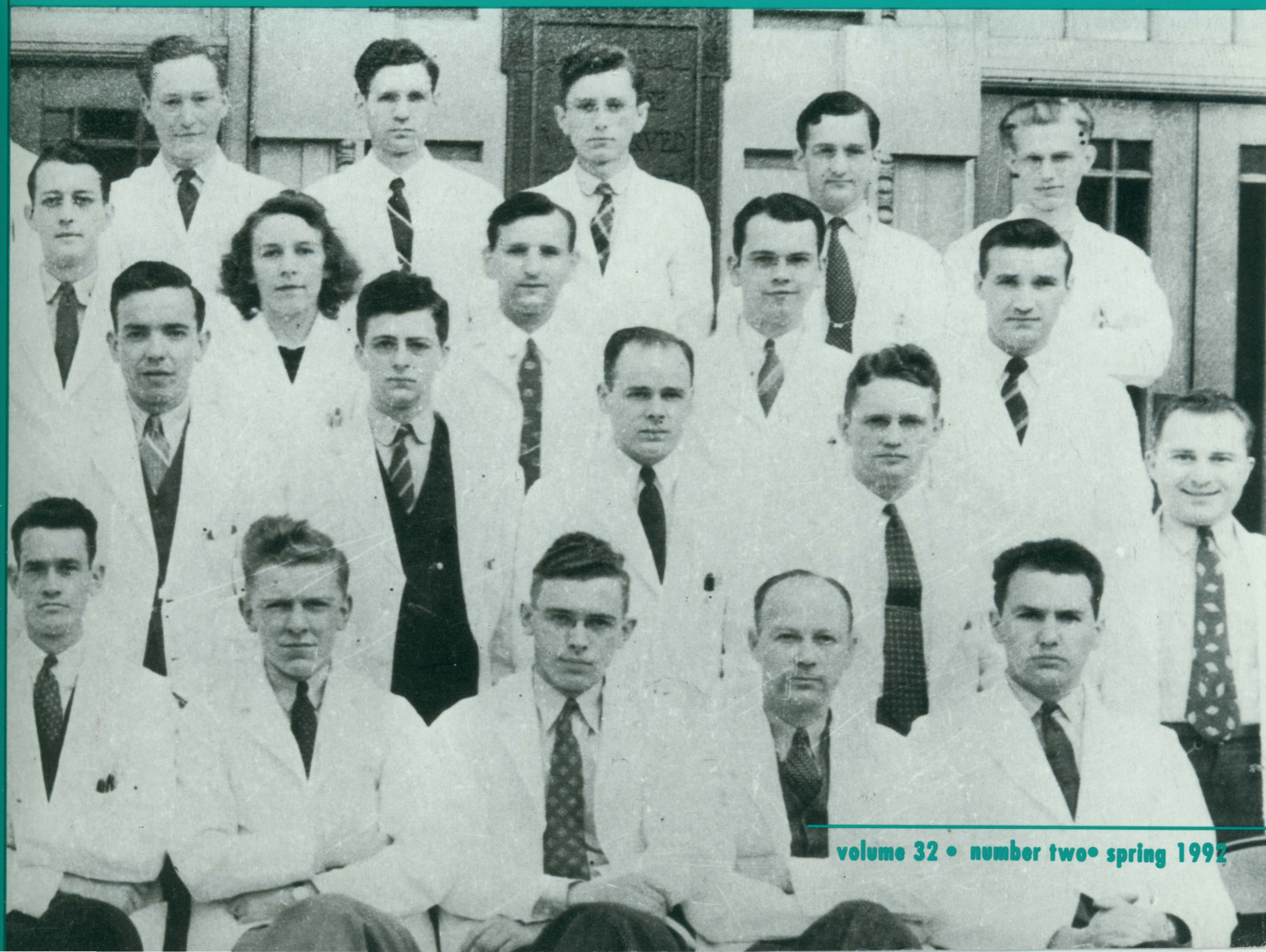
THE WISCONSIN MEDICAL ALUMNI MAGAZINE

QUARTERLY



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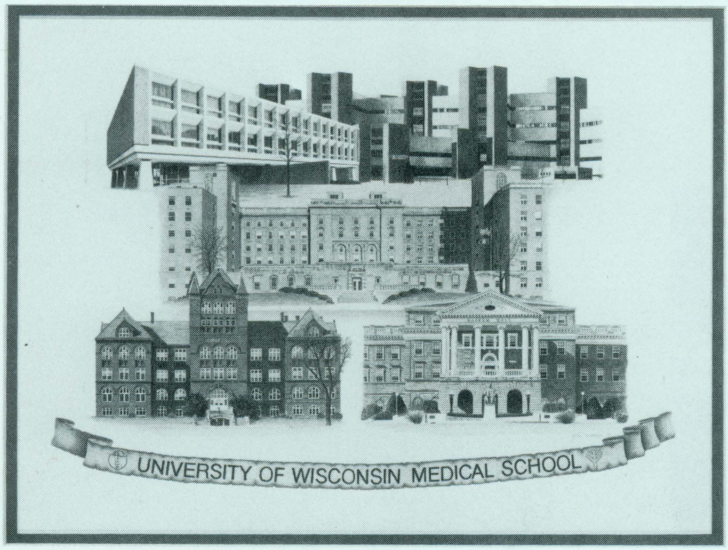
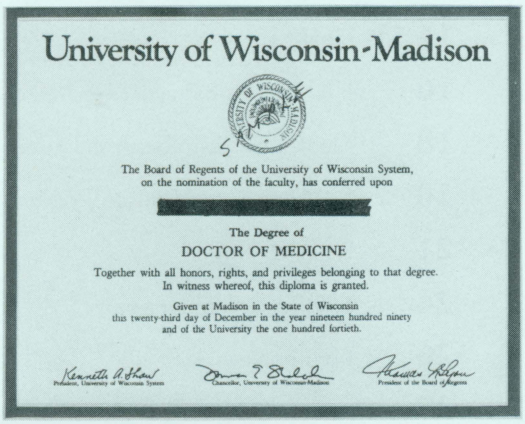
ON THE COVER: Back Row: (L to R) *Inset, Loraine K. Everson; Carol Tomlinson, Jack D. Schroeder, Brylton D. Lohmiller, J. Kent Tweeten, John E. Kreher, Phillip W. Limberg, Perry O. Triggs, Lorin D. Dawson, Raymond W. Quandt, Albert W. Axley, Elmer P. Rohde.* Third Row: *Helen S. Marshall, William H. Pollard Marvin Wells, Everett W. Humke, Earle J. Rotter, Charles W. Stoops, Christine A. Wood Martin, Harvey A. Gollin, Carroll J. Clark, Raymond P. Welbourne.* Second Row: *Lucy A. Vernetti, Grace K. Lightfoot, Reynolds M. Neseman, Royden F. Collins, George C. Hank, Forrest E. Zantow, Paul A. Mateicka, James C. Cook, Ernest D. Wenberg, B. Jack Longley, Sidney J. Adler.* First Row: *Miles B. Smith, Kenneth P. Swafford, William T. Stafford, Bruce E. Douglass, George A. Behnke, G. Stanley Custer, Wallace G. Irwin, John W. Walker, Thomas C. Sherwood, William V. Luetke.*

NEW

University of Wisconsin

Medical School Diploma Holder





University of Wisconsin-Madison

The Board of Regents of the University of Wisconsin System,
on the nomination of the faculty, has conferred upon

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The Degree of
DOCTOR OF MEDICINE
Together with all honors, rights, and privileges belonging to that degree.
In witness whereof, this diploma is granted.

Given at Madison in the State of Wisconsin
this twenty-third day of December in the year nineteen hundred ninety
and of the University the one hundred fortieth.

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HONORED CLASS REUNIONS

1942	1962	1977
1947	1967	1982
1952	1972	1987
1957		

PRE- ALUMNI DAY
Thursday, May 14

Morning
11am Editorial Board

Noon Class & Specialty Reps

Afternoon
2pm Board of Directors

Evening
6pm Post 50th Reunion Dinner

Class Reunion Dinners

1942 *Holiday Inn–West*
1947 *Madison Club*
1967 *Peppino's*
1987 *Inn on the Park*

ALUMNI DAY
Friday, May 15

AM

8:00 Registration
Continental Breakfast
Medical Science Center
1300 University Avenue

9:30 Spouses' Reception
Susan B. Anthony Room
260 Union South
227 North Randall Street

9:30 Welcome
Medical Alumni Hall
Room 227 SMI

9:40 Annual Business Meeting

10:30 Scientific Program:
Understanding the HIV Problems

PM

12:00 Wine Reception

12:30 Luncheon
Union South
Carousel Room
Welcome by President
Welcome by Dean
Presentation of 50-Year Medallions
Awards for Annual Fund Leadership

2:00 Special Tours

6:30 Reception
Holiday Inn Madison West
1313 John Q. Hammons Drive
Middleton, WI 53562

Class Reunion Dinners

1957 *Social Hour prior to Alumni Banquet–Holiday Inn–West*

7:30 Alumni Banquet
Presentation of Awards
Emeritus Faculty Awards
David T. Graham
Alice A. Thorngate

Medical Alumni Citations
Richard P. Bunge
William F. Enneking

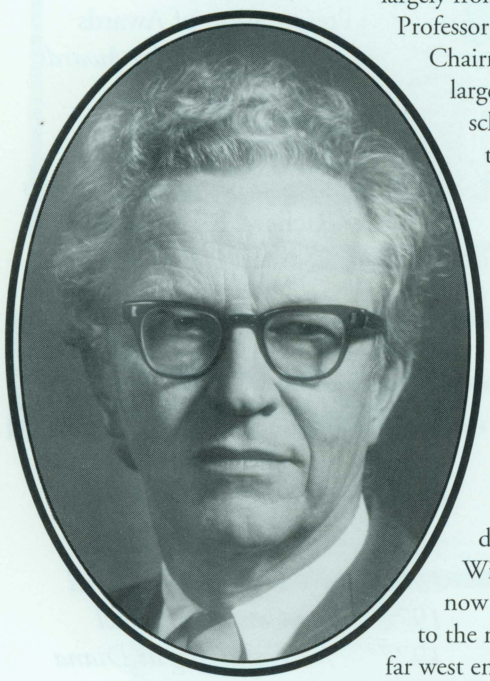
ALUMNI DAY
Saturay, May 16

Class Reunion Dinners

1952 *Radisson Inn*
1962 *Wilson Street Grill*
1972 *Concourse Hotel*
1977 *Gathering at Diana Kruse's Home*
1982 *Madison Club*

Emeritus Faculty Award

David T. Graham



Although David and Frances Graham moved to Delaware in 1985, part of them remained in Wisconsin. Their 28-year record of outstanding service to the University and to their fields of research left a legacy that can still be recognized and appreciated in 1992.

The structure and functioning of today's Department of Medicine, for example, derives largely from the spadework provided by Emeritus Professor of Medicine David Graham. As Chairman of Medicine — a department as large and complex as some entire medical schools — he instituted several organizational changes such as the section system that have served the Department well as it continued to grow in all areas. At the beginning of his tenure as Chairman, which lasted from 1971 until 1980, he established the Council of Clinical Faculty to maintain good communications with the volunteer faculty.

Chairman Graham also oversaw the massive move of the entire department from the old State of Wisconsin General Hospital, which is now part of the Medical Sciences Center, to the new UW Hospital and Clinics at the far west end of campus. Under his reign, the Department developed a major colony at Mount Sinai Medical Center in Milwaukee; third year clerkships were initiated at Marshfield; and many new research, educational and service programs were started.

A close colleague reminisced about the David Graham he worked with in Medicine. "He is a man of highest possible ethical and moral principles with an intense interest in being fair and honest to students and other colleagues." The colleague added that during Professor Graham's long service on the Admissions Committee, much of the time as Chairman, he scrupulously avoided external pressure at a time when the competition for admission was especially keen. In response to special pleading he would often say something like, "of course your applicant is well qualified and has the right social conscience to be a good physician. I only ask that you tell me which of the students we have selected for admission should be displaced by your candidate."

Dr. Graham's research interest in the unity of the mind and body spanned more than 30 years, during which time he served as President of the Society for Psychophysiological Research and President of the American Psychosomatic Society. He introduced a concept of specficity in psychosomatic disease and identified specific psychological characteristics that differentiate patients with different diseases from one another. People with different diseases, he theorized, have different personality types and express different attitudes toward the external stimuli responsible for their illness.

He is concerned that medical professionals still tend to make arbitrary distinctions between "medical" as opposed to "psychological" or "psychiatric" conditions — between "real, physical, organic" disease and "imaginary, emotional, functional" disease.

Before leaving Wisconsin, Professor Graham made further use of his interest in psychosomatic illness when he worked in the UW Hospital's Eating Disorders Clinic with patients with anorexia nervosa and bulimia. "These patients don't get well quickly," he observed. "From the beginning we must pay attention to psychological and social aspects. In other diseases, the connections are less clear."

David Graham's professional career began in St. Louis, where he earned his medical degree at Washington University's School of Medicine. He continued his training at Barnes Hospital in St. Louis and later became a faculty member at Washington University. One consequence of his years in St. Louis is his expertise in baseball trivia, especially anything concerning his favorite team, the Cardinals.

