received the 1987 Young Alumni Award from the UW-Milwaukee Alumni Association.

David Koch, Assistant Professor of Pathology and Laboratory Medicine and Director of the Hospital's Clinical Chemistry Laboratory, participated in a workshop on "The Complete Evolution of the Dimension Clinical Chemistry Station" at the 36th National Congress of the Italian Clinical Pathologists in Rome.

Emeritus Professor of Anatomy **Harland Mossman** was honored by friends and colleagues with a reception and dinner on September 19. They helped him celebrate two recent milestones: the publication of his classic monograph "Vertebrate Fetal Membranes" by Rutgers University Press, and the presentation by his peers of the Henry Gray Award, the highest award of the American Society of Anatomists. Q

'30

W.M.A.A. Past-President **Abe A. Quisling** received a special recognition award from the State Medical Society of Wisconsin for many years of vital, selfless contributions to the Society as Financial Advisor, Public Policy Pacesetter, and Delegate to the A.M.A. Special recognition awards were also presented to **Fred H. Koenecke,** '48, for serving nine years on the Committee on Alcoholism and Other Drug Abuse, and to **Wilbur E. Rosenkranz,** '53, for serving nine years on the Committee on Aging, Extended Care Facilities and Home Health Care. **Victor S. Falk,** '39, received a Meritorious Service Award for serving 33 years on the Editorial Board and 25 years as Medical Editor of the *Wisconsin Medical Journal.* Other Meritorious Service Awards were presented to **Darold Treffert,** '58, for serving seven years as Director and Chairman of the Board of Directors; to **Richard D. Fritz,** '54, for serving three years on the Board of Directors; to **Melvin Huth,** '33, for serving 20 years on the Commission on Medication and Peer Review; and **Alwin Schultz,** '48, for serving three years on the Boards of Directors. **William T. Russell,** '46, received a special recognition award for his many years of "warm and wise contributions as Director, Assistant Treasurer and dedicated guardian of physicians' and patients' best interest in public health policy issues."

'34

Antoinette S. Meuer participated in the annual Utica Blues Festival where she was awarded the coveted "Silver Razor Award" for her prowess in cutting contests. Inspired by such blues harmonica virtuosi as Shakey Horton, Junior Wells and Sonny Boy Williamson Number 2, she has been participating in live blues performances for more than twenty years under the "nom de harp" of "New York Nettie".

Dr. Philip Cohen, emeritus professor and former Acting Dean and Dr. Roy Hertz, '39 (right), of the National Cancer Institute, Medical Alumni Citation Recipient.

'38

Edward Guilfoyle is enjoying travel and gardening since his retirement from the practice of Anesthesiology in Denver, Colorado. He is looking forward to his 50th Class Reunion in May 1988, with a tour of Medical School facilities high on his agenda. Daughter Patricia is the wife of medical alumnus Jay Iams, '72, Associate Professor of Obstetrics and Gynecology at Ohio State University Medical School.

Harry Maytum is semi-retired and has concentrated on the practice of Geriatrics in Merced, California, the past four years. Leisure time activities include golfing, wood carving and furniture restoring. Harry and Louetta have nine grandchildren and three great grandchildren.

Everett Reinardy and his spouse Vi live in Florida from November to May and return to Janesville, Wisconsin for summer and fall. Everett serves as a volunteer at Medical Center Hospital, Punta Gorda, Florida, and assists a blood pressure evaluation team each week at the Charlotte County Cultural Center, Port Charlotte, Florida.

'39 **Roy Hertz,** Professor Emeritus of Pharmacology and Obstetrics and Gynecology, at George Washington University Medical College was the recipient of the first "Samuel M.

Dodek Award in Ob-Gyn" at George Washington in recognition of qualities of academic and professional excellence.

Dr. Hertz received our Medical Alumni Citation in 1964 and a U.W. honorary degree in 1987.

