

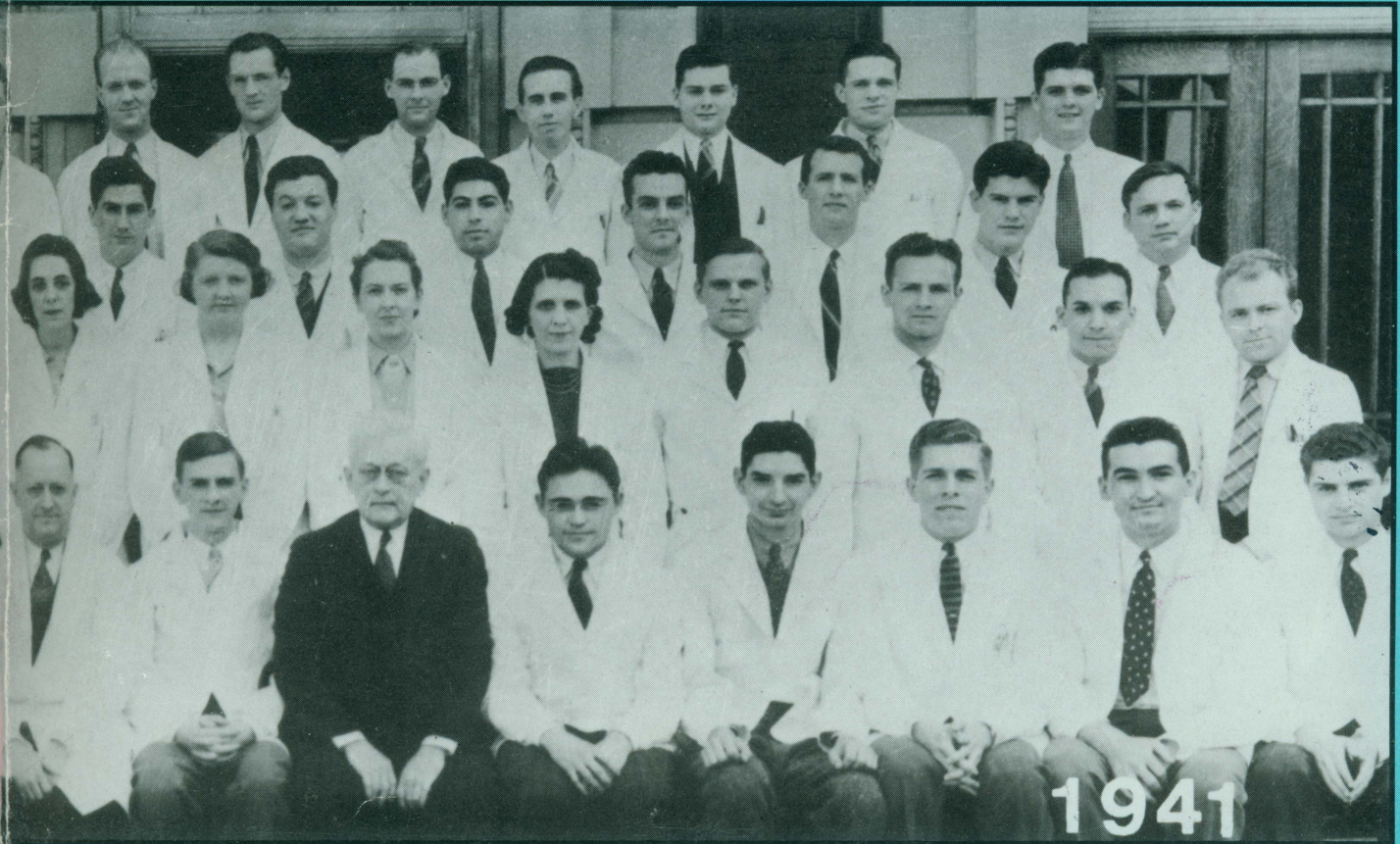
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THE WISCONSIN MEDICAL ALUMNI MAGAZINE



QUARTERLY

HEALTH SCIENCES LIBRARY
 University of Wisconsin
 MAR 16 1992
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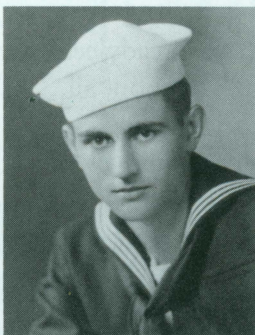
Prints of this unique Medical School drawing are available for purchase

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ON THE COVER: *These are the 1941 graduates. We were not able to match names with the cover photo.*
 RH Allen, PP Bassewitz, WB Cheeseman, JE Clifford, EE Debus, AW Dwyer, HV Ellingson, CA Ender, NA Frankenstein,
 LF Friedrich, FF Golden, CD Hogenson, GO Horn, B Hulbert,
 SZ Hulbert, RA Jubelier, GEC Kammer, FW Kapke, KP Knudtson,
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 DO Prasser, RC Randolph, PJ Reinsch, LS Robbins, CE Schmidt, EM Sexton, RC Shannon, EW Shrigley, JE Taxman,
 MW Thomley, BH Tyner, EA Waskow, CE Wheeler, Jr.
 DM Willison, WP Young, HC Youngreen



Pre-Alumni Day • May 16

Post-50th Reunion Dinner
6:00 pm Reception
7:00 pm Dinner
Madison Club
5 East Wilson Street

Alumni who have already celebrated their 50th reunion, all Emeritus Faculty, Award Recipients, Representatives and Members of the Board of Directors

Medical Alumni Day • May 17

Morning

8:00
Registration
Continental Breakfast

Medical Sciences Center
 300 University Ave.