Dr. Graham's professional life has veered away from medicine since he joined the University of Delaware as Adjunct Professor in Psychology. "Now I do some clinical teaching," he explained. "I observe and critique graduate students in psychology as they treat individual patients."

He added that he still enjoys gardening and continues to take classes in the Chinese language.

Alice A. Thorngate

For 36 years, Alice Thorngate shepherded medical technology students at the University through the intricacies of performing the many laboratory procedures that have become so crucial to today's practice of medicine.

Miss Thorngate, now Emeritus Professor of Medicine and Laboratory Technology, was enjoyed by her students. "And I think she enjoyed us, too," related a former student and admirer. "You can tell that the students not only regarded her highly but truly liked her because many of them have kept in touch after all these years. She is a great lady."

Although described as very kind and reasonable by former students, Professor Thorngate ran a tight ship. "She was a tough task master," according to one alumnus. "She maintained high standards that we were expected to meet — no 'ifs,' 'ands' or 'buts.'" Those high standards accounted for her students' success on national exams, and for the UW training program being ranked near the top of laboratory technology training schools across the nation.

She also took an active role in developing the curriculum and keeping it up to date with revisions. She attended advanced courses and workshops for help in assimilating the latest procedures. She was, in fact, the one person principally responsible for the medical technology program, serving as associate director, then director of the program.

Miss Thorngate graduated from Milton College. Later she received training and certification in laboratory technology at the State of Wisconsin General Hospital, now part of the Medical School.

Although her primary role lay with the medical technology program, during the '50s and early '60s medical students also received the benefit of her expertise. They fondly remember AliceThorngate as their mentor in Department of Medicine laboratory courses required during their second year. She was in charge of most of the laboratories, suggested experiments and demonstrations, supervised the preparation of teaching materials, and assisted in instructing the instructors as well as teaching students.

Emeritus Professor of Medicine and Pathology and Laboratory Medicine Frank Larson, who directed the laboratory technology program for many years and worked closely with Miss Thorngate, said that he depended entirely upon her for decisions about what to do. "I can't say enough about her — she is superb and she did everything right.

"She is ethical, moral, high-principled, very intelligent, and the best teacher I've ever known."

Dr. Larson pointed out that he regarded the lab manual *Clinical Laboratory Procedures* that she publishd in 1949 and 1953 as the best available at the time. She has also authored two books since retiring. The first, in 1983, concerns the history of the UW clinical laboratories and the teaching program.

The other book, *Letters to Krissy* (1987, 1992), is history of a different nature. This is a collection of stories about the author's family — the parents and their six children — living in a small Nebraska town early in this century. The time was not too far removed from the memories and often-told tales of the early settlers to this region following the Civil War. The severe hardships of pioneer life on the unbroken prairies of the North Loup River Valley served as pages of history to the young Thorngates. The "letters" are directed to a grandniece of the author and portray by historical review and nostalgic reminiscences the moral values and the living standards of an earlier age with emphasis on the simplicity of family life during times much less complicated than our own.

The contributions of Emeritus Professor of Medicine and Laboratory Technology Alice Thorngate were recognized beyond the confines of Madison. An international journal of pathology carried an editorial about her after publication of her book *That Far Horizon–The Medical Technology Program at the UW-Madison, 1925-1975.* The article was titled *"You've Come a Long Way, Alice."*

Alumni Citation Award

Richard P. Bunge

By the time he garnered three degrees at the University — B.S., M.S. in Anatomy and M.D. — Richard Bunge had decided upon his career course. "I was fascinated by the unresolved problems in the neurological sciences," he said, "and became progressively more interested in research."

What whetted his appetite in particular was evidence that the nervous system showed some ability to regenerate. He and his wife Mary had observed this capacity for regeneration while conducting research at the University, he as a medical student and she as a PhD candidate with Hans Ris, an electron microscopist.

First using the light microscope and later an electron microscope, they observed that after fibers from the central nervous system lost their insulating myelin sheath and hence malfunctioned, the sheath could be restored and the nerve fibers once again function properly; following demyelination, remyelination was occurring in the adult animal. Such a finding was surprising, for the orthodoxy of the day leaned decidedly toward the view that the brain and spinal cord did not possess any kind of regenerative capacity.

Captivated by this unexpected evidence of neural regeneration and the mysterious ways of the central nervous system, Dr. Bunge opted to pursue a research career and forego clinical training. After graduating from the Medical School, he became a Postdoctoral Fellow of the National Multiple Sclerosis Society at Columbia University's College of Physicians and Surgeons. There he learned the fine points of culturing cells from the nervous system, and he and his wife continued their regeneration studies, a collaboration that still actively persists.

After serving on the faculty at Columbia and as a Visiting Professor at Harvard Medical School, he spent 19 years at the Washington University School of Medicine, where he was Professor of Anatomy and Neurobiology. In 1989 he joined the Miami Project to Cure Paralysis at the University of Miami School of Medicine to pursue a developing interest in the ability of central nervous system fibers to regenerate their axons in certain circumstances.

"We found that the cells of the central nervous system had to be provided with an alternate environment to induce them to regenerate," he explained. The critical factor turned out to be the presence of Schwann cells, the cellular source of myelin that enwraps and protects peripheral neurons. The Bunges have been isolating and transplanting Schwann cells into the CNS to influence regeneration in the rat. Recently, their work has included experimentation with monkey and human tissues.

Last May, Dr. Bunge received considerable notoriety when work done in collaboration with Dr. James Hopkins was published in *Experimental Neurology*: they were able to combine human neural tissue from the central nervous system of adult humans with Schwann cells from the peripheral nervous system to induce regeneration. For the human in vitro experiments, they used pieces of retina from eyes donated to eye banks. The retina, he explained, is an outgrowth of the brain and thus part of the central nervous system. In these experiments, the use of tissue culture allowed direct experimentation with human tissues, demonstrating that certain human nerve cells exhibit the same capacity for regeneration that had been observed with experimental animals.

Thus there is the possibility of autotransplantation of this tissue in hope of influencing central nervous regeneration after injury, such as after injury to the spinal cord. The challenge is to find practical ways to apply this new knowledge to specific human conditions.

After an effort spanning more than 30 years and including nearly 150 publications, Richard Bunge's sometimes unorthodox ideas have been verified and his expertise has been widely recognized. He has, for instance, served as an executive of the American Association of Anatomists, Chair of the Anatomical Test Committee of the National Board of Medical Examiners, and as Beaumont-May Institute Scholar. As a young faculty member at Columbia University he received the Lederle Medical Faculty Award. Recently, he was awarded a Javits Neuroscience Research Award.

The Bunges currently live in Coral Gables, Florida. They have two children.

William F. Enneking

William Enneking is the Eugene Jewett and Distinguished Service Professor of Orthopaedic Surgery at the University of Florida in Gainesville, where he has spent most of his professional career.

A native of Madison, he earned his bachelor's and medical degrees at the University of Wisconsin. Internship took him to the University of Colorado, and he completed his residency in Orthopaedics at the University of Chicago. For the following four years he served as Associate Professor of Surgery and Chief of Orthopaedic Surgery at the University of Mississippi. In 1960 he joined the faculty of the University of Florida.

Dr. Enneking's vocation has included extensive teaching and research as well as patient care. Most of his investigations, which he has conducted both at the clinical and basic science levels, have revolved around bone tumors such as osteosarcoma and chondrosarcoma in children. In his laboratory, he has spent a good deal of time in the biochemical analysis of bone tumors as well as their immunologic manipulation, and he developed the internationally used staging system for bone tumors.

Dr. Enneking also is interested in methods of reconstruction after surgery for bone tumors. He has delved into how bone grafts heal and how one can improve the results of bone grafting.

Until a few years ago, he was involved in volunteer work in Honduras, where he ran a crippled children's program for many years.

Another significant portion of Bill Enneking's time goes into teaching. "For a long time I've been heavily engaged in putting on postgraduate courses in bone pathology. These have taken me to Italy, Germany, Brazil, the Netherlands, Japan, South Africa and most recently to Australia," he said. The courses generally last two weeks. He has given a two-week seminar in bone pathology at the University of Florida for orthopaedic residents every spring and fall for the past 30 years.

In his off hours, Professor Enneking can most likely be found on or near water. "My wife and I like to sail," he explained, "and we do a lot of fishing, too, in Central America and around the Keys." Marlin and sail fish are favorites. Until recently, the Ennekings sailed the high seas on their large catamaran; currently they are content with a smaller boat. His proclivity for water may have stemmed from childhood experiences, for he grew up on the shores of Lake Mendota, where he learned to sail.

Most of his critical investigations have revolved around bone tumors such as osteosarcoma and chondrosarcoma in children.

Weekends at the Enneking home are, at the very least, lively. Seven Enneking children have given their parents 13 grandchildren so far, and some of them visit each weekend. "They used to be scattered around the world," he said, "but now they've all moved back to Florida. And I still have a scattering of relatives in Madison."

William Enneking, who is Director of the National Bone Bank, has held many prestigious positions. He served as President of the Orthopaedic Research Society and of the American Orthopaedic Association. A three-time recipient of the Kappa Delta Award of the American Academy of Orthopaedic Surgery for his outstanding research in orthopaedics, he served as a trustee of the Orthopaedic Research and Education Foundation; was a member of the committee on skeletal systems of the National Academy of Science; served as chair of the subcommittee on in-training examinations of the American Academy of Orthopaedic Surgeons; belonged to the examination committee of the National Board of Medical Examiners; and was a member of a National Institutes of Health surgery study section.

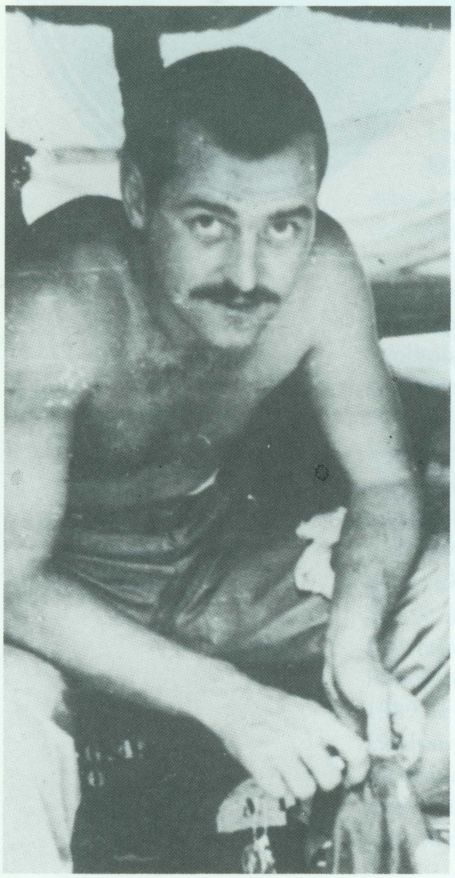
PRESIDENT'S COLUMN

Betty J. Bamforth, MD

There are many nice things that happen when one serves as an officer of an organization. One of the most pleasant occasions for me was the reception for alumni anesthesiologists and members of the Department of Anesthesiology during the meeting of the American Society of Anesthesiologists in San Francisco last fall. Many who came were folks I had counseled as students during my tenure as Assistant Dean. They had trained at many fine programs around the country. Some are in private practice, usually with a group, others are serving military obligations, while some are on medical school faculties. But it is most rewarding for a teacher and advisor to see the successful outcomes which these graduates represent. Medical education is often a grueling and troubling experience. Decisions about choice of specialty may be wrenching. The senior class has just completed ranking their choices for post-graduate training, and are excited about having the match results on March18th. While each as individuals had good and bad times during the past four years, they will be graduating on Alumni Day. Let us welcome these new colleagues. I for one look forward to seeing old friends and former students each year. Please stop to say hi!

EDITOR'S COLUMN

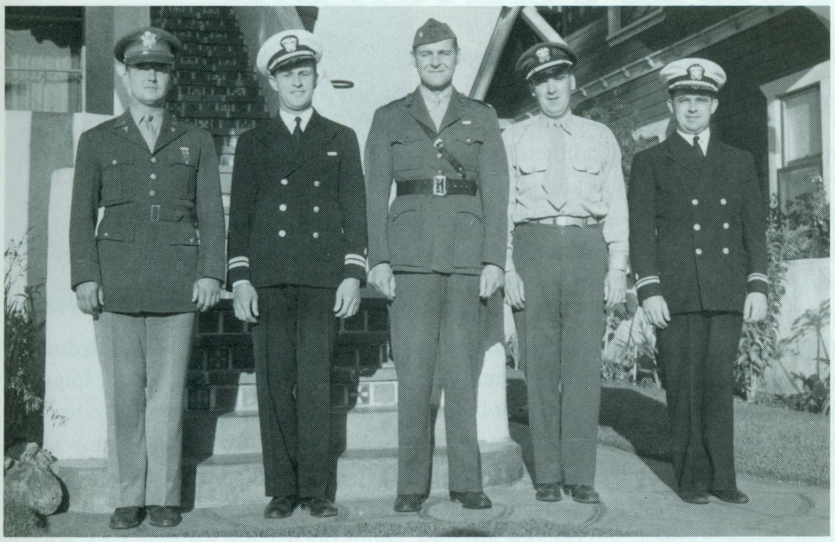
Victor S. Falk, MD '39



THE STORM UNLEASHED

On December 7th, 1991, I attended a memorial service and retrospective symposium at Pearl Harbor entitled "The Storm Unleashed" commemorating the 50th anniversary of the attack on Hawaii. This did unleash a flood of memories relative to the Medical School and the medical profession in World War II. The attack that occurred 50 years ago had a tremendous impact on the medical profession in general and on the Medical School and its graduates in particular. Approximately 1200 Wisconsin physicians were in service during World War II. (There were about 3400 practicing in Wisconsin in 1940.) Some of the more recent graduates at that time considered themselves the "lost medical generation," especially after having been in service for several years. However, when they returned there was a tremendous expansion of the residency training program and many of the veterans took advantage of this on the so called GI Bill.