'43 **John K. Fulton** has retired from the practice of Internal Medicine (Pulmonary Disease) in Wichita, Kansas. Retirement has permitted John to take University courses in History and German Political Science, to participate in Elder-Hostel trips to Europe, to engage in local bass fishing, fly fishing for trout in the mountains, fly tying, muskie fishing, and much reading. Mrs. Fulton is also an avid and effective fisherman.

'44 **Merel Harmel** has retired from the faculty of Duke University and is now Professor Emeritus of Anesthesiology. Merel still resides in Durham, North Carolina.

'46 The Board of Directors of the State Medical Society of Wisconsin have established a **Ben R. Lawton** Memorial Lecture which will be presented biennially during the Annual Meeting of the Society. The Commission on Continuing Medical Education will determine the speakers whose topics might include the health consequences of nuclear armaments and other environmental or social issues.

'49 **Sherman M. Holvey** of Los Angeles has been elected Vice President of the American Diabetes Association. He has devoted his entire medical career to the care and treatment of diabetics, beginning with training in internal medicine and diabetes at Jewish Hospital and Cincinnati General Hospital in Cincinnati. He has been very involved with ADA's Southern California Affiliate and at the national level.

'51 **Philip W. Hardie, Jr.** has retired from the position of superintendent of the Alaska Psychiatric Institute. Although Phil finds it difficult to adjust to an unscheduled life, he has plans to increase his participation in golf, sailing, swimming and traveling. Alaska and "western watering holes" are the proposed sites of his retirement activity.

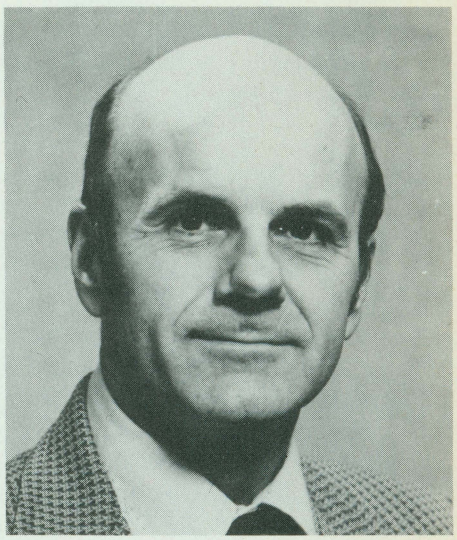
Alice McPherson continues to serve as President of the Retina Research Foundation, which has established a Retina Research Chair at Baylor College of Medicine, which supports both an annual national and international award ($50,000 each) for research of acclaim and sponsors at least 15 research projects each year.

In her role as member of the Board of Directors of the Pan-American Association of Ophthalmology, Alice will organize the North American course to be held in Orlando, Florida, in May 1988.

In March of 1988, the Alice McPherson Retina Research Laboratories will be dedicated at the Baylor College of Medicine Center for Biotechnology.

Alice recently contributed a chapter on "Retinal Tears Without Retinal Detachment" to *Current Therapy in Ophthalmic Surgery,* published by Decker, Inc.

'52 **D. Joe Freeman** of Wausau has been named Delegate to the State Medical Society of Wisconsin House of Delegates representing a Wisconsin Cardiology Section of the American College of Cardiology.



D. Joe Freeman

'54 **George M. Kroncke** has been promoted to Professor of Surgery at the University of Wisconsin.

Other Alumni faculty members receiving promotions this year are: **Jeffrey M. Jones** (Res IM) to Professor of Medicine; **Sheldon Horowitz** (Res Peds) to Professor of Pediatrics; **Julius J. Chosy** (Res IM) to Professor of Medicine; **Thomas C. Jackson** '67 to Professor of Medicine (Mt. Sinai); **Phillip R. Hamilton** '73 to Professor of Obstetrics and Gynecology (Mt. Sinai); **Charles Schoenwetter** '57 to Professor (C.H.S.) of Pediatrics;

George Kroncke

Gholam-Reza Hafez (Res Path) to Professor (C.H.S.) of Pathology; **Elizabeth Ohlrich** '80 to Associate Professor (C.H.S.) of Pediatrics; **Peter Kosolcharoen** (Res IM) to Associate Professor (C.H.S.) of Medicine; **Leslie C. Jameson** (Res AN) to Associate Professor (C.H.S.) of Anesthesiology; and **Jeffrey E. Grossman** (Res IM) to Associate Professor (C.H.S.) of Medicine.