NOTE: Spouses' Reception
 Susan B. Anthony Room
 260 Union South
 227 North Randall Street
 10–noon

9:00
Annual Business Meeting
President's Report

10:30
Scientific Program

Transplantation at UW
 Folkert Belzer, Chairman of the Department of Surgery, will introduce and moderate a discussion of major organ transplantation.

For class reunion plans see inside back cover

Afternoon

Noon Wine Reception
 Union South, Room 246

12:30

Luncheon
 Union South
 Carousel Room
 Presentation of 50-Year
 Medallions

Awards for Annual Fund
 Leadership
 Dean's Report

2:00

Special Tours, Events

- ✓ Tour of Elvehjem
- ✓ Museum of Art
- ✓ Arboretum Walk
- ✓ Campus Tour
- ✓ Woolsey Lecture given by Robert H. Wurtz at 2:00

Evening

6:30

Reception
 Holiday Inn West

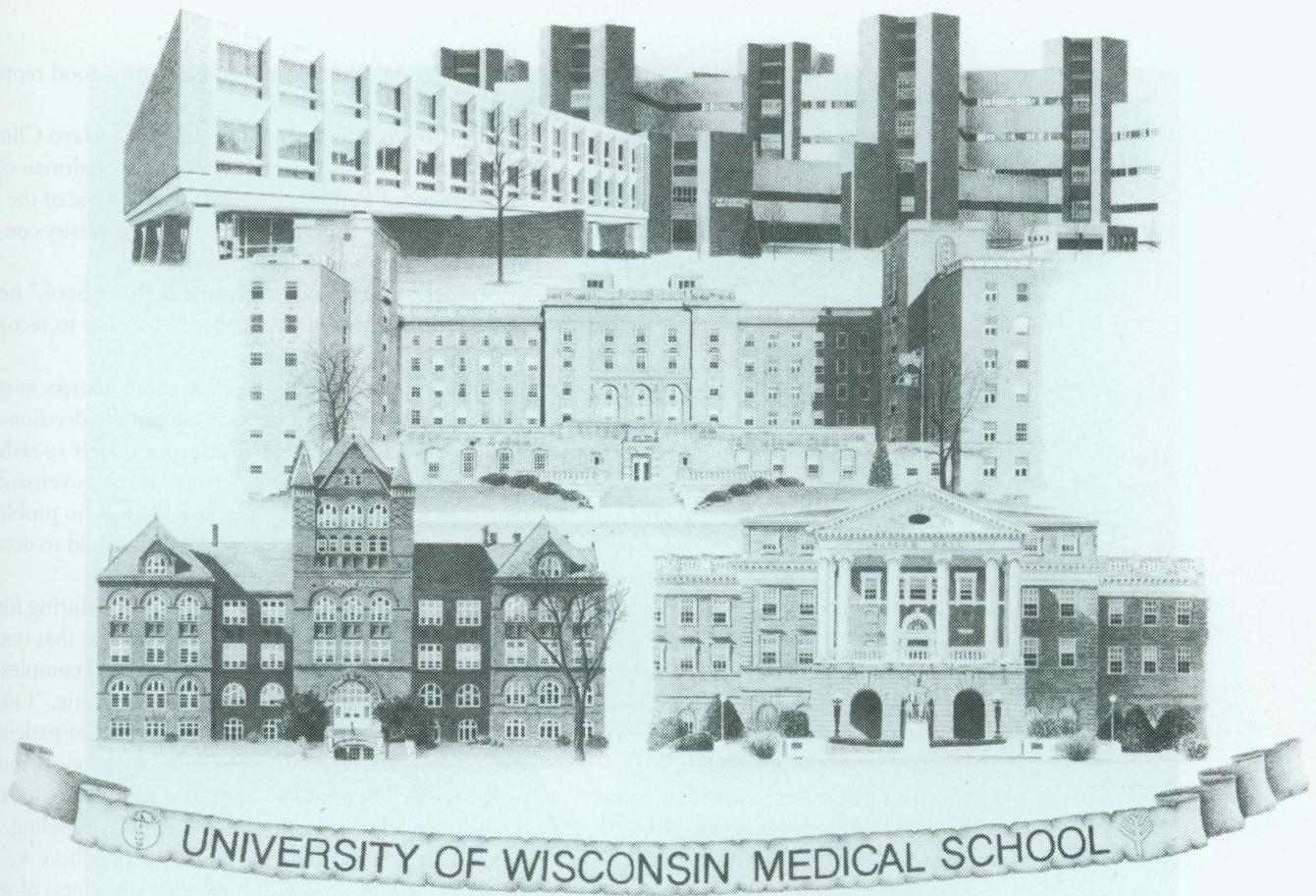
7:30

Alumni Banquet

8:30

Presentation of Awards
 Ralph Hawley
Distinguished Service Award
 Frank H. Urban, MD '54
Emeritus Faculty Award
 Harold F. Deutsch, PhD
 Ben M. Peckham, MD, PhD

Prints of this unique Medical School drawing are available for purchase



Artist Robin Lauersdorf was commissioned to produce a drawing incorporating five of the University of Wisconsin buildings with the greatest significance to medical alumni: Bascom Hall; Science Hall, where the Medical School began and where anatomy was taught until 1958; Wisconsin General Hospital, now the Medical Sciences Center incorporating S.M.I. and Bardeen; the Middleton Library, constructed with alumni contributions; and the Clinical Science Center, housing the clinical departments of the Medical School.

A limited edition of 500 signed and numbered prints 19" x 26" are available at \$45.00 per copy.

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Arnold L. Brown – Dean, Professor of Pathology and Laboratory Medicine, Silver Beaver – has headed the University of Wisconsin Medical School for an extraordinary 13 years.