Dr. Middleton, then Dean of the Medical School and a veteran of World War I, departed early to become the chief consultant in medicine in the office of the chief surgeon of the European Theatre of Operations. Wisconsin's only hospital unit, the 44th General Hospital, was formally approved by the Surgeon General in November 1940. Dr. Middleton directed Dr. Joe Gale as chief of surgery and Dr. Frank Weston as chief of medicine to pick their professional personnel for the unit. Men were chosen from the hospital and preceptor staffs "to continue the teaching of human services of the medical school and hospital in military service." The unit was activated in January 1943 at Fort Sill, Oklahoma. The unit left the states in September and landed in Australia about a month later. Stationed initially in Australia, the unit moved to New Guinea and finally to the Phillipines. Other familiar names in the unit included John Bentley, Edward A. Berge, Einar Daniels, Ed Gordon, Ken Lemmer, Pete Midlefort, Si Rogers, Murph Shapiro and J.L. Sims.



Typical of 1942: Wisconsin reunion in San Deigo. From left: Siebecker '40, Goodlad '40, Falk '39, Peterson '40, Bachhuber '40.

There were many acts of heroism and even more of hardship experienced by medical officers on every front. Some of the medical officers as well as nurses and enlisted personnel were overseas for extended tours of duty often longer than three years and were poised for the invasion of Japan when the war ended. There have been conflicts since World War II, but none with such magnitude and so disruptive to the medical profession..

Note: If any of you have photos of yourself or your medical unit in WW II, please send them to the Quarterly, *as this would be an appropriate time to run them.*

Another organization with University connections was the 135th Medical Regiment, which began with the 32nd Division in World War I. This unit got off to a very early start when it was inducted into federal service in January 1941, and shortly thereafter moved to Camp Shelkby, Mississippi. The group left New York in early March, sailed down the Atlantic coast, through the West Indies, across the Carribean to Panama and across the Pacific to Australia. The unit was broken down into smaller segments and served several stations in Australia and New Guinea. Still later, they were involved in the Leyte and Luzon campaigns in the Phillipines. The original commanding officer was Colonel William Bleckweum and Mark Musser was also a member.

However, most medical officers were assigned to individual military units or ships. There were graduates from the earliest classes at the University Medical School and extending over the years to those graduating from the accelerated program during the war years. Two classes graduated in 1943, in March and November. The accelerated Medical School program was followed by a nine-months internship and immediately thereafter by active military duty.

On the home front the physicians were left holding the fort and had their work load increased by the absence of a large percentage of community physicians. The country was united behind the war effort and industry increased its output of military hardware on an unbelievable scale. Many women went to work in heavy industry and the designation "Rosie the Riveter" became appropriate. Civilians were confronted with rigid rationing of gasoline, tires, meat, sugar, butter, coffee and no new cars were purchased for several years. Diligent air raid wardens all over the country patrolled the streets to ensure that there was a total blackout. This made sense along the coastlines but hardly seemed necessary in the midwest, where there were also airplane spotters scanning the skies looking for enemy aircraft.

Gift of STOCK Could Mean LOWER TAXES

We'd like to pass along some information we gleaned from a tax consultant.

When you donate appreciated securities instead of cash to an organization such as the Wisconsin Medical Alumni, you may be able to lower your tax burden. In the case of appreciated stock, you can deduct the current fair market value of the stock as a donation and avoid paying taxes on the capital gain you would have earned if you had sold the stock and donated the proceeds. For example, suppose you own $1,000 worth of stock that you originally bought for $100; by donating the stock to the WMAA or a charity, you can deduct the entire $1,000 value as a contribution and the $900 gain will escape taxation.

If you would like to give a large amount, you might want to set up a charitable trust into which you would put the asset's income interest (the right to receive income payments earned during the term of the trust) or the remainder interest (the property remaining when the income interest is completed according to the terms of the trust). You can receive a current tax deduction by donating either the income or the remainder interest.

For more information contact the Wisconsin Medical Alumni Association Office, 1300 University Ave., Madison, WI 53706 or phone (608) 263-4915.

MEDICAL EDUCATION DAY

Is today's curriculum meeting the perceived needs of tomorrow's physicians? Read about dissatisfaction with medical education and how it might be remedied.

Theodore Goodfriend, Acting Associate Dean of Academic Affairs, moderated the Medical School's 6th Medical Education Day on February 6. This annual event was initiated by former Associate Dean of Academic Affairs Charles Lobeck to explore trends in today's medical education and discuss possible future directions.

A CASE IN POINT

Professor of Preventive Medicine Jerry Dempsey presented a sample instructional offering to illustrate how the first year course in Physiology attempts to weave clinical material into a basic science course. "Medical students are demanding this kind of presentation," he said. "They want to learn early on how basic principles apply to patient care, and we feel that they can learn the principles from studying a disease entity."

His example was sleep apnea, a condition in which the body's control systems fail to maintain carbon dioxide levels within the normal, precise range. As he discussed the function of the multifaceted normal system and showed the symptoms and physiology of patients who had breathing difficulties, it became clear that the causes of respiratory failure are diverse.

Dr. Dempsey's example illustrated in patients the materials the students had previously studied in small group sessions. A video tape, for example, showed exquisite close-ups of airway constriction and opening that coincided with physiologic measurements also presented in the video.

The subject matter, which is Dempsey's main research interest, also brought to the students' attention an area of medicine that is in its early stages. They will, presumably, be better prepared to diagnose respiratory-failure patients when they practice medicine and better able to understand the developing literature.

"Before the '80s," Dempsey said, "we didn't even think of studying patients during sleep. Sleep labs are a recent phenomenon and still not used enough. People can be misdiagnosed for many years if their sleep phase is ignored. The airway can be compromised in many different ways during the mini-respiratory failures that can occur hundreds of times a night in sleep, particularly in older patients, newborns and overweight individuals. The next day, a sufferer can even fall asleep while driving."

He showed some nocturnal ventilation devices that can counter respiratory distress.

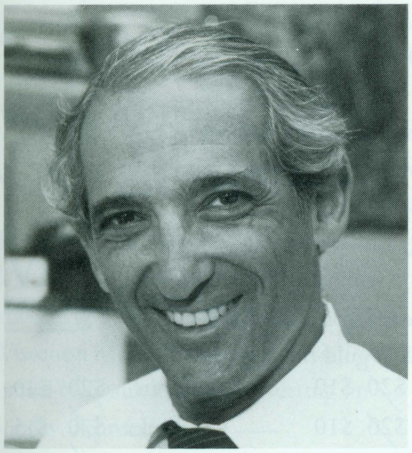
CAN WE IMPROVE?

In an effort to assess the adequacy of the UW Medical School's curriculum and to elicit suggestions for improvement, Dr. Goodfriend had sent a questionaire to recent graduates — mostly from the class of 1988 — now in practice or finishing their residency. The alumni were asked to reflect upon a number of issues. How did they feel, for instance, about the balance between basic science and clinical medicine and their integration? Would an emphasis on problem solving, along with decreased reliance on lectures, be possible and desirable? If so, how could such a shift be implemented? Are important subjects such as medical ethics, nutrition and preventive medicine lacking, inadequate or misplaced in the curriculum? How valuable was the third year clerkship in selecting a medical specialty? It is often said that many students enter medicine with a healthy idealism only to leave with a cynical, almost hostile attitude; do you believe that is true, and, if so, how did such a transformation come about and how would you change the situation?

A panel of eight former students, arranged by Curriculum Associate Selma Van Eyck, voiced opinions on most of these fundamental issues. Some replies were surprising. "You could get rid of 50% of the material offered to students," was the assessment of two panelists. The others weren't so precise in pinpointing how much of the curriculum could be eliminated but seemed to agree that there was an unnecessary overload of factual material. Educators must accept the fact that they can't teach everything they think they need to.

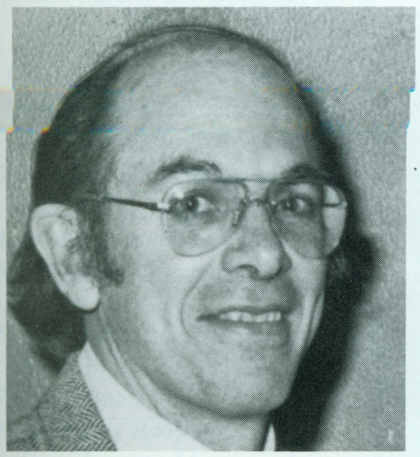
Having to learn such vast amounts of information exhausts the student, and much of the information — perhaps most — is not retained. "There's so much we don't need to know," lamented one panelist. Others agreed that teaching advanced material in introductory-level courses can be a waste of time. They felt they eventually had to learn a great deal more about their specialty than had been presented in medical school, but had been asked to learn more than they needed about other areas.

On a related topic, many panelists agreed that the ability to problem solve, to have good clinical skills well in hand, and to know how to look up and process information they need to know in a challenging situation are valu-



Theodore Goodfriend

Charles Lobeck



Jerry Dempsey

able skills. Ingesting and regurgitating a mass of factual information, on the other hand, did not enhance their performance.

When discussing what happened to their initial enthusiasm and idealism, the panelists gave a number of opinions. Some thought that the sheer workload of a typical student, resident or practicing physician sometimes makes it difficult to get all the necessary work done and still maintain ideal human values. He or she may be hurrying too much to pay attention to niceties; empathy may be relegated to the bottom on the list. Similarly, a few panelists said that some of the residents they had experienced were very cynical people, and hence served as poor role models and teachers. As one panelist put it, "It's not what you were taught but who you were exposed to" that makes a difference; i. e., the best teaching is by good example. "Example is not the best teacher," another graduate added, quoting his father. "It is the only teacher."

The panelists also pointed out the typical academic situation in which most attention is given to a fellow, less to a resident, and still less to a medical student. Perhaps more contact with full-time faculty would be helpful, although the younger faculty tend to be absorbed with their research so that they can earn tenure. Perhaps more rewards should be given for student contact.

It was also pointed out that the very nature of medicine can be a psychological downer, as when the physician realizes a patient cannot be helped. The threat of litigation is another aspect of medicine that can lead to negative reactions.

Feelings were voiced about the type of clinical training received during medical school. Many participants felt that more time and effort should be devoted to learning in clinics rather than wards to better prepare for what a practicing physician will face. Some also felt that there should be more clinical and less basic-science teaching.

One panelist bemoaned the general lack of teaching about ethics, integrity and empathy. Another said that subjects should be taught in a systems-based, integrated curriculum that crosses disciplines.

At the end of the panel discussion, Dr. Lobeck mused that "this has all been said before. When will the time be right to change things?" He suggested that now may be the time to call for another Flexner-type review. He noted that some medical schools currently are trying to decipher what is really necessary and to emphasize the human aspect of medicine and respect at every level.

"And students should be having fun and enjoying their learning experience," he concluded.

The following recent graduates participated in the Medical Education Day panel:

Joe Bellissimo
Randall Haas
Gregg Heatley
Steve Hunter
Steve Lagman
Jean Loftus
Robert Zoeller

FINAL WORDS

The afternoon ended with an address by William Mattern, Associate Dean for Academic Affairs at the University of North Carolina. His presentation, "Health of the Public and Medical Education," was the First Annual Charles C. Lobeck Honorary Lecture, established to recognize Dr. Lobeck's dedication to medical education at the Medical School during his tenure in Pediatrics and seven years as Associate Dean.

Nephrologist and educator Mattern began by describing the similarities between his career and that of Dr. Lobeck. "We both went to small colleges in New York state and then to private medical schools in New York," he explained. Dr. Mattern attended Columbia College of Physicians and Surgeons while Dr. Lobeck attended the University of Rochester School of Medicine and Dentistry. He added that he and Dr. Lobeck have both been interested in medical education during the past several years.

Most of his talk concerned the many clinical and training programs around the country that focus on bringing health services to a large range of populations, particularly those most underserved, with an emphasis on primary care.