'58 **Ada Anderson Burris** is in the private practice of Psychiatry-Psychoanalysis in La Jolla, California. She is a senior instructor at the San Diego Psychoanalytic Institute and Associate Clinical Professor at the University of California-San Diego Medical School. Her spouse, Arthur, is also a Psychoanalyst in private practice with appointments at U.C.S.D. School of Medicine and the San Diego Psychoanalytic Institute.

Darold Treffert is in the private practice of Psychiatry in Fond du Lac, Wisconsin. Darold is Executive Director of the Fond du Lac County Health Care Center and Medical Director of the Alcoholism and Rehabilitation Program at St. Agnes Hospital. Darold served as President of the State Medical Society of Wisconsin and Chairman of the Board of Directors of the Society from 1981-1987.

David Westring is Clinical Professor of Medicine and Associate Dean at S.U.N.Y., Stony Brook, New York. David has served as Chief of Hematology at Nassau County Medical Center, Chairman of the Department of Medicine and Director of Academic Affairs. Wife Mary is a graphics artist and, in collaboration with David, is restoring a Victorian home.

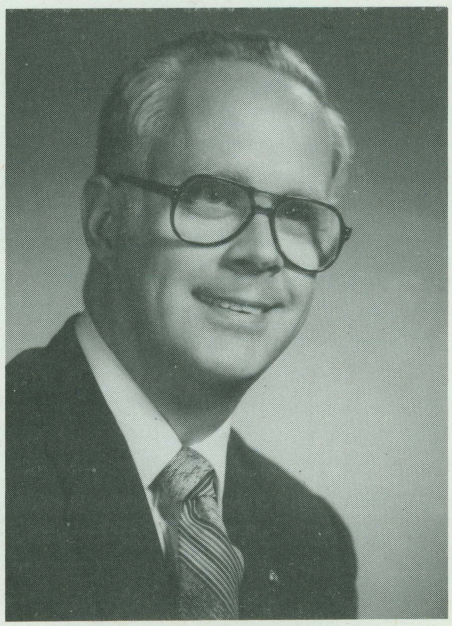
Harry C. Wong is practicing with an Anesthesiology Group in Salt Lake City, Utah. Harry was instrumental in developing the first free-standing ambulatory surgical facility in Utah. He is active in Anesthesiology organizations at the state and national level, has served as a Board member of A.S.A., SAMBA and F.A.S.A. and as a consultant surveyor and member of the Professional and Technical Advisory Committee for J.C.A.H. The Wongs have traveled extensively, particularly in the orient, when their two daughters were studying in China and Japan.

'60 **Alan E. Lasser** of Skokie, Illinois was recently named President of the Illinois Dermatological Society. Alan is Associate Professor of Clinical Dermatology at Northwestern University Medical School.

'63 **Kenneth G. Reeb** has been appointed Professor and Chairman of the Department of Family Medicine at the University of North Carolina at Chapel Hill.

While a U.W. Pediatric Faculty Member in the mid-1960's, Ken collaborated with Professor of Pediatrics and Family Medicine, Marc Hansen, in early studies evaluating a variety of approaches to the delivery of Primary Care.

'68 **George Kindschi,** Past-President of the W.M.A.A. and currently Governor of the Wisconsin/Upper Michigan District of Kiwanis International, took part in an historic event in July when the Germantown, Wisconsin Kiwanis Club installed its first female member and the state's first female Kiwanian.



George Kindschi

Lynn Witherspoon is President-elect of the southwestern chapter of the Society of Nuclear Medicine. Associated with the Ochsner Clinic in New Orleans, Lynn has a number of administrative roles. He is Director of the Radioimmunoassay Laboratory, Director of Information Systems Divisions and Vice President of the Alton Ochsner Medical Foundation.