Considering the transient half-life of contemporary medical-school deans, 13 years approaches a record. For the UW Medical School, which had experienced a rapid succession of deans and acting deans, his long term in office, surpassed only by Charles Bardeen and William Middleton, was a welcome and stabilizing influence — and a surprise. In fact, an audible chuckle rippled through the audience when the new Dean Brown announced in his maiden speech that he intended to stay in the position 10 years. The good doctor obviously knew little about the job he had assumed.

But Bud Brown managed to do the right things and presided over 13 years of relative peace and prosperity. The roller coaster ride had ended.

His lasting power was described by colleague Millard Susman, Associate Dean for Research, in simple terms: “He successfully addressed the needs and interests of the Medical School.”

Former Dean Peter Eichman concurred, describing Arnold Brown as a steady, stable, predictable leader — exactly what the school required after the turbulent '60s and '70s. “He attended to the processes of faculty and departmental government, careful to stay within the rules and regulations. He was

always cheerful and upbeat, and he was a good representative to other schools.”

Dr. Brown came to Madison from the Mayo Clinic and Medical School, where he had been Chairman of the Department of Pathology and Anatomy. One of the first fundamentals he learned was that the University conducts its affairs in a unique manner.

“Imperiousness does not work at this school,” he explained. “A dean or department chair has to recognize that.

“Important questions as well as small matters must be decided by consensus. This slows down the decision-making process but acts as an effective barrier to rash decisions by administrators. Strong faculty governance here is a fact of life. And it works.” He had no problems adjusting to the system, although he admitted to occasional impatience along the way.

How has the Medical School prospered during his tenure? There were the usual ups and downs that one would expect in any institution so large and complex, but Dean Brown sounded decidedly optimistic. “Our research effort has grown and the spectrum of patient services has increased. We have extended services and programs well beyond the campus. Our services to students, from admissions to student aid to counseling, are much better than they were in '78. And I believe we're all better citizens now with increasing awareness of sexual harassment and affirmative action.”

Chancellor Shalala went further. She called Dean Brown an extraordinary citizen of the University and community, adding “You are a class act.”

This reputation for service with distinction evolved from the Dean's efforts in a variety of directions. With his cooperation and support, for instance, the Medical Scholars Program began, grew and prospered; the MD/PhD program was resurrected; and the Class Mentor program started. Novice Dean Brown also managed to enlarge and strengthen the clinical departments while trying to maintain the reputation of the basic sciences. It proved to be a Herculean task.

“He had to face two major budget crises,” explained Chairman of Physiological Chemistry Harry Karavolas. “It was a difficult period and times were lean.”

he Dean Moves On...



After the big move from University Ave. to the west end of campus, the Dean had to oversee the remodeling of the old hospital into basic research and teaching facilities with minimal funds, and at the same time he tried to satisfy investigators who were intent on obtaining more space for themselves — a balancing act of heroic proportions.

“Nonetheless,” Karavolas said, “in spite of all these problems and more, he always had an open door policy and always showed interest in teaching and the quality of student life. Every fall he would come to the physiological chemistry lab, walk around, and chat with the Med I’s. And he knew the exercise they were doing.”

Karavolas, who belonged to the search committee that decided upon Arnold Brown as the new dean, described him as a straight shooter with an uncanny ability to calmly bring a group of diverse people to agreement with no residual rancor.



...a straight shooter with an uncanny ability to calmly bring a group of diverse people to agreement with no residual rancor.

“Bud is a very deliberate person,” Associate Dean for Academic Affairs Charles Lobeck said. “He thinks about a problem, develops a position and finds the right person to fill it. Then he allows the person to do his own thing. He is a charm to work with.

“And he has an exuberant nature and sense of humor.”

Lobeck added that the Dean has responded enthusiastically to today’s re-emphasis on medical education. “He recognizes the education of medical students as a core mission of the Medical School.”



“He had to face two major budget crises. It was a difficult period and times were lean.”

When talking with Dean Brown, one soon realizes that education occupies a priority rank in his thinking, for he often refers to various aspects of training a good physician.

“There have been incremental improvements in the curriculum during the past several years — it’s in better shape now,” he said. “We’re introducing students to clinical material earlier in the curriculum, we’ve added a clerkship in primary care, and we’re beginning to pay more attention to assessing students’ clinical abilities and providing feedback. But we’d all like to have more flexibility in making changes.” Some of the changes now in effect resulted from his ongoing interest in medical education and his willingness to go out on a limb in backing innovation.

“The students don’t change much from year to year or even decade to decade,” he noted. “They’re bright, hard working, motivated, and when they graduate they are well prepared to enter post-graduate training.”

He has noticed significant differences among classes, however, in that some seem to develop cohesion among themselves and identity with the school more than other classes. He added that some students are active, enthusiastic, positive alumni while others want nothing further to do with the school. “But I think it’s

"He had to face two major budget crises. It wasn't difficult period and times were lean."

"The school was in a bind and soon realized that it was in a bind. The school was in a bind and soon realized that it was in a bind. The school was in a bind and soon realized that it was in a bind."

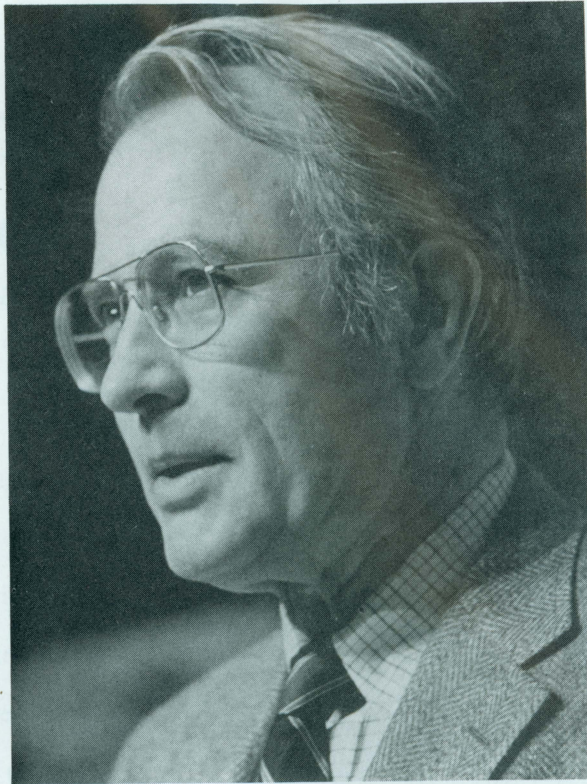


"He is most supportive of basic research. The NIH needs assurance of such support before it is willing to award large grants."

that way everywhere. We're not unique. Within any one class you can find a broad spectrum of attachment to the school, but certainly all are overjoyed at completing the experience."