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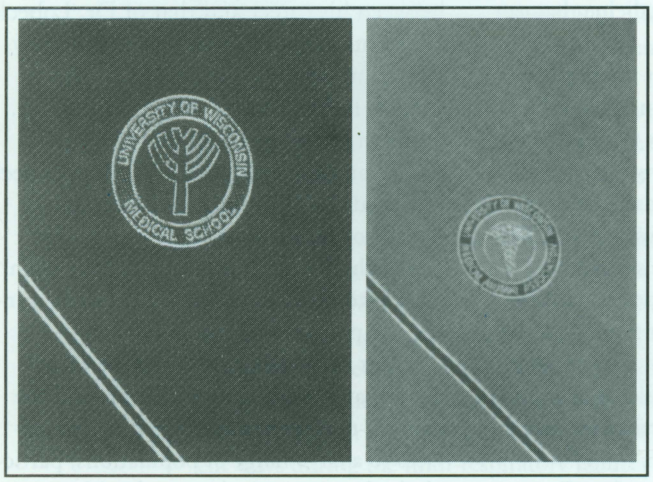

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Annual

MILWAUKEE WINTER MEETING

More than 100 alumni, spouses and guests assembled at the Sheraton Milwaukee North, Brown Deer, for the Wisconsin Medical Alumni Association's annual Milwaukee Winter Meeting on Sunday, February 2.

The business meeting began at 9:00 a.m. The Board of Directors were joined by acting Dean Carl Getto and new Dean Laurence J. Marton, who will assume the deanship this spring. Dr. Marton, a distinguished cancer researcher, currently chairs the Department of Laboratory Medicine at the University of California-San Francisco.

The reception was followed by brunch. Then UW Athletic Director Pat Richter spoke about athletics at the University in a presentation titled "The Greatness of a Loss." Mr. Richter, an All American end in 1961 and 1962, received nine letters in three sports while he was a UW student and went on to play pro football for eight years with the Washington Redskins. He graduated from the UW Law School in 1971.

1. President-Elect Carl Olson
2. Acting Medical School Dean Carl Getto
3. New Medical School Dean Laurence Marton
4. John Petersen and Carl Getto
5. UW athletic Director Pat Richter
6. WMAA Executive Director James Griffith
7. Barry Usow
8. Carl Olson, Barry and Leslie Usow, Laurence Marton and Carl Getto

FINAL CHOICES: The

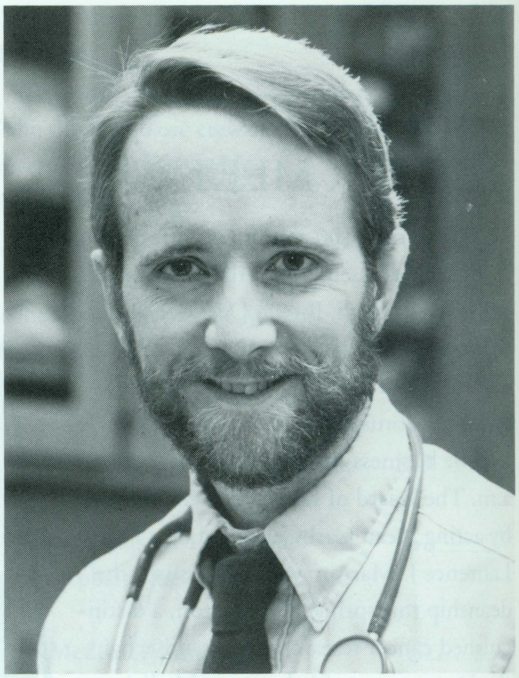
Recent years have witnessed a dramatic upsurge of interest in patients' rights to determine their own health care.

On the national scene, the Patient Self-Determination Act, which took effect in December of '91, requires health-care institutions to ask adult patients 18 or older, upon admission, whether they have an advance directive defining their treatment preferences (e.g., specifying which treatments they will refuse or accept) should they become unable to make decisions. To cover such circumstances, most states have instituted living wills and power of attorney for health care, documents that spell out the patient's wishes. Advance directives can also include oral instructions and/or wishes communicated by a competent patient, although such directives may require further evaluation and be trickier to implement.

Physicians increasingly must comply with patient directives in caring for the seriously ill. Ambiguities, however, can bring about uncertainty, confusion and conflict.

At first glance the situation looks simple: do what the patient had requested at a time when he or she was competent. In the United States, a competent adult patient's decision should be honored. In practice, however, individual cases sometimes are ambiguous, and thoughtful physicians can differ in their treatment decisions.

In early January the PSDA (Patient Self Determination Act) Task Force at the UW Hospital and Clinics presented Medical Grand Rounds concerning "Final Choices: The Patient Self Determination Act." Coordinator of the Grand Rounds presentation, geriatrician David Watts, Assistant Professor (CHS) of Medicine, led the discussion. He was joined by Vernon Hunt, Professor (CHS) of Medicine; Norm Fost, Professor of Pediatrics and Medical Ethics; Charles Kirby, UWHC Director of Risk Management; and Susan Sanford-Ring, Director of Patient Relations.



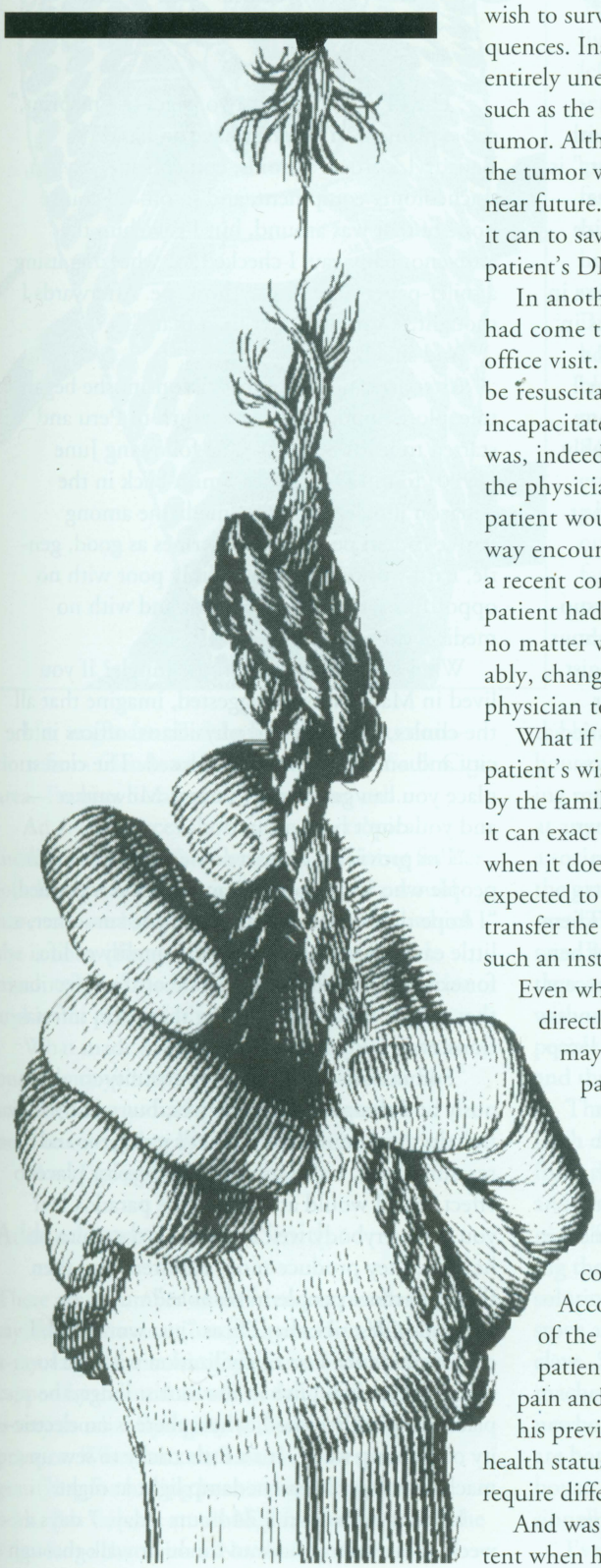
David Watts is Medical Director of the UW Hospital's Older Adult and Geriatric Clinic.

What If?

Task Force presenters related several examples in which the attending physician might be faced by a complicated situation, such as that of a patient who had assigned durable power of attorney for health care to his daughter. He had indicated to her and in writing that if he should suffer an incapacitating illness, he did not want to be resuscitated. Soon after, the patient suffered a massive stroke, but his daughter decided that all measures must be taken to keep him alive. Should the physician acquiesce to the daughter's demands and order life-preserving measures against the patient's wishes? Conversely, if a patient had directed that all measures be taken to keep him alive under any circumstances and the worst happens, can the designated health care agent (acting under durable power of attorney for health care) direct that the patient be allowed to die? Is the agent acting properly in either instance?

Suppose a patient agreed to a liver transplantation, but specified a do-not-resuscitate order under certain conditions that he had been warned could occur during surgery; he does not

Patient Self-Determination Act



wish to survive with these disabling consequences. Instead, during the operation an entirely unexpected circumstance surfaces such as the discovery of a life-threatening tumor. Although the surgery proceeds well, the tumor will surely prove lethal in the near future. Does the medical team do all it can to save the patient, or does the patient's DNR wish prevail?

In another case, a patient and doctor had come to an understanding during an office visit. The patient did not want to be resuscitated if he became seriously incapacitated. Subsequently the patient was, indeed, seriously traumatized and the physician was quite sure what the patient would want him to do. In a hallway encounter, however, a relative related a recent conversation in which he said the patient had indicated a desire to hang on no matter what; the patient had, presumably, changed his mind. What is the physician to do?

What if the physician disagrees with the patient's wishes or interests as interpreted by the family? Though this happens rarely, it can exact a distressing emotional toll when it does. Physicians are generally expected to make a good faith effort to transfer the patient to another physician in such an instance.

Even when a patient communicates directly with the physician, intent may be ambiguous. What does a patient mean, for example, when he says, "Doc, I don't want to die twice" or "Do what you have to do"? These may be the patient's last coherent words, and they can be construed in various ways.

According to the understanding of the patient and the family, is the patient hospitalized to help limit pain and suffering, or to restore him to his previous status, or to improve his health status? Each of these premises might require different treatment strategy.

And was the patient genuinely competent when he made his wishes known?

What To Do?

When advance directives are unclear, or if circumstances have somehow changed or controversy arises, what should be done?

(Several weeks before Grand Rounds Dr. Hunt had submitted examples like the ones you just read to physicians and requested them to write their treatment choices. Their answers, which were very varied, reflected the full spectrum of responses that one might anticipate under ambiguous circumstances.)

When in doubt, the first rule of thumb is to avoid doing anything irreversible, then try to determine what the patient wants.

In difficult cases, a hospital ethics committee can be helpful. The committee can talk with all parties, deliberate, and, usually, reach a consensus, although its conclusions carry no authority.

In most instances a written prior directive is useful to all concerned: the family, the hospital staff and, above all, the patient himself. The power of attorney is particularly helpful, for it can assist health care personnel and family members in making difficult decisions, especially in non-terminal cases. Patients are free to make informal directives, of course, but these may not have the same unequivocal legal standing as an official document authorized by the state.

Most people, however, have not executed any written documents and many have not talked about their wishes with friends, relatives or doctor. The main reason the Patient Self-Determination Act passed in the Congress was to let patients know their rights and options upon each admission and to encourage wider use of prior directives.

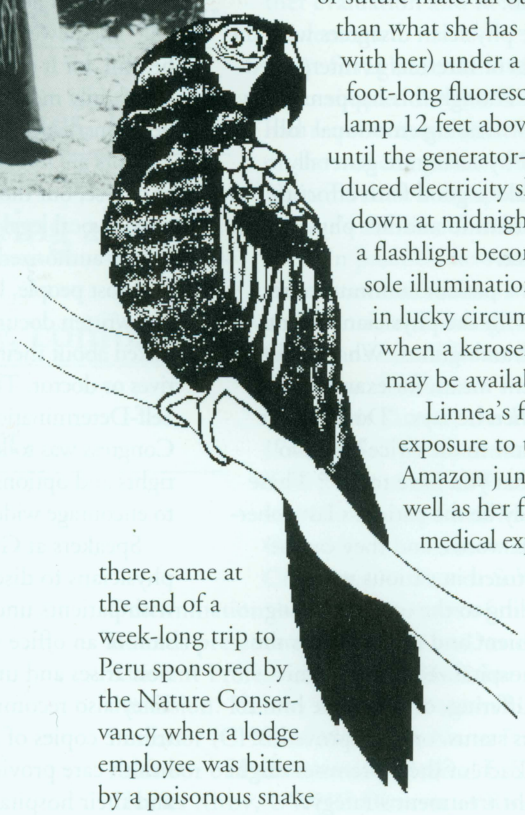
Speakers at Grand Rounds encouraged physicians to discuss treatment preferences with patients under the less stressful occasion of an office visit, before a critical situation arises and undue pressures are felt. They also recommended that patients distribute copies of advance directives to their health care providers, those close to them and their hospital. Even an automobile glove compartment was suggested as a sensible storage place for one copy. Q

WISCONSIN GRADUATE PRACTICES IN AMAZON JUNGLE

Linnae Smith

"Well, we work with what we've got," is the way Linnea Smith '84 described her practice on the Amazon River in Peru. "Often I have little or no choice in medical care. If a patient walks in with an infection, I can't send a culture to the city so I do what I can on the spot. He can't phone me the next day, and he probably won't come back."

And if a C-section is needed at night, she may have to operate (armed only with her internal medicine training and a scanty supply of surgical instruments, without the aid of suction, anesthesiologist, or suture material other than what she has carried with her) under a two-foot-long fluorescent lamp 12 feet above her until the generator-produced electricity shuts down at midnight. Then a flashlight becomes her sole illumination except in lucky circumstances when a kerosene lamp may be available.