'74 **Dean E. Schraufnagel** was recently promoted to Associate Professor at the University of Illinois at Chicago. Dean joined the faculty of the University of Illinois in 1981 following an internal medicine residency at the University of Illinois and service as Chief Resident and Fellow in Respiratory and Critical Care Medicine at McGill University.

In 1983 Dean received a National Institutes of Health Pulmonary Academic Award and was chosen "Pulmonary Physician of the Future" by the American College of Chest Physicians.

He has published three dozen medical articles and has been guest lecturer or symposium organizer for several national meetings. Dean also will be serving as guest editor for a special issue of the *Journal of Electron Microscopy Technique* dealing with "Electron Microscopy of the Lung".

'80 **William Drehmel** and his brother **Robert Drehmel** '81 practice family medicine together in Woodbury, Minnesota, a suburb of St. Paul. Bob and his wife Sue expected a September baby.

'81 **M. Molly McMahon** has completed graduate training in endocrinology at the Mayo Graduate School of Medicine. She is currently a Mayo Foundation Scholar training in hospital nutrition at New England Deaconess Hospital in Boston.

'83 **Donald M. Nowinski Jr.** completed training in Diagnostic Radiology at Mayo Graduate School of Medicine and has joined the Boulder Medical Center in Boulder, Colorado. His father, **Donald Michael Nowinski Sr.,** graduated from the Medical School in 1961 and served a residency in Radiology 1966-69. His mother served as Administrative Secretary to Dean Peter L. Eichman.

'85 **Bradley Fedderly** has been elected National Chairman of Family Practice Residents. The election occurred in Kansas City, Missouri in early August during the meeting of the American Academy of Family Physicians—National Conference of Family Practice Residents. Brad is a third year Family Practice Resident at the University of Massachusetts Medical Center in Worcester, Massachusetts.

'87 **Frank M. Chybowski** has begun a residency in surgery and urology at the Mayo Graduate School of Medicine.

'88 **David Farely** is another who has demonstrated that the demands of the pre-medical curriculum need not preclude participation in other activities. David played on the U.W. Golf Team throughout his pre-med career and served as Team Captain for three years. The team set an N.C.A.A. record during his tenure.

Necrology

Nell A. Hawley
Madison, Wisconsin
August 3, 1987

Merlin F. Junge, '40 (2 year)
Glendale, California
June 1986

Frederick G. Kroncke, '37
Roanoke Rapids, North Carolina
December 1984

Daniel C. Leicht, '71
New York, New York
April 5, 1987

Bert J. Meyer, '45
Santa Monica, California
March 20, 1987

Bryce K. Ozanne
(former resident Anesthesiology)
Moline, Illinois
March 31, 1987

Evelyn Siris
(former resident Radiology)
San Francisco, California
March 1987

Robert H. Sykes, '32 (2 year)
Denver, Colorado
1976

our readers write

Dear Sir:

In the Wisconsin Medical Alumni Quarterly, summer 1987, your class of 1947 vignettes report me as retired. This is grossly exaggerated. I continue in active practice as the head of the Section of Gastroenterology on the Milwaukee Clinical Campus at Mt. Sinai Medical Center and as a Clinical Professor of Medicine. History is an avocation of mine, not a vocation.

Sincerely,
Irvin M. Becker, M.D.
Milwaukee, Wisconsin
Class of 1947

Letter to the Editor

We all know that the face of medicine has been changing rapidly in many areas in recent years, but when I looked at the wonderful picture of the Class of '87 on Page 18 of the Summer *Quarterly,* I could not help but be overwhelmed by the photo-realistic changing face that you present.

In my class of 1959, we had a total of THREE lovely women who were part of our wonderful celebration on that eighth day of June, 1959. How wonderful it is to see that this has changed in such marvelous proportion and strength. I did not actually count the number of women who were part of the 1987 class, but only can say that it is a beautiful, wonderful and obviously intelligent change from 1959.

Good luck to all of the current class.