There aren't quite the same ties between students and faculty that there were a generation ago, he noted. "There are more students, to begin with, and these days virtually every course is taught by a team instead of a single faculty member. That makes rapport more difficult. And during the last two years the students are spread around the state and even beyond."

The faculty, Dr. Brown said, are as skilled and as dedicated to education as ever, and faculty research has increased at a gratifying rate — a function of the

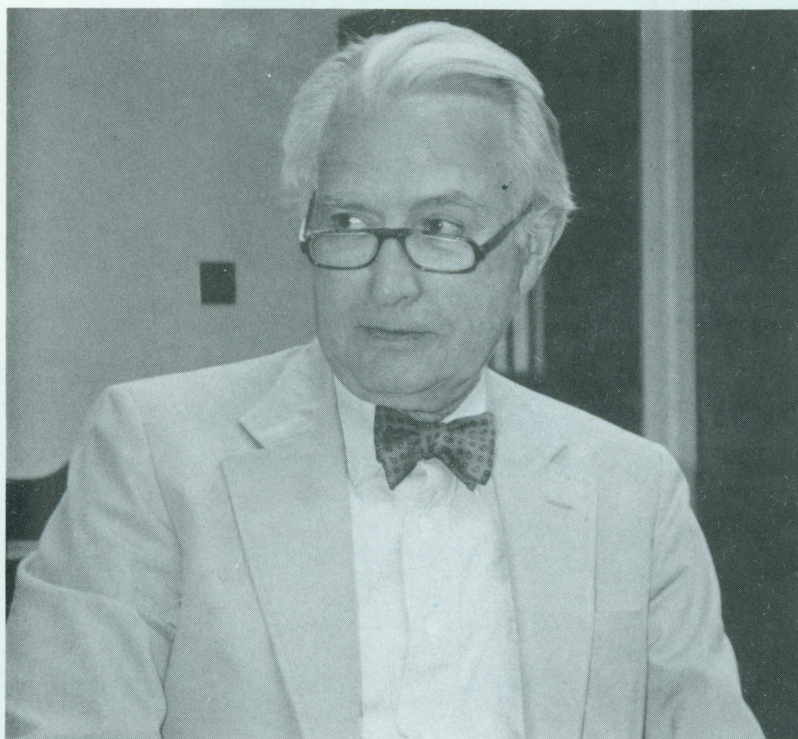


“Imperiousness does not work at this school.”

individual faculty member’s ability to attract funding in a very tight marketplace.

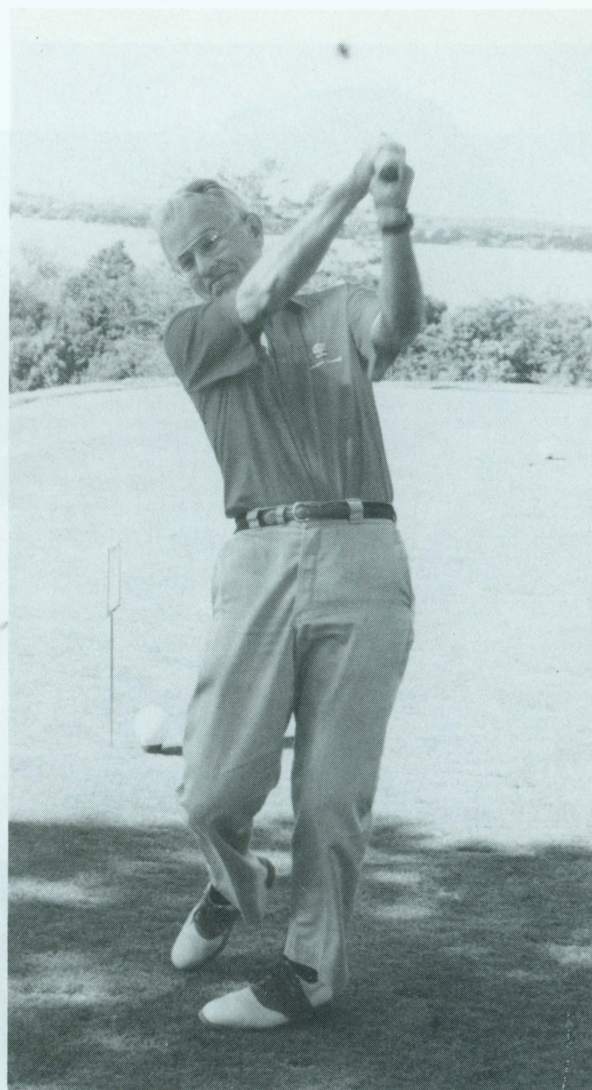
The Dean’s encouragement to develop initiatives in biomedical research, according to Dean Susman, has in no small measure added to the current strength of research programs.

One example is the continuing success of the McArdle Institute for Cancer Research. Director Henry Pitot, also a former Dean, pointed out that the support of Dean Brown and the Medical School were instrumental in McArdle’s earning a CORE grant from the National Institutes of Health. “He is most supportive of basic research,” Pitot explained. “The NIH needs assurance of such support before it is willing to award large grants.”