Linnea's first exposure to the Amazon jungle, as well as her first medical experience there, came at the end of a week-long trip to Peru sponsored by the Nature Conservancy when a lodge employee was bitten by a poisonous snake and needed antivenom. Fortunately, the lodge had the proper serum and she was asked to administer it.

"The PDR had about two pages of fine print," she explained. "You must have on hand IV Benadryl, cortical steroids, epinephrine, oxygen, tracheotomy equipment, and so on. Of course none of that was around, but I gave him the antivenom anyway. I checked for wheezing using a toilet-paper tube as a stethoscope. Afterwards I thought, 'I can do better than that.'"

And she did.

After arriving home in Wisconsin, she began to explore opportunities to return to Peru and started to learn Spanish. The following June (1990) found Dr. Linnea Smith back in the Amazon jungle practicing medicine among native Indian people she describes as good, gentle, hard working and incredibly poor with no opportunity to change their lot and with no medical care.

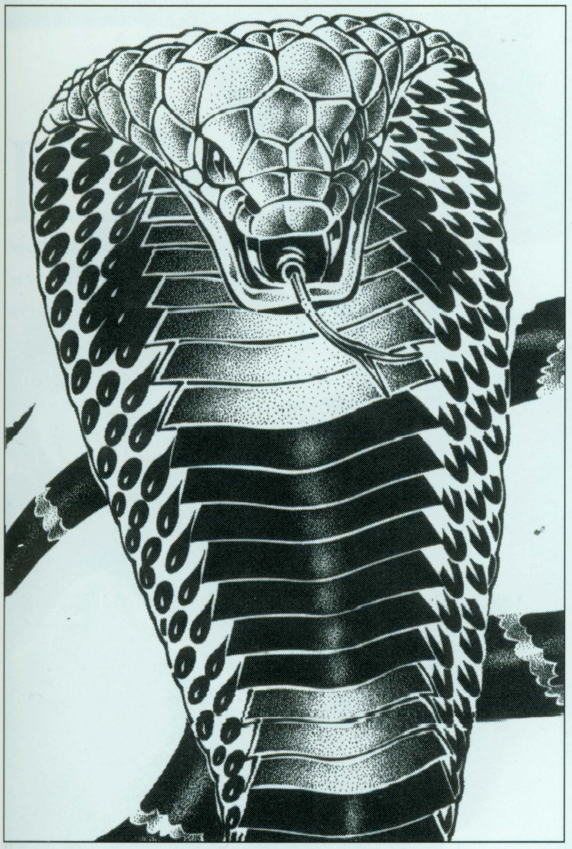
What is medicine like in the jungle? If you lived in Madison, she suggested, imagine that all the clinics, hospitals and physicians' offices in the city and outlying towns had closed. The closest place you can get medical care is Milwaukee — and you don't have a car.

"I'm providing at least some medical care to people who have no other access," she explained, "I hope that makes their lives a little smoother, a little easier. I'm able to help the quality of life, for example, by alleviating some of the infections that plague them and treating the worm infestations everybody has.

"Sometimes there's the opportunity to obviously and dramatically save lives, but mostly I try to help them understand what's going on and reassure them. I also use more things for placebo effect than I would at home. One paradox is if you get everybody well and they grow up to be healthy, they produce more children, and then there are more people in trouble."

Linnea describes her life as "just wonderful. I can combine the best of civilization with the so-called simple life. I live in the tourist lodge, the place I originally visited, where there is no electricity or running water. It's a little tricky to sew up machete cuts by kerosene-lamp light at night."

La doctora is on call 24 hours a day, 7 days a week, and she may have to canoe or walk through the rain forest to reach especially sick patients.



Her wages are nil although she accepts donations from friends and colleagues in the Sauk City area. Tourists occasionally chip in as well.

An armed forces short course in tropical medicine is Linnea's only specific training for her job. If she trained more thoroughly, she would have to leave her people for a year or two, which she is not willing to do. Besides, Linnea said, much tropical medicine was developed in Africa and is not particularly helpful in South America.

What made Linnea give up a practice she thoroughly enjoyed in west-central Wisconsin? She said she's always had a sense of adventure and a need to stretch her limits, even if it's a bit scary.

"And I guess I'm a little nuts."

Addendum by Linnea Smith

There are a number of differences, needless to say, from American medical practice. Without x-ray, lab or consulting specialists, and handicapped by cultural as well as language barriers, it is very much a flying-by-the-seat-of-the-pants practice. When success ensues, it is especially gratifying for having been achieved against the odds. But failures are doubly frustrating, with the knowledge that with a North American-style back-up system, they needn't have occurred.

There is, for instance, a nine-year-old girl living nearby who has a recurring cyst in the left supraclavicular region. It has been present more than two years and I have removed as much as 150 cc of serosanguinous fluid from it. I finally talked her family into making the four-hour trip to Iquitos to see a surgeon at the public health hospital, where services are free (though medicines, including surgical anesthesia and IV fluids, aren't). When they arrived, the hospital was—again—on strike. It's hard to blame them, since the pay scale for trained medical personnel is not much more than $40/month, minimum wage. Often the government can't even meet that payroll, so people work for two or three months without any salary at all. Still, for people like this family who couldn't begin to afford to pay a private doctor, there is no "safety net," no recourse at all.

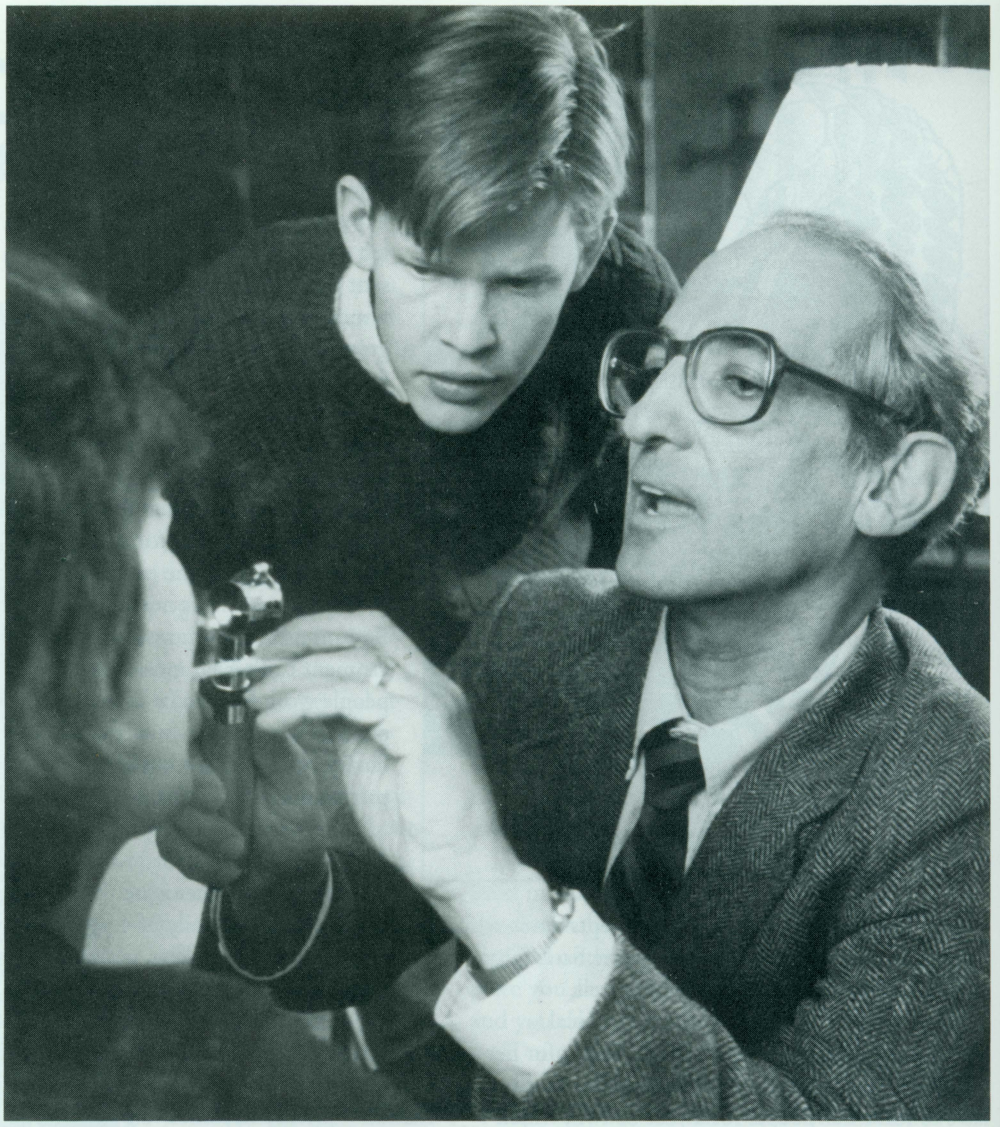
So it goes.

Privacy is another issue that often goes by the boards. When a family of 4 or 5 or 8 lives in a house measuring 15x20 feet, with a single sleeping room, and when friends and neighbors gather at any illness to help, commiserate, and gossip, in a society without telephones or newspapers where the grapevine is the only means of sharing information—privacy becomes very difficult to maintain. Patients share confidences with me in the little room we call la clinica, but this is a room without a ceiling or sound-proofing, and with people living on the other side of one thin wall, and the waiting area outside the opposite wall.

Then there are considerations of cleanliness. Each day I brush off the sawdust in la clinica from the wood-eating bugs, and sweep the floor and bed to clear the debris that has fallen in the night from the thatched roof. I have been cleaning thermometers and such in a cold sterilizing solution, but have just purchased a small tabletop stove and a pressure cooker to use as an autoclave. Still, I am often called upon to suture machete cuts or perform minor surgeries, such as newborn circumcision, while the patient and I are both sitting on the palm-slat floor of a jungle house, with children, chickens, dogs and occasionally pigs all wandering through the area.

I've about concluded that ordinary cleanliness can substitute for sterility in most circumstances.

LINNEA J. SMITH ENTERED THE MEDICAL SCHOOL WHEN SHE WAS 30 AND GRADUATED IN '84. AFTER TRAINING IN THE UW DEPARTMENT OF MEDICINE FROM 1984-'87, SHE BEGAN PRACTICING AS AN INTERNIST IN PRAIRIE DU SAC, WISCONSIN. THE JUNGLE LURED LA DOCTORA IN JUNE OF 1990.



Medical Students Help Serve MADISON'S HOMELESS

Top: At Grace Episcopal Church
Physician Ted Goodfriend and medical student Bob Peterson (Photo by Mike Devries of The Capital Times)

Bottom: At the Salvation Army
Public health dentist Warren LeMay and patient. Salvation Army volunteer and baby.

Elsewhere in this issue is an article about Medical Education Day, which included thoughts voiced by a panel of recent Medical School graduates about their education. Several panelists agreed that their schooling was weighted too heavily on the side of receiving scientific information; they felt that their exposure to ordinary clinical experiences was inadequate.

This situation is beginning to change on a number of fronts.

Every Tuesday evening at Madison's Salvation Army headquarters, for example, medical students and residents gain hands-on experience as they diagnose and treat medical problems of women and children from temporary shelters. Murray Katcher, Associate Professor (CHS) of Medicine and Director of Community Health Programs, as well as Medical Director of the Salvation Army Volunteer Program, tries to make students aware that they are part of a team, "that medicine is only a small part of health care and that health care is only a small part of human services."

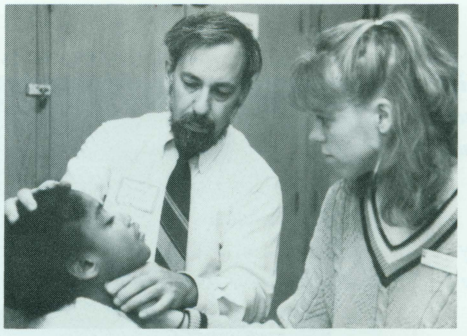
Besides treating medical problems, the volunteer students discover some of the frustrations and discouragement the homeless must face every day.

A few blocks away, at the Grace Episcopal Church shelter for homeless men, students under the guidance of Professor of Medicine and Pharmacology Ted Goodfriend had already began a similar program, which has functioned more than a year. Goodfriend and the student volunteers, whom he encourages to fully participate in all aspects of the church's shelter program, have uncovered a raft of medical problems including hypertension, orthopaedic problems, upper respiratory infections and skin diseases.

Goodfriend describes the program as a win-win situation. The homeless men receive medical care, information and referrals they otherwise might miss, and the students — about 100 so far — receive valuable first-hand experience as they encounter a different kind of population and develop interviewing skills.

"The program has become more organized and streamlined," Goodfriend said. "We work with local dentists, doctors and pharmacists who donate medicine, supplies and equipment."

The programs are part of the Medical Information Center, MEDIC, sponsored by the Medical School. The Wisconsin Medical Alumni help fund such activities through their support of the Medical Student Association.