Yours very truly,
Ashley T. Lipshutz, M.D.
Los Angeles, California
Class of 1959

Dear Sam,

Some of you may have seen my son-in-law, Scott Fischer, on GOOD MORNING AMERICA in early June when he described how he would lead an American Team on a climb of Mount Everest this year. Scott has climbed the highest peak on 5 continents. This will be his 6th climb on the highest peak of the continent, and will leave only a fairly easy climb of Mt. Cook in Australia to realize a record of 7 for 7. Captain Jean Price has discontinued flying B727's to take care of their first child, Andy, who was born about 5 weeks before Scott left.

Veda Price Moretti had a daughter August 8, and Alta Awschalom, M.D. expects her first child in October.

Our company is assisting one of our clients start a health care company to market a new product. We pass by Madison on our way to see family in La Crosse on occasion. Charlotte is Vice President of Radac Group, Inc., and we travel quite a bit on business.

Newsletters are always appreciated.

Sincerely yours,
RADAC GROUP, INC.
James M. Price '51

Editor's Note: Jim Price received one of the first lifetime Professorships of the American Cancer Society while he was a UW Medical School member serving in the Clinical Oncology Program directed by A.R. "Tony" Curreri.

Dear Friends:

Thank you for continuing to send me the *Quarterly,* and I do certainly enjoy reading about the Medical School and University Hospitals, and most particularly about the Ophthalmology Department. I regret that I am not able to send any contributions to any of the funds of the Association in view of my situation and vows as a monk.

Kindly be advised that by September 15, 1987, my address for the next four years will be:

Br. Agileo T.I. Sibayan, OCSO, M.D.
Abbey of New Clairvaux
P.O. Box 80
Vina, California 96092

Again, my thanks and appreciation for keeping me in touch.

Sincerely in Christ and Mary,
Br. Agileo T. I. Sibayan, OCSO, M.D.
Former Ophthalmology Resident

Dear Vic:

I did not realize that the letter of mine which you included with your editorial on old drugs would get any response, but it did. I am enclosing the letter which Art Daily sent to me. It opened some fond memories. The steroids were just coming into the picture when Art was a resident. I kept emphasizing to the residents every one will be using the new drug, but when it fails what have you up your shirt sleeve. I gather from Art's letter that this observation of mine was good in that he still finds use for old compounds and mixtures which heal when it appears that the steroids have failed. Art was for a while the correspondent for the N.E. states for the Quarterly.

Sincerely,
Sture Johnson, Emeritus Professor
Dermatology
Sun City, Arizona

Sture A.M. Johnson, M.D.
10306 Hutton Drive
Sun City, Arizona 85351

Dear Sture:

I read with great interest the article on Acacia to Zinc in the editor's column of this month's Alumni Quarterly. It brought back a lot of memories to me too—not so much of the era of which Dr. Falk is talking, but of how your attitude regarding these preparations and your faith in them still prevailed when I was in training from '65 to '68. I'll never forget your remarks when we first arrived and you said that we should not use either systemic or topical steroids unless we had tried the old faithful remedies that you would teach us about during the course of our years in Madison. Drew's Ointment, lotion of Quillaja, Stoke's Ointment, Danish Ointment, San Juan Heat Rash Prep., Alibour Water, and White's Modified Coal Tar—many of these I use on rare occasions today, especially in hospitalized patients who failed steroids. We all thought it rather silly in a way but retrospectively we have all gone back to using many of these preparations in stubborn cases. The 40% precipitated sulphur that we now occasionally have to use for resistant scabies—scabies that we never saw in the era of my training, the tar preparations and the addition of LCD to a variety of creams were utilized by me up until a few years ago when LCD became very difficult to obtain. Fortunately, in the interim, numerous more socially acceptable tar preparations have come on the market which make the application of tar much easier and less messy to fit in with people's social conscience of non-messy preparations.