Dr. Brown's influence has been felt well beyond the Medical School. He has, for example, gained national renown for his work on environmental influences on cancer. He has been an active and influential member of the Association of American Medical Colleges, holding several offices including Chairman of the Council of Deans, and he was active in the General Motors Cancer Research Foundation for many years. Other organizations that benefitted from his presence include: National Clearinghouse for Environmental Carcinogenesis (Chairman), National Committee on Heart Disease, Cancer and Stroke, National Cancer Advisory Board and National Cancer Advisory Council, NIH Reviewers Reserve, AMA Council on Medical Education, Cancer Research Manpower Review Committee (Chairman), National Board of Medical Examiners, WHO — and a great many others.

For a change of pace, he was President of the Four Lakes Council of the Boy Scouts of America and received



that organization's Distinguished Eagle Scout Award (1987) and Silver Beaver Award (1989).

He also whacks a mean ball on the golf course as well as tennis court, activities that may receive more of his attention now that he is about to leave the deanship at age 65 and resume activities as Professor of Pathology and Laboratory Medicine. "It's time to step aside and open the way for new leadership," he said. He will, however, continue his work with NIH, WHO and the National Board of Medical Examiners.

Arnold Brown earned his medical degree at the Medical College of Virginia and trained at Presbyterian Hospital in Chicago, followed by a three-year fellowship with the National Heart Institute. His distinguished career at Mayo began in 1959.

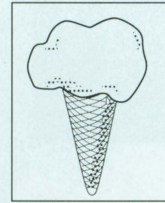
Betty and Bud Brown are proud of their five children — Arnold L. III, Anthony C., Allen W., and twins Fletcher S. and Lisa K. — and their seven grandchildren. **Q**

REFLECTIONS

If I Had My Life to Live Over

(Written by Nadine Stair of Louisville when she was 85, the following has been reprinted in several publications.)

I'D LIKE TO MAKE MORE MISTAKES NEXT TIME. I'd relax. I would limber up. I would be sillier than I have been this trip.

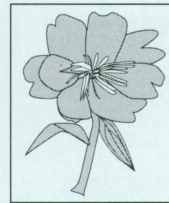


I would take fewer things seriously. I would take more chances. I would take more trips. I would climb more mountains and swim more rivers. I would eat more ice cream and less beans. I would perhaps have more actual troubles, but I would have fewer imaginary ones.



You see, I'm one of those people who lives sensibly and sanely hour after hour, day after day. Oh, I've had my moments, and if I had it to do over again, I'd

have more of them. In fact, I'd try to have nothing else. Just moments, one after another, instead of living so many years ahead of each day. I've been one of those persons who never goes anywhere without a thermometer, a hot water bottle, a raincoat and a parachute. If I had to do it again, I would travel lighter than I have.



If I had my life to live over, I would start barefoot earlier in the spring and stay that way later in the fall. I would go to more dances. I would ride more merry-go-rounds. I would pick more roses.

EDITOR'S COLUMN

Victor S. Falk, MD '39



We'll Miss Him

When Dean Arnold Brown announced his intention to step down June 30, 1991 after heading the Medical School for 13 years, Chancellor Donna Shalala in an effort to have him stay on said that she had offered him an appointment on the UW Athletic Board. However, since he already had better hockey tickets than the Chancellor, this did not cause him to change his mind. Chancellor Shalala did grant him a year's sabbatical during which time he plans to review anything new in pathology. Following the sabbatical he will resume teaching as a Professor of Pathology which he regards as "a fantastic opportunity."

After a series of short term deans and acting deans, it was a pleasant relief to have Dean Brown in office for 13 years. His tenure stabilized the medical school and got it back on track after a sometimes erratic course.

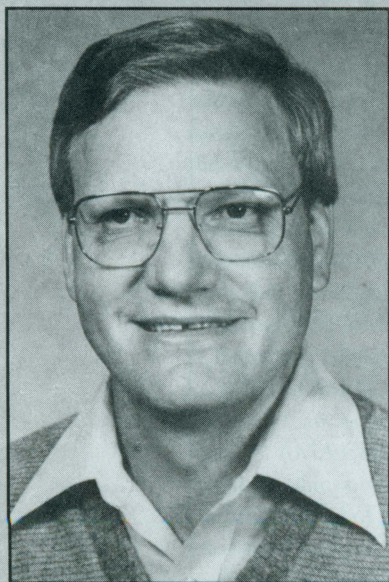
There will never be another time as in the Middleton era when there are only 50 students in the medical school class and where the Dean of the Medical School actively taught the major course in medicine and very actively presided over the medical wards. However, Dean Brown, despite the administrative load, did maintain frequent and warm contact with the students.

The Wisconsin Medical Alumni Association is particularly appreciative of Dean Brown's support and his interest in the association. His regular attendance of the Medical Alumni Association functions and class representative meetings has been appreciated through the years. We will miss his warm, friendly presence and his candid comments.

I'm Still Listening

Herbert F. Sandmire, M.D.

WMAA Past President



In June 1991 the "Bud" Brown era will come to an end. All is not lost however as Bud's contributions will still be available to the Health Science Center as a member of the most scientific of all disciplines — pathology. Although fully grounded in a discipline requiring complete objectivity, he functioned equally well as Dean where subjective impressions often influence important administrative decisions.

My first acquaintance with the Dean was the Fall of 1978 shortly following the beginning of his Deanship. He graciously called on me at my office prior to his American Cancer Society address at the Oneida Country Club in Green Bay. Curiosity required me to ask this distinguished visitor how long he planned to be Dean. Without so much as one blink he responded, "Ten years." My reaction was reflected in the marked elevation of my eyebrows. Almost 13 years later Bud Brown is still the Dean — a testimony to his ability as a survivor.