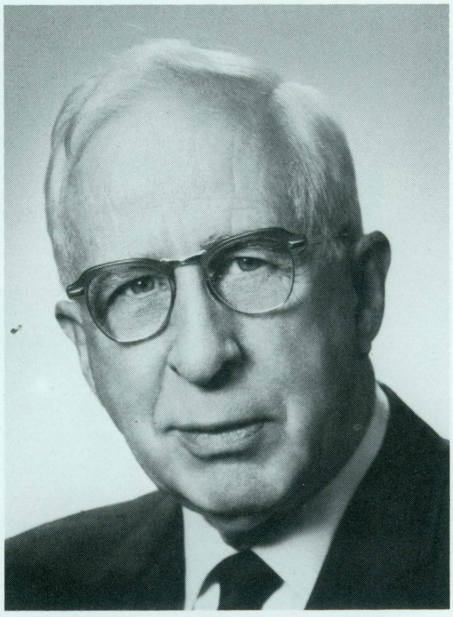
At the Salvation Army
Top two: *Physician Murray Katcher, medical student Bobby Wedl.* Right: *Medical student Leeanne Coakley.* Bottom: *Dentist Warren LaMay with medical students Peter Newcomer and Leeanne Coakley and physician Murray Katcher*

Harland Winfield Mossman
1898-1991

By John F. Fallon, Marilyn Koering, David A. Langebartel, Sue Y. Lee, Archie Mossman, Malcolm Mossman, Akhouri A. Sinha, and David B. Slautterback

To quote from an autobiography he wrote in 1989 for his family and friends, Harland Winfield Mossman tells us he "budded off (near Portland, NY) from the living network of human life roughly 40 weeks before May 7, 1898, the day that a country doctor cut my umbilical cord and put me physiologically on my own." He continues, "fortunately my regulatory genes had functioned well during those 8 months with no interference from such modern hazards as agent orange and thalidomide, so my physical form and health were normal." And so we (his family, friends, and colleagues) were blessed that his physical form, health, and intellect continued to be normal for nearly 94 years. On the morning of December 5, 1991 Harland Mossman, Professor Emeritus of Anatomy at the University of Wisconsin Medical School, died at his home in Madison. His description of the beginning of his own life could only have been written by an embryologist who was fascinated by all living things.

Harland's interest and love for living things began when he was a small child, growing up on a grape farm in western New York state. There were few children of his age and as a young boy, he developed a curiosity for the plants and animals around him. This curiosity was encouraged by his parents, who loved pets, and by the stories his maternal grandmother told him about the Wisconsin prairies, their flowers, and birds. He was further fascinated by the adventures of Chester Jackson, a cousin, who had contributed a Type-specimen of the Florida crocodile to the American Museum of Natural History. These boyhood influences profoundly affected Harland's choice of profession, his research, his interests in living plants and animals, his friends, students, and colleagues, and finally his philosophy of life.



In his autobiography, he declared "Curiosity was really my stimulus."

In 1920 Harland earned the B.S. degree in Zoology from Pennsylvania's Allegheny College. He then decided to continue his formal education at the University of Wisconsin, partly because of the recommendation of a professor at Allegheny, and partly because he had relatives in Racine county. In 1922 he was awarded the M.S. degree and in 1924 the Ph.D., both in Zoology at the University of Wisconsin. He served on the faculty of the University from 1920 until his retirement in 1968. During this time, Harland became well known and recognized for his research on vertebrate reproductive structures and on the comparative morphogenesis of vertebrate fetal membranes.

Because he was a dedicated and respected teacher, advisor, role model and mentor to numerous medical, graduate, and postdoctoral students, many of his students maintained a close relationship with him over many years and regularly visited him to discuss various aspects of biology and of life. Harland continued to enrich the lives of these students and their families long after their formal teacher/student relationship ended.

Among Harland's many publications, the best known are: Human Embryology (coauthored with W. J. Hamilton and J. D. Boyd) reprinted several times; Comparative Morphology of the Mammalian Ovary (coauthored with K. L. Duke) published in 1973; a monograph on Comparative Morphogenesis of the Fetal Membranes and Accessory Uterine Structures, Carneg. Inst. Contrib. Embryol. 1937, 26:129-246; and a book on Vertebrate Fetal Membranes. The last is a book of 383 pages published in 1987, as he was approaching his 90th birthday. Harland was the first to describe the "countercurrent principle" of circulation in rabbit placenta. He pointed out its importance in the efficient exchange of nutrients and waste between the mother and the fetus. Later, he wrote a review of the countercurrent principle which was published as Circulatory Cycles in the Vertebrates in Biol. Revs. 1948, 23:237-255. Harland continued his writing almost until the end of his life. His last publication was in 1991 (Placenta 12:83-84).

Harland served as an associate editor for the American Journal of Anatomy from 1959 to 1967. He was also an honorary secretary of the subcommittee on embryology of the International Anatomical Nomenclature Committee from 1961 to 1970. He gave numerous invited lectures at national and international institutions. He had travelled widely in the U.S., Canada, British Isles, Europe, and Africa. He had numerous friends all over the world. While writing in the Wisconsin Medical Alumni Quarterly (1978, volume 18:24-5), Professor David Slautterback, then Chairman of the University of Wisconsin Anatomy Department, described Professor Mossman as "our major scientist, certainly the most famous one in our Department, and one of the most renowned in the medical center."

He devoted countless hours in organizing his collections of specimens, tissue blocks, slides, hand-written notes, comments, reprints, and some unpublished

works. His extraordinary collection has become part of the permanent collection of the University of Wisconsin Zoological Museum and is now available for further study through the Director of the museum.

In recognition of his scientific contributions and years of exceptional teaching, an issue of the American Journal of Anatomy (volume 152) was published in his honor in May 1978, on the occasion of his 80th birthday. In 1987, Harland was honored by the American Association of Anatomists with that year's Henry Gray Award, the highest recognition accorded by the Association. The following quotation from Dr. JohnBasmajian's address upon presentation of the award reflects the feelings of many colleagues about Harland's work and influence. "The disciplines of both human anatomy and biology have been greatly enriched by the large numbers of scientists and faculty members he has helped directly as teacher and collaborator...Our Laureate's fundamental contributions on the ovary and on the fetal membranes which began to appear 60 years ago stood the test of time. When reading his papers you cannot help but be impressed with the way problems are framed, the careful collection of data and the critical and clear interpretation of what was observed."

Harland was a member of many professional scientific societies including the American Association for the Advancement of Science, the American Association of Anatomists (Executive Committee, 1951-5), the American Society of Mammalogists, the American Society of Zoologists, the Society for the Study of Reproduction, and the Society for the Study of Evolution. His boyhood fascination with living things continued throughout his life and led to a breadth of knowledge and understanding of plants and animals that few other scientists share. It also led to his interests in hunting, fishing, botany, photography, and gardening. As a former neighbor wrote recently, "Remember how (Harland) grew all kinds of exotic things - peaches, strawberries, grapes (grapes from New York state, to be sure), and the ordinary vegetables, too. All were shared with the neighbors." His garden, which also blossomed with an assortment of flowers and native plants, was literally a feast for the soul. In recognition of his gardening skills and aesthetics, the Shorewood Women's Club made Harland an honorary member.

Harland met Ruth Hannah Jackson, who was from New York, when she came to attend the University of Wisconsin during the summer of 1922. He was very attracted to Ruth and he said with a grin that "I had to act fast" and they were engaged by the end of the summer. They married in 1924. In fact, one cannot remember Harland without remembering his wife, Ruth, of 58 years. Their marriage was an inspiration to all. Many of us will not forget the warmth and hospitality of their home.

Harland was preceded in death by his wife, Ruth, and daughter, Ardith. He is survived by two sons, Archie (a wildlife biologist) of Arcata, CA, and Malcolm (a geologist and environmental consultant) of Bakersfield, CA, seven grandchildren, and five greatgrandchildren.

Among the gifts Harland has given us, and there are many, we will not forget the beauty in a simple flower he has shown us or the wonder and awe we have shared about life on this planet. His personal and intellectual attributes have been inspiring. His jokes have brought tears to our eyes, and he has uplifted us by the richness of his stories. His curiosity and fascination with living things kept him mentally alert and active almost to his last days.

In the epilogue to his autobiography, Harland wrote, "To have lived through most of the 20th century, and to have experienced its advances in scientific understanding of living things and of the physical cosmos has bred more reverence for an omniscient power than I have ever been able to get from church teachings. I am happy to be a scientific humanist."

Memories of Harland's personal warmth and willingness to share his extraordinary understanding of biology will always be a part of those who knew him and we will miss him. **Q**

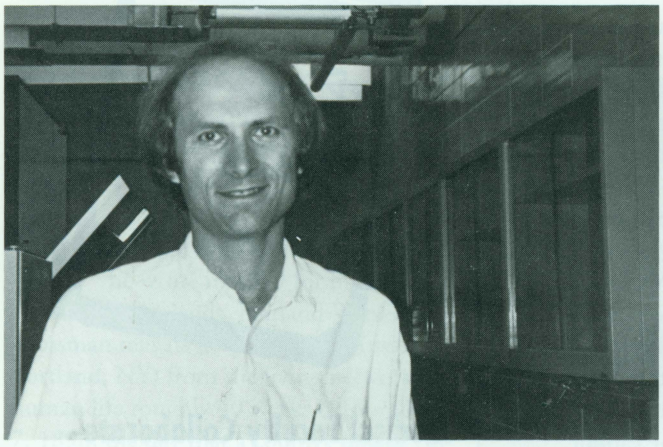
Medical Faculty Collaborate with Primate Center on AIDS Research

Several faculty members from the Medical School are working with colleagues from the Wisconsin Regional Primate Research Center to better understand viral pathogenesis in AIDS. The researchers, who form the Immunology and Virology Research Group, work with simian immunodeficiency virus (SIV), a close relative of HIV.

Professor of Medical Microbiology and Neurology *Benjamin Brooks* is collaborating with the Primate Center's Kevin Schultz, who established the Center's nonhuman primate AIDS model, to examine how SIV enters the central nervous system. They hope to establish the cell types involved in CNS infection and the pathways the virus takes to breach the blood-brain barrier. Their findings should help in understanding the onset of AIDS dementia in humans, which seems to be a direct consequence of HIV infection of the brain.

Russell Tomar, Professor of Pathology and Laboratory Medicine, is looking for factors in the serum of SIV-infected animals that would depress lymphocyte functions in an in vitro assay. (Immunodefiency in infected animals may reflect generalized depression of lymphocyte function in addition to the loss of circulating cells via direct effects of the virus.) Tomar is trying to correlate the appearance of the inhibitory factors with advancing loss of immune function.

Associate Professor of Medical Microbiology *Miroslav Malkovsky* is characterizing the cellular immune response to



Miroslav Malkovsky

Lorraine Meisner

SIV infection. In particular, he is continuing to study his finding that a newly described class of T cells may play a significant role in immune surveillance mechanisms that inhibit the progress of infection. Malkovsky and his colleagues also are analyzing novel inhibitors of the SIV protease gene, the cellular determinants of SIV infection, and the function of rhesus monkey lymphoid cells implanted into immune-deficient mice.

Maria Salvato, Assistant Professor of Pathology and Laboratory Medicine, is collaborating with Malkovsky to generate new mechanisms to protect T cells from SIV infection, as by introducing recombinant plasmids. Such "immune" T cells can be expanded in vitro and delivered back into the infected animal as an adoptive transfer immunotherapy. (It is hypothesized that deficiencies in T cell populations are crucial to the progress of AIDS.)

Associate Professor of Oncology *Antonito Panganiban* constructs chimeric viruses by molecularly cloning portions of individual SIV strains that differ in fundamental properties of cellular tropism or capacity to destroy infected cells. Such viruses are evaluated in vitro, and the regions most important for particular aspects of infection are mapped. Subsequent in vivo infections of animals should define the relationships between structural variation and pathogenesis.

Assistant Professor of Pathology and Laboratory Medicine *David Pauza,* who directs the research group, is developing new ways to monitor SIV infection. He and colleagues are using DNA detection based on polymerase chain reaction for amplifying DNA products in specimens from infected animals. They modified the assays to help show the rate of virus dissemination within an infected animal.

Puaza and Pathology Research Associate *Peter Emau* are testing the usefulness of immunomodulatory agents such as vitamin D3 for inhibiting SIV infection. Professor of Biochemistry *Hector DeLuca* is providing new analogues for the experiments.

The Pesky Peanut May Have Met Its Match

Upwards of two million people in this country are allergic to peanuts. Symptoms range from itching, hives and swelling to — in rare cases — death. The best prevention is to avoid ingesting even minute amounts of peanuts, but this is not always possible. Companies that make both peanut and nonpeanut products, for example, may cross contaminate products during manufacture and inadvertently jeopardize allergic individuals.

Professor (CHS) of Medicine *Robert Bush* and Research Associate *Susan Hefle* are building upon Hefle's doctoral dissertation research in which she used monoclonal antibodies to identify four of the 16 allergenic proteins in peanuts. The highly sensitive method could evolve into a quick detection system for wayward peanuts, replacing current time-consuming and complicated testing. The technique may also help allergists to better diagnose peanut allergies. The tests used today may not be accurate.