The thing that surprised me most though was that I never knew that you were a pharmacist prior to becoming a dermatologist. Now it is more clear to me why you felt the way you did about such things and why your historical comments on the arsenic compounds were so succinct. We still see arsenical keratoses and your drumming into our heads the necessity for asking pertinent questions regarding these preparations is still a pearl that occasionally I use at clinical conferences here in the East. I don't think the younger generation of dermatologists has any interest in how these compounds were used and how widely they were used, but they certainly seem to listen when one gives them some insight into a patient's problem which they have stumbled over, biopsied, and made a retrospective diagnosis when 25 years ago any practicing dermatologist would have made the diagnosis immediately. So goes the new generation and their constant use of biopsies and their less attentive adherence to the concept of look, taste, touch, and smell that you thoroughly ingrained in us. I must say that I have continued to use the biopsy as a tool only when a clinical diagnosis was not possible by me or my colleagues at conferences. However, the legal and the malpractice situation have made the necessity for biopsies almost mandatory in many cases now and the insurance companies are requiring biopsies in many cases to substantiate reason for payment of a surgical procedure.

Arthur D. Daily, M.D.,
Former Dermatology Resident
Fall River, Massachusetts 02720 Q

Continuing Medical Education

DATE: **October 23–24, 1987**
TITLE: **Seminars in Pediatrics**
SITE: **Clinical Science Center, University of Wisconsin, Madison, WI**
CREDIT: AMA Category I and University of Wisconsin CEHs (both 10 hours); AAFP prescribed and AOA Category 2-D credit pending.

DATE: **December 4, 1987**
TITLE: **New Management Choices in Cardiology: Controversies and Otherwise**
SITE: **Inn on the Park, Madison, Wisconsin**
CREDIT: AMA Category I and University of Wisconsin CEH's—both 7 hours.
AAFP and AOA Category 2-D credit pending.

DATE: **December 4–5, 1987**
TITLE: **Injury Clinic for Coaches**
SITE: **University of Wisconsin Hospital, Madison, Wisconsin**
CREDIT: University of Wisconsin CEU's, Wisconsin Department of Public Instruction Clock Hours

DATE: **December 11, 1987**
TITLE: **Symposium on Fibrositis**
SITE: **Radisson Inn, Madison, Wisconsin**
CREDIT: AMA Category 1, AAFP, University of Wisconsin Continuing Education Hours—all 7 hours.

DATE: **December 11–12, 1987**
TITLE: **Clinical Problems in Geriatrics: A Symposium in Geriatric Medicine**
SITE: **Concourse Hotel, Madison, Wisconsin**
CREDIT: AMA Category 1, AOA Category 2-D, AAFP, University of Wisconsin Continuing Education Hours—all 12 hours.

FOR FURTHER INFORMATION CONTACT:
Sarah Z. Aslakson
Continuing Medical Education
465B WARF Bldg., 610 Walnut Street
Madison, WI 53705
Telephone: (608) 263-2856

Coming Events

October 12, 1987
Wisconsin Reception—American Society of Anesthesiologists Annual Meeting
Atlanta Hilton Hotel—Atlanta, Georgia
Dusseldorf Room 5:30 p.m. to 8:00 p.m.

October 24, 1987
Annual Fall Homecoming • Medical Badger Brunch • Tickets to Wisconsin vs Northwestern football game • Fall Meeting of Class Representatives
9:30 a.m. to 12:30 p.m.—1300 University Avenue, Madison, Wisconsin

November 2, 1987
Wisconsin Reception • American Academy of Pediatrics Annual Meeting
New Orleans Hilton Riverside and Towers
Burgundy Room—New Orleans, Louisiana
5:30 p.m. to 8:00 p.m.

December 2, 1987
Wisconsin Reception • Radiological Society of North America Annual Meeting
Hyatt Regency—Chicago
Gold Coast Room 5:30 p.m. to 7:30 p.m.

January 24, 1988
Annual Milwaukee Winter Meeting
Sunday morning Brunch and Program featuring Shirley Abrahamson, Associate Justice, Wisconsin Supreme Court
Sheraton Mayfair—Milwaukee
11:00 a.m. to 3:00 p.m.

May 13, 1988
Alumni Day • Madison
Class Reunions—1938, 1943, 1948, 1953, 1958, 1963, 1968, 1973, 1978, and 1983

The Wisconsin Medical Alumni Association
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Madison, Wisconsin 53706

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