As a Preceptor and through various responsibilities to the Wisconsin Medical Alumni Association I have sat through approximately 40 of Bud Brown's "State of the Medical School addresses." Usually he begins by saying there is not much to report and then proceeds to provide a concise, significant description of recent Medical School developments. His ability in that regard may be the explanation for why, after 13 years and approximately 40 reports, I'm still listening!

Finally, if I were asked to identify Bud Brown's most important attribute resulting in his effective leadership as Dean, it would be his view that the Medical Student comes first.

Good luck, Bud, as you return to your primary discipline.

Annual Milwaukee Winter Meeting

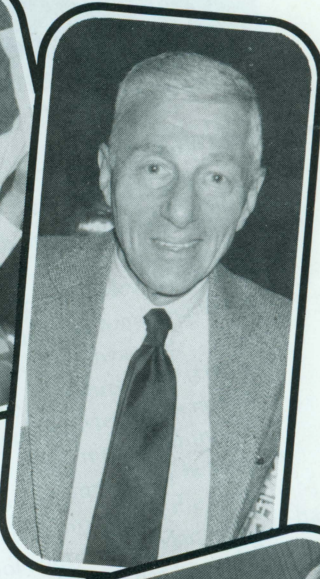
In February 3 alumni, spouses and other guests gathered at the Madison Milwaukee North for the annual Milwaukee Winter Meeting of the Wisconsin Medical Alumni Association. The business meeting took place in the morning. After brunch, Dean Arnold Brown reported on the current status of the Medical School and Michael Bauman, award-winning sports columnist from the Milwaukee Journal, spoke about the Wisconsin sports scene. The alumni presented Irvin Becker '47, who wrote the Middleton biography recently published by the *Quarterly*, with a set of glasses with the Medical Alumni Association logo.



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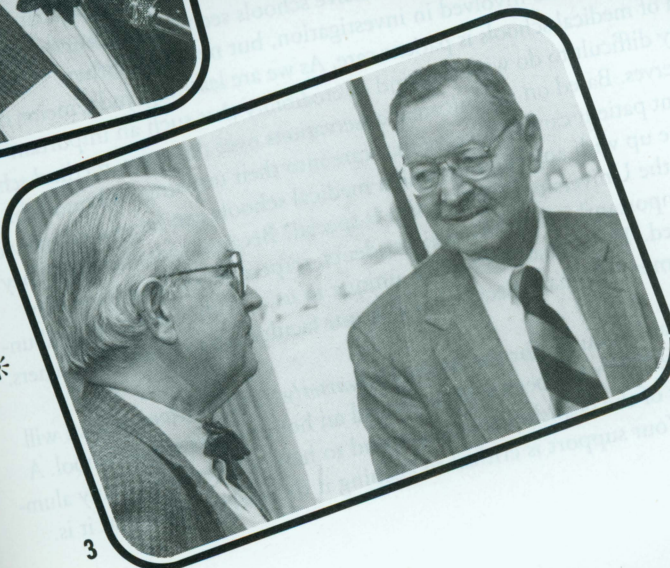
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1. The brunch line — worth waiting for. 2. Dean Brown brings alumni up to date about the status of the Medical School. 3. Quarterly editor Victor Falk talks with Dean Brown. 4. The Foxes share a moment with the Carlsons. 5. Speaker Bauman, with help from his

wife, presents the inside scoop on Wisconsin sports. 6. President Usow and the Withmans enjoy the social hour. 7. Irvin Becker '47, the author of the Middleton biography, accepted a gift of glassware from the alumni. 8. Michael Bauman and wife chat with President Usow.

DEAN'S COLUMN



Arnold L. Brown

The annual replenishing of the life blood of the Medical School has now been nearly completed. I refer, of course, to the selection of the students for our next class, the Class of 1995. We are pleased, but do not at all understand, that the number of those wishing to become physicians has increased significantly this year, here at Wisconsin and across the country. We were equally unable to explain, with any convincing arguments, the decline in interest that began in the 1980s. What hasn't changed is the character of those who become medical students. They come to us from all of the societies that make up Wisconsin and the Nation: bright, hardworking, and barely able to see, but very conscious of, the long road that lies ahead of them.

One of the pleasures of my office is the opportunity of talking to some of those nascent students before they have finally been accepted to the School. A question seldom asked but very much on their minds is just how good is the University of Wisconsin Medical School. Those that do ask do not receive a very coherent answer, at least from me. My problem is that I don't know how to define a comparison between our school and the 125 others in this country. I do, however, make it clear that there are no bad schools among the 126 of us. I believe this, but somewhere in the deeper recesses of my brain I am just as certain that the UW Medical School is special.

By what criteria are we to judge the quality of a medical school? If our main business is the education of medical students and transforming them into physicians then it seems obvious that we would judge a school by the quality of their graduates in the practice of medicine. As I discuss elsewhere in this issue of the *Quarterly*, such an assessment is not easily done nor has it ever been done. The elements that make up a good physician have never been described in terms that can be measured. We speak of clinical skills and knowledge, of problem solving ability, all of which can be assessed with some degree of reliability. But then there is compassion, discipline, motivation, which we define poorly and measure hardly at all. I have not been impressed by the correspondence of National Board scores with my own measures of the good physician. In 45 years of being around students and physicians I have not noted that any one school seems more likely to produce more good physicians than others. Admittedly, I have spent my career in the company of first-rate doctors so that my sample, though large, is biased.

If an evaluation of graduates as physicians cannot be done then what can be? How about research? This is easier. The number of papers published per unit time or dollars of grant funds generated is public knowledge. In this respect, there are large differences among the medical schools. Does this translate into a higher quality of medical student education? Not as far as I have been able to see. The research intensive schools seem to educate their students no better than do those less involved in investigation, but no worse either.

The third mission of medical schools is patient care. As we are learning, judgements on the quality of care are very difficult to do with the kind of credibility that such an important aspect of our lives deserves. Based on my informal observations over the years, medical school faculty provide excellent patient care and weave that care into their teaching and research.

Since I cannot come up with any rules by which medical schools can be graded, why do I have this feeling that the University of Wisconsin is special? Because of its faculty. They enjoy teaching; more importantly, they like their students, respect them, and want very much for them to succeed. These qualities are not unique to us, but they are here in abundance. The men and women who have decided to join our faculty are committed teachers. They make us special.

This will be my last dean's column for the *Alumni Quarterly*. After thirteen years I will step down as Dean on June 30. It has been a pleasure and an honor to serve the School. A particularly pleasant aspect of the deanship is to know and to have as friends so many alumni of the Medical School. Your support is critical to keeping it the special place that it is.

PRESIDENT'S COLUMN



Barry H. Usow '69

As one proceeds to write the last article of his presidency it becomes a time of reflection. Reflection on the year's accomplishments and on the year's disappointments, associations made with fellow alumni and friends of the associations, meetings attended throughout the state, honorees rewarded for their accomplishments in community and medicine, speakers who contributed to the success of our program and general camaraderie with the students and faculty of our medical school.

Our accomplishments were numerous. We became more financially responsible, diminishing our deficit yet continuing most of our programs. The Mash House was sold, after much discussion, for a fair market price which is being used to fund the Low Interest Student Loan Program. On the one hand more students should now benefit from its proceeds and on the other this may provide a project for the future to create a rooming house and "club house" for all medical students and alumni if a way can be worked out to decrease Board Liability.

Our dues-paying members have continued to increase and this certainly will allow more input into the organization. Our first phonathon last fall done by our medical students took place with excellent results. I think the students enjoyed talking to some of the alumni as much as the alumni liked conversing with them.

I was able to honor my preceptor, Phillips Bland, with the Ralph Hawley Distinguished Service Award in March. That was a big thrill for me. I have always had fond memories of that time. I still tell Westby and Viroqua stories to my colleagues in Milwaukee.

In May I will turn over the gavel to our next president, Betty Bamforth. My term is at an end. Ironically, it comes at a significant time in the history of the Medical School as well. Arnold "Bud" Brown is retiring at the same time. I have to say if the Alumni Association has had one good friend it has been Bud. He was instrumental in helping us throughout the transition of executive directors, he has traveled throughout the state to speak at our alumni meetings and gave his state of the school addresses in Madison. He has allowed us a visible presence at the entrance to the Medical School and has financially assisted us as he could. He has supported our programs and been a good friend. I have sat with Bud at many dinners and meetings and will miss his friendship. The Alumni Association thanks him and wishes him well in his retirement. We hope he will still find time to come back and visit us often.

Finally, I would like to thank my Board and Committee members who have worked so diligently to continue the support of their great institution and its students. Thank you.

Emeritus Faculty Awards

Harold F. Deutsch

Although Emeritus Professor of Physiological Chemistry Harold F. Deutsch officially retired in December of 1987, one would be hard put to find any radical differences from his previous lifestyle. He still maintains his industrious schedule in the laboratory

except that he leaves for home by three — “like on Saturdays,” he noted. Even weekends may find him in the laboratory pursuing current problems such as isolating a muscle relaxant and developing a liver tumor missile.

Harold Deutsch's 42 years on the faculty furthered both the amount of solid science created at the Medical School and the scope of international cooperation that has characterized our University.

The international connection began as World War II ended and he got to know many of the foreign investigators who came to the UW to learn protein isolation techniques,

particularly as they applied to human plasma; at that time protein biochemistry was a very active, fast-moving field. The connection continued and Harold Deutsch eventually became familiar with parts of four continents — Africa, Asia, Europe and South America.

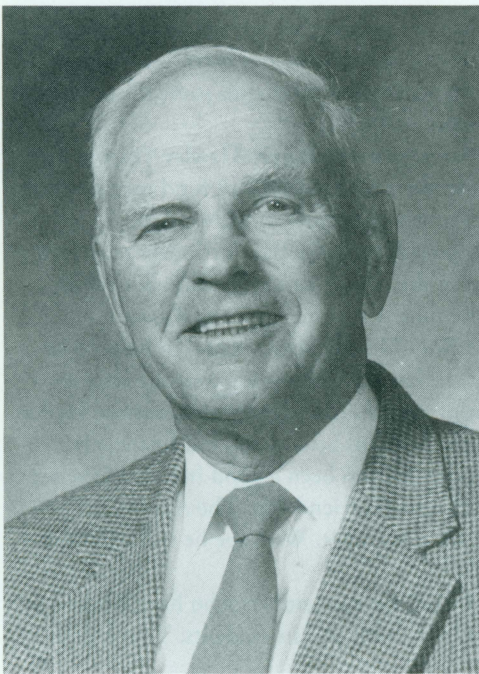
Following retirement he worked for six months at the University of Pretoria, four months in Belo Horizonte, Brasil, and nine months at the University of Osaka Medical School as a guest of the school's new professor of biochemistry, who had been a very young and recent medical graduate when he worked with Dr. Deutsch in the early '70s. While lecturing at Osaka, the honored professor from America expressed hope that audience members would also invite him to speak to their students in 20 years when they, too, would become professors.

During these working visits he arranged for foreign researchers to visit the UW.

During his tenure Dr. Deutsch has spent a few months to a year at various institutions around the world. These included the University of Brazil in Rio de Janeiro; the Nobel Medical Institute in Stockholm, where he was a Rockefeller Foundation Fellow; the School of Medicine in Ribeirao Preto, Brazil, where he helped establish the biochemistry department in a new medical school; the University of Hokkaido Medical School, which he visited twice as Visiting Professor and where his first post doctoral fellow had become professor; the Rockefeller University; the Max Planck Institute for Cell Biology in Heidelberg, the latter following the award of a prestigious Alexander von Humboldt Professorship award by the German government. A series of collaborative publications resulted from these laboratory visits.

Professor Deutsch's research in isolating and characterizing blood proteins has led to the publication of more than 250 papers. His pioneer efforts in this field were unique in that he usually studied crystalline materials, which generally had been isolated by him for the first time. His work includes “firsts” dealing with the properties of immunoglobulins, superoxide dismutases, carbonic anhydrases and ubiquitin. In recent years he has been particularly interested in alpha-fetoprotein as a carrier for certain chemotherapeutic drugs.

In spite of his research and writing activities, Dr. Deutsch makes time for exploring the outdoor environment, noting people's response to it and communicating his love of nature. He has acquired an enviable reputation for his knowledge of wildlife and has raised, trained and loved several exceptional hunting dogs. As with all good hunters, in contrast with shooters, he has a reverence for game; he and his wife Regine spend much time improving game habitat in their wooded environment. Cross-country skiing is another activity he relishes. At home in rural Belleville, Wisconsin, Harold Deutsch can — and often does when there is adequate snow cover — open his front door and take off with his wife for hours through woods and across fields.



Ben M. Peckham

Emeritus Professor of Obstetrics and Gynecology Ben Peckham came to the Medical School in 1956 from Chicago, where he enjoyed a private practice and taught at Northwestern University Medical School.

Recruited as Chairman of Obstetrics and Gynecology, he found a department that had no home of its own — it was housed in Surgery — and paid scant attention to gynecology. With some of the funds from his NIH grant for studying cellular kinetics, strong backing from the University, and a knack for organizing, Ben Peckham established a department with its own offices and research facilities. He saw to it that gynecology — especially surgical — became more prominent, and he developed divisions of maternal-fetal medicine, gynecologic oncology, and endocrinology. (With an MS and PhD in physiology, his personal research interests lay with endocrinology.) He was able to attract highly competent subspecialists to lead the divisions as well as investigators to carry on long-term research programs. These legacies remain, although today they are taken for granted.

One of Dr. Peckham's most significant contributions in the early days was to bring together Madison's obstetricians and gynecologists, the Medical School staff, and Madison's three private hospital facilities (now two), into a cooperative training effort. The result of these changes was a three-fold increase in the number of the Department's teaching faculty and trebling of the number of obstetrical and surgical patients available for student and resident education. The subsequent development of a combined University-Madison General (now Meriter) Hospital Obstetrical Division made possible the present University Division of Maternal-fetal medicine, its regional high-risk obstetrical services and its significant research facilities located in that hospital.

Early on and throughout his tenure, Professor Peckham emphasized the teamwork approach to patient care by increased involvement of residents and, particularly, medical students at all levels of patient care. To varying degrees this teaching philosophy spread to other departments in the medical center.

Although an excellent administrator and a one time Associate Dean for Clinical Affairs, Ben Peckham always personally directed the Gynecologic surgical services dubbed the Benign Service after the formation of the

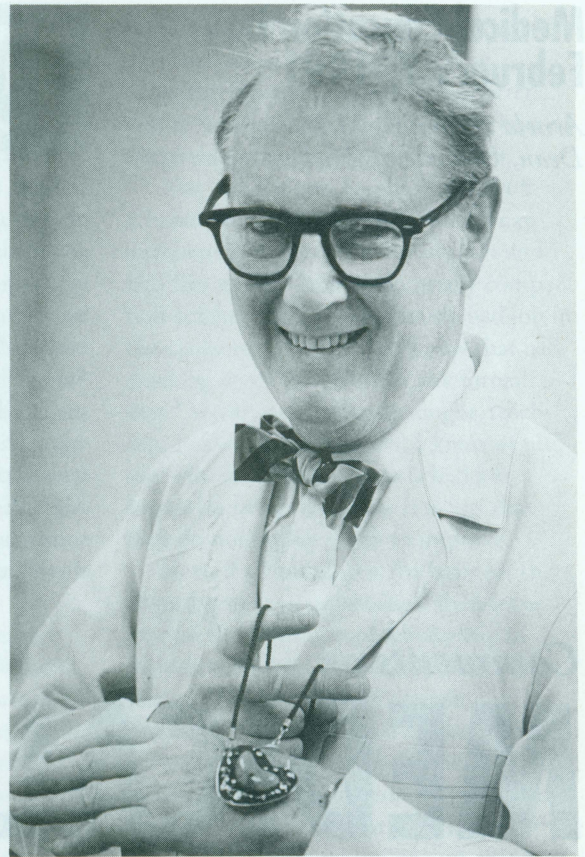
Division of Gynecologic Oncology. His love of resident and student teaching, which drew him into academic medicine in the first place, was rewarded by tenacious patient loyalty and several teaching awards.

With inspiration and a set of jeweler's tools from a former patient 20 years ago, he began collecting and cutting rough gem material

and the design and construction of jewelry. His well equipped basement workshop contains enough material for many more years and his ex-patient friends in the jewelry business continue his education with their generous advice and assistance. Ben Peckham's elegant award-winning creations have inspired hobbyists as well as professionals when they have been displayed at museums and other exhibitions.

Recently, however, he devoted two years to compiling a Peckham genealogy which supplements one of the two existing Peckham genealogies.

“When I was one year into medical school my maternal grandmother persuaded me to change my name from Gross to Peckham, my mother's name, so that the family name would not run out,” he explained. After attending a family reunion in Richland Center at the urging of wife Ann, Ben Peckham decided to up-date the most recent genealogy (1976) that covers the majority of Wisconsin Peckhams and to chronicle five lines not previously included. The result has been a two year lesson in typing and