Herbicides Cooperate to Cause Genetic Damage

Professor of Preventive Medicine and Human Oncology *Lorraine Meisner* and colleagues at the State Laboratory of Hygiene have found that the combined effect of two herbicides commonly used in Wisconsin may be linked to genetic damage.

Atrazine and alachlor both interact with genetic material in cultured lymphocytes and cause chromosome damage. Cells exposed to equal parts of the two herbicides showed more damage than those exposed to the same amount of a single herbicide, suggesting an additive effect. In other experiments, the researchers found significant chromosome damage in bone marrow cells from mice that drank water containing the herbicides. They also speculated that contact with herbicides causes cells to reproduce faster than normal.

Both atrazine and alachlor have been widely used for broadleaf weed control and persist for many years after application. The combined herbicides are rather commonly found in rural drinking water supplies in Wisconsin. **Q**

Necrology

Robert G. Bachhuber, '40
Pueblo, Colorado
January 29, 1992

Robert W. Beck, '37
(2 year)
Little Rock, Arkansas
August 7, 1991

Alvin L. Berman
(Emeritus Faculty)
Madison, Wisconsin
December 2, 1991

James G. Bulgrin, '35
Santa Barbara, California
December 21, 1991

Bernard C. Dockendorff, '37
(2 year)
Madison, Wisconsin
April, 1990

Millard H. Duxbury, '41
(2 year)
Reno, Nevada

David A. Engstrand
(Former Resident Pathology)
Naples, Florida
July 9, 1991

Alvin C. Florin, '26 (2 year)
Whittier, California
July, 1991

Arno H. Fromm, '29 (2 year)
Madison, Wisconsin
December 23, 1991

Jerome J. Furst, '82
Titusville, Florida
December, 1991

Claude S. Grant, '31
St. Joseph, Missouri
December 17, 1981

Raymond C. Groendahl, '38
Seymour, Wisconsin

Arthur C. Hansen, '29
Wauwatosa, Wisconsin
December 16, 1991

Frances A. Hellebrandt, '29
Columbus, Ohio
February 2, 1992

Charles M. Ihle, '35
Eau Claire, Wisconsin
August 23, 1991

Harland W. Mossman
(Emeritus Faculty)
Madison, Wisconsin
December 5, 1991

Karen A. Newton, '82
Houston, Texas
November 4, 1991

James A. Rosen
(Former Resident Neurology)
Greensburg, Pennsylvania
November 23, 1991

Kenneth L. Schroeder, '52
Orinda, California
December 1, 1991

Robert A. Sievert, '60
Madison, Wisconsin
December 3, 1991

Donald A. Smith, '53
Fond du Lac, Wisconsin
January 18, 1992

Samuel J. Sweet, '33
Grafton, Wisconsin
July 1, 1991

Charles G. Thompson
(Former Intern)
Marion, Virginia
November 17, 1991

Roger T. Thompson
(Former Intern)
Superior, Wisconsin

Don F. Watzke, '47
Madison, Wisconsin
February 6, 1992

For those who care to give the very best

join the Middleton Society

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

I am interested in receiving more information about the Middleton Society

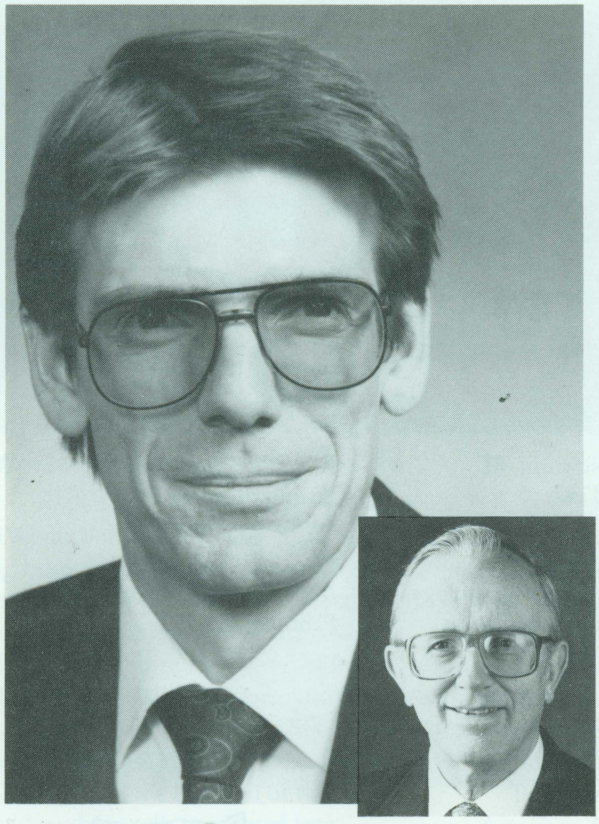
Name _____

Address _____

City, State, Zip _____

Please mail to Wisconsin Medical Alumni Association
1300 University Avenue
Madison, WI 53706

or phone WMAA Executive Director James Griffith at (608) 263–4915



Norman R. Drinkwater, Inset: Henry Pitot

Drinkwater Replaces Pitot at McArdle

Professor of Pathology and Oncology Henry C. Pitot, indicating a desire to return to full-time teaching and research, resigned his position as Director of the McArdle Laboratory for Cancer Research. The new Director is Norman R. Drinkwater, Associate Professor of Oncology.

Pitot joined McArdle in 1959 as a post-doctoral fellow after receiving his M.D. and Ph.D. degrees from Tulane University. He became Director in 1972, succeeding Harold P. Rusch, the first director. An internationally regarded cancer researcher, Pitot's interests have focused on chemical carcinogenesis, especially on how chemicals induce liver cancer. He and his colleagues found that tumors go through distinct stages as they develop. They identified several proteins that are more plentiful in cancerous cells than in their normal counterparts.

Dr. Pitot's many honors include a UW-Madison Hilldale Award, the Esther Langer Award in Cancer Research, the American Cancer Society's Distinguished Service Award, and the Lucy James Laboratory Research Award.

Drinkwater earned his undergraduate and doctoral degrees from UW-Madison. He joined McArdle in 1982 as Assistant Professor of Oncology following an NIH Postdoctoral Fellowship in Michigan State University's Carcinogenesis Laboratory. He studies the influence of heredity on carcinogenesis and has identified several genes that make some inbred strains of mice 100 times more likely to develop liver cancer than other mice. Drinkwater and his colleagues are trying to understand how such genes contribute to cancer caused by chemicals. Ultimately, they hope to learn how heredity may influence the risk of cancer development in humans.

McArdle's 20 faculty members and other researchers work on three broad areas of basic research in preventing and curing cancer: chemical carcinogenesis, tumor virology, and tumor biology. During the past 51 years, more than 700 men and women have been trained at the pre–or postdoctoral level at the Laboratory.

William Perloff

Pediatric Critical Care Grows

The Pediatric Intensive Care Unit at UW Children's Hospital recently expanded from nine to 12 critical care beds and added a four-bed intermediate care component.

Professor of Pediatrics William Perloff, the Unit's Medical Director, has been studying pediatric critical care delivery systems throughout Wisconsin. He found that care varies with incidence of acute events and the distribution of trained personnel, and that a significant number of trauma deaths are preventable. In Wisconsin cities where a hospital is close, paramedics give expert, advanced pre-hospital care. In rural areas, however, emergency medical technicians are prohibited by law from performing more than basic life support, and the patient may be 30 minutes from a hospital. Perloff explained that in life-threatening cases, early care is critical.

Perloff and other critical care specialists, in cooperation with several Wisconsin hospitals, developed Emergency Medical Services For Children, a statewide program to help develop pediatric emergency skills among EMTs. Perloff and colleagues also teach Pediatric Acute Life Support twice a year to physicians, paramedics, nurses and others as an advanced introduction and refresher course in pediatric emergencies.

Robert Brown

Medical School Minority Recruitment Rises

In the fall of '91, 17 minority students enrolled at the Medical School out of a class of 143. That is four more students than last year and seven more than the year before that, according to Robert Brown, Medical School Minority Student Recruiter. Brown tries to build a pool of bright minority students from junior high through undergraduate school, hoping some of them eventually will become successful UW medical students.

One of the tools he uses is encouraging in-state African American, Native American and Hispanic high school graduates who have been accepted to UW-Madison to join the summer pre-med program. Participants, who have indicated an interest in medicine, must take a class

and volunteer at UW Hospital. The Medical School covers their tuition and housing as well as a small stipend.

Brown also tries to interest students in the summer research apprenticeship program, funded by NIH, in which 20 Medical School faculty and staff members invite students to work in their labs. Still another recruitment strategy is represented by the Center for Health Sciences' Summer Enrichment Program, directed by Joan Brooks; it introduces minority students to the science professions while they are still in middle school. In 1981, 98 students from Madison, Milwaukee and Chicago participated in the program for two to three weeks.

Future Status of Hospital Still in Question

In the last issue you were informed that UW personnel and others were considering a change in the governance of the UW Hospital and Clinics to help it enter the 21st century as an efficient, effective and competitive institution.

We failed to mention why there is dissatisfaction with the Hospital's situation. A few examples may shed light on the frustrations sometimes engendered by the current regulations under which the Hospital must operate.

The Hospital's Trauma and Life Support Center (TLC), the main intensive care unit, is considered inadequate in terms of number of beds and space needed to provide a high level of care. Visiting family members become distressed with the lack of privacy, and staff meet obstacles as they hurry about the crowded unit. Patients sometimes must be discharged to another area of the Hospital before another patient can be admitted, and during one period in 1989 the TLC could accept no more patients.

In 1987, hospital personnel planned to expand the unit from 12 to 24 beds and increase space around each bed from 110 to 220 square feet. It is estimated that the earliest an expanded TLC will be completed is the summer of '93, due in large part to the overly cumbersome State and University review and approval processes required for all University construction projects costing over $250,000 — even though no state tax money will be used in this instance. Other hospitals can conceive and execute a building project much faster.

Acquiring new equipment also can turn into a time-consuming venture. It took two years, for example, to buy an additional MRI scanner. In the meantime, a mobile MRI unit had to be leased at high cost; these funds could have been applied to the cost of a permanent MRI if it had been purchased sooner.

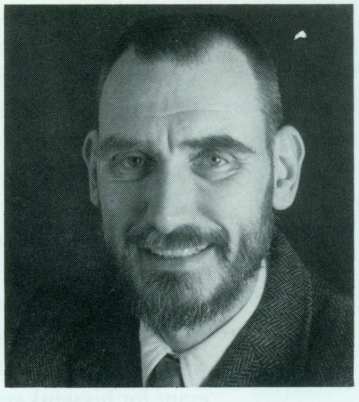
Recruiting and hiring staff can also be a slow process due to complex bureaucratic procedures.

Chancellor Donna Shalala removed one of the options mentioned in the last *Quarterly:* privatization. Subsequently, the UW-Madison Faculty Senate proposed a new entity with statutory authority for operation of the Hospital, which would remain a public institution with a governing board having membership appointed by the University, the Legislature and the Governor. The board will oversee hospital operations including construction, leasing, personnel and purchasing.

In the fall, it is anticipated that the Board of Regents will vote on specific statutory language and implementation details.

Geneticist Opitz Will Meet With Several Groups

Beginning April 27 medical geneticist John Opitz, Distinguished Lecturer for the Class of 1947, will visit Madison to address groups at several locations including the Waisman Center (4/27, 4/28), UW Hospital (4/28), the Central Wisconsin Center (4/30), and Milwaukee Children's Hospital (5/1). On April 28 he will deliver the keynote address, "Fetal Alcohol Effects," to the Greater Wisconsin Genetics Exchange in Milwaukee. For more details about his schedule, call Dr. Enid Gilbert's office at (608) 263-8437 or Dr. Renata Laxova's office at (608) 263-2510.



John Opitz

Dr. Opitz, who founded the Wisconsin Clinical Genetics Center, received WMAA's 1989 Alumni Citation. He lives in Helena, Montana, where he chairs Medical Genetics at Shodair Children's Hospital and coordinates the Shodair-Montana Regional Genetics Services Program.

David Watts

New Geriatrics Clinics Open

UW Hospital and Clinics recently opened five new specialty clinics, each with a team of specialists that evaluates and treats specific problems associated with aging. Patients return to their regular physicians for ongoing care.

The clinics handle:

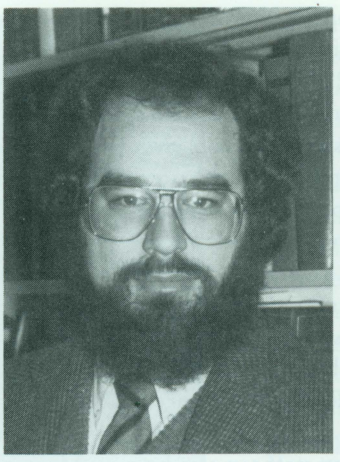
- ✔ incontinence
- ✔ osteoporosis
- ✔ memory assessment
- ✔ falls prevention and assessment
- ✔ assessment for physically frail patients with multiple medical problems.

David Watts, Assistant Professor (CHS) of Medicine and Medical Director of the Older Adult and Geriatrics Clinic, said that the clinics deal with common conditions of older adults that are not traditional textbook medical problems but nonetheless are very important. A Medical School faculty member heads each clinic.

For information, call (608) 263-7740.

V. Craig Jordan

V. Craig Jordan, Professor of Human Oncology and Pharmacology, has received grants totaling more than $500,000 from the National Institutes of Health to continue his in vitro study of how estrogens and anti-estrogens control estrogen receptor cells. He is Director of Breast Cancer Research at the UW Comprehensive Cancer Center.

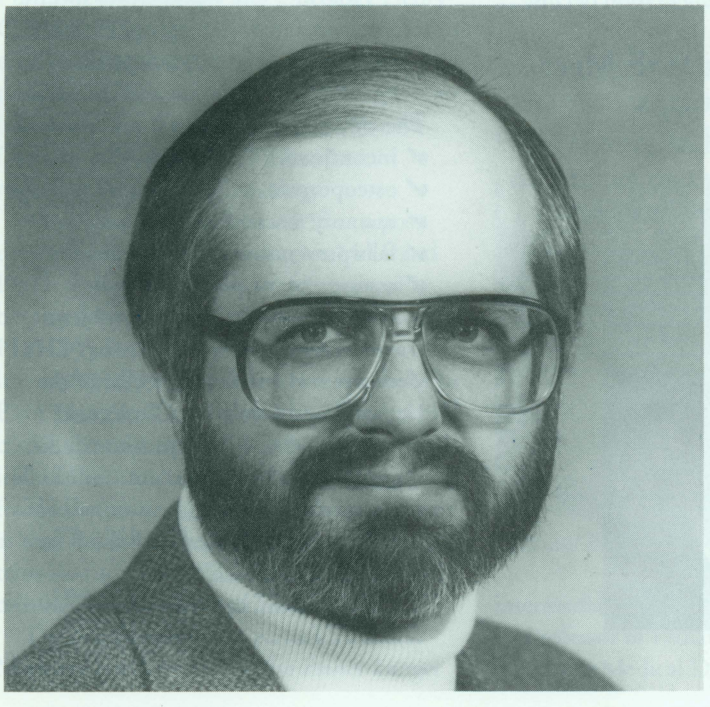


Alan J. Weisbard

Ronald L. Numbers, Professor in the Department of the History of Medicine, has been awarded the 1991 Albert C. Outler Prize of the American Society of Church History for his manuscript The Creationists, which will be published this year.

Associate Professor of Law and Medical Ethics Alan J. Weisbard joined the faculty in the summer of 1990. A graduate of Harvard College and Yale Law School, he worked with Professor of Philosophy and Medical Ethics Daniel Wikler on the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. He served on the faculties of Yeshiva University's Benjamin N. Cardozo School of Law, Albert Einstein College of Medicine and Princeton's Woodrow Wilson School. His recent service as Executive Director of the New Jersey Bioethics Commission resulted in innovative statutory proposals on the determination of death and advance directives for health care, both now enacted in New Jersey. Weisbard has helped to organize a faculty discussion group on Jewish law and has encouraged the new Jewish Studies program to develop offerings on Jewish law and ethics.

Ronald L. Numbers



Hania Ris

Assistant Professor of Neurophysiology Larry Trussell was awarded a five-year NIH grant for his work on regulation of synaptic amino acid receptors. He explores receptor regulation in the auditory brainstem of the chick.

Clinical Professor of Pediatrics Hania Ris was given the Work Group Service Award by the Wisconsin Alcohol, Other Drugs and Pregnancy Work Group "for her commitment and dedication to the activities of the work group since its inception, and her advocacy for the prevention of adverse exposures during pregnancy."

Thomas M. Grist, Assistant Professor of Radiology, has received one of four 1992 GE Radiology Research Academic Fellowships. The awards, sponsored by GE Medical Systems and endorsed by the Association of University Radiologists, provide $50,000 annual stipends to young radiology investigators to pursue research in diagnostic imaging and related areas. The two-year award can be extended to a third year.

Grist completed medical school at the Medical College of Wisconsin and his radiology residency at Duke University.Q

42 Everett W. Humke retired in 1982 after practicing with the Southern California Permanente Medical Group for 15 years. Previously, he practiced in Chilton, Wisconsin for 21 years. He also served as a medical officer in both theaters in World War I, and has been a life member of AAFP since 1950.

Everett will be attending his 50th reunion in May, staying at the Holiday Inn. Although he lives in Redlands, California, he can be found during the summer months at Green Lake, WI.

46 Internist/endocrinologist Alfred E. Leiser recently retired after 35 years with Houston's Kelsey-Seybold Clinic. Before joining the Clinic, he was in private practice in Monroe, Wisconsin and served as flight surgeon in the U.S. Air Force, attaining the rank of Major and receiving the Distinguished Flying Cross. He served his residency and a fellowship at the Cleveland Clinic, where he earned the William D. Lower Fellowship Thesis Award.

Al served as Chief of Medicine at Kelsey-Seybold Clinic from 1976-1983 and Chief of Endocrine Service at St. Luke's Episcopal Hospital for 23 years. His academic appointments included Clinical Professor of Medicine at Baylor College of Medicine, Volunteer Clinical Associate Internist at M.D. Anderson Hospital and Tumor Institute, and Clinical Assistant Professor at University of Texas Medical School and Health Science Center, Houston. He also was President of the South Texas Diabetes Association, President of the Texas Endocrine/Diabetes Association, and founder of the Texas Diabetes Research Foundation.

An accomplished violinist, Al was a board member of the Houston Symphony Society and Vice President of the Houston Zoological Society. As an avid lepidopterist, conchologist and horticulturist, Al serves as consultant to the Houston Museum of Natural History.

Psychiatrist-turned-historian Delbert Wilcox has written a comprehensive history of California, beginning with settlement by Indians who seem to have migrated from Asia by way of a land bridge connecting North America and Asia. He goes on to explore the continuum that underlies California's colorful melting pot of cultures, including the Spanish and Mexican eras, Drake, Father Serra, Russians at Fort Ross, the Gold Rush and more. Del generously illustrated his book with maps, photos, bills of lading, etc., many from the University of California at Berkeley.

His matter-of-fact prose, according to a review in the San Francisco Chronicle of September 1, 1991, "is a blessing to anyone who's interested in strolling, hold the relish, through the history of a region that at times seems to be hiding from its past...Wilcox has struck a rich vein...and writes in the crisp, concise manner of a newspaper reporter."

Del lives in Elk, CA. His book is published by Sea Rock Press, P.O. Box 58, Elk, CA 95432.

Frank H. Urban

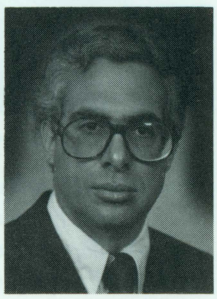
54 Frank H. Urban, Wisconsin Legislature Representative from Elm Grove, has introduced a bill to reinstate Wisconsin's mandatory motorcycle helmet law. He claims that the legislation would save lives, reduce crippling injuries to cyclists and their passengers, and reduce the significant cost to society of injuries caused by helmetless riding. Prior attempts to reinstate the law, which was repealed in the late '70s, have failed. Wisconsin's only physician-legislator, Frank was awarded the WMAA Ralph Hawley Distinguished Service Award last spring.

56 Loren H. Amundson, Professor of Family Medicine at the University of South Dakota School of Medicine and Director of the South Dakota Office of Rural Health, has been appointed to a three-year term on the National Advisory Council for the National Health Service Corps by Secretary of Health and Human Services Louis W. Sullivan. The Council consults with, advises and makes recommendations to the Secretary and the Administrator of the Health Resources and Service Administration.

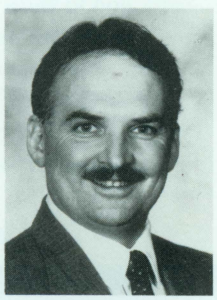
Loren served as Medical Director of the Sioux River Valley Community Health Center, Sioux Falls, for more than nine years and served a term on the Title VII graduate medical education federal grant review team. Recently he chaired the Residency Review Committee for Family Practice for four years.

57 Edward Budd Miner still practices internal medicine at the Gundersen Clinic in LaCrosse, which consisted of 268 physicians, dentists and PhDs at the end of '91. He regrets having to miss the reunion in May because of the expected birth of his first grandchild in London.

John W. Weiss



Barry H. Rumack



Richard Romeis

58 John W. Weiss has accepted a position as a dermatologist at the San Francisco facility of Kaiser Permanente. Previously he had practiced dermatology in Evanston, Illinois for 28 years, and he served as Clinical Professor at Loyola University Stritch School of Medicine.

64 Gerald A. Gehl closed his private practice of psychiatry in Neenah, Wisconsin in late 1991. He now practices at the Marshfield Clinic in Chippewa Falls, WI. Besides graduating from the Medical School, he served his residency in psychiatry and child psychiatry at the UW from 1967-71.

68 Barry H. Rumack is currently Director Emeritus of the Rocky Mountain Poison and Drug Center and Clinical Professor of Pediatrics at the University of Colorado Health Sciences Center, having retired from his position as Director of the Center and Professor of Pediatrics. Recently Barry received the Theines Award of the American Academy of Clinical Toxicology in Ontario, where he presented a lecture entitled "Acetaminophen — An Example of Metabolic Activation to Toxic Substances," to be published in the Journal of Toxicology.

75 James R. McGuire has recently been appointed Medical Director of the Alaska Psychiatric Institute in Anchorage. Jim trained in the Department of Psychiatry at the University of Washington Affiliated Hospitals in Seattle.

Richard Romeis has been promoted to Regional Medical Director for Humana Health Care Plans for the Tampa Bay Region, where he has direct medical supervision of 46 clinics providing HMO care to about 90,000 members. He also is responsible for quality assurance, utilization management, and other central administrative functions. He previously served Humana as Medical Director of its Pinellas Park Center.

Before joining Humana, Dick practiced in Eagle River, Wisconsin, where he developed the Kalmar Clinic for Eagle River Memorial Hospital and Howard Young Health Care, Inc.

79 Timothy W. Harstad was appointed Assistant Professor of Obstetrics and Gynecology at the Medical College of Wisconsin, where he studies the effects of a variety of drugs and diseases on pregnancy. Currently he is looking into the effects of smoking upon mother and fetus, especially abnormalities in growth rates of the fetus, biochemical changes within the fetal and maternal blood system, and placental changes. He also has investigated lead toxicity and the use of specific proteins to better detect fetal maternal disease. He had been Associate Director of Maternal-Fetal Medicine at the Maine Medical Center in Portland and Assistant Professor of Ob/Gyn at the University of Vermont College of Medicine.

82 Robben R. Gingery is now Medical Director of the Department of Geropsychiatry at Charter Hospital, Albuquerque. He likens getting off the plane in New Mexico to traveling to a different planet — dry air, mountains, volcanos, mesas and buttes — where everyone is from somewhere else.

88 Daniel J. DeBehnke, who practices in the Trauma Center of the Milwaukee County Medical Complex, has been appointed Assistant Professor of Emergency Medicine at the Medical College of Wisconsin. His research interests include CPR and various techniques to improve survival after cardiac arrest.

Dan completed his residency in emergency medicine at Wright State University in Dayton, Ohio, where he served as chief resident and won the Carl Jelenko III Academic Excellence Award, first place in the Helen Popoway Awards of '90 and '91 for basic science, the Clinical Excellence in Neurosurgery Award and the Kettering Medical Center resident research awards. Dan also won several awards in Medical School and was elected to AOA.

Dan, wife Gail and their two children live in Hales Corners, WI.

COMING EVENTS

April 27, 1992
Wisconsin Reception
American College of Obstetricians and Gynecologists
Las Vegas, Nevada
Las Vegas Hilton–
Conference Room # 5
5:00 to 7:00 p.m.

May 14, 16, 1992
Class Reunions 1942, 1947, 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987

May 15, 1992
Medical Alumni Day

October 9-14, 1992
Wisconsin Reception
American Academy of Pediatrics
San Francisco
Time, date and location to be announced

October 17, 1992
Annual Fall Meeting
Tailgate Lunch at Union South
Playing Purdue

CONTINUING MEDICAL EDUCATION

Echocardiography,
April 23-24, Marc Plaza, Milwaukee

Cardiology for Primary Care Practitioners,
May 2, The Pfister, Milwaukee

Fifteenth Annual Sports Medicine Symposium,
May 7-9, Holiday Inn-West, Madison

Second Biennial Phonosurgery Symposium,
July 10-11, UW Hospital, Madison

MOHS Surgery,
July 16-18, InnTowner, Madison

Allergy and Clinical Immunology Conference,
October 1-2, UW Hospital, Madison

Fourth Biennial Clinical Neuro-Ophthalmology Symposium,
October 2-3, The Edgewater, Madison

Nuclear Cardiology Symposium,
October 14-16, Marc Plaza, Milwaukee

Neurology Conference,
October 16-17, The Inn on the Park, Madison

Seminars in Pediatrics,
October 16-17, UW Hospital, Madison

Lumbar Spine and Backache,
October 16-17, Holiday Inn-East Towne, Madison

Psychiatry Conference,
October 23-24, Holiday Inn-East Towne, Madison

Focus on Rheumatology,
November 5-6, UW Hospital, Madison

Advances in Control of Nosocomial Infection-1992,
December 2-3, Holiday Inn-West, Madison

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

The Wisconsin Medical Alumni Association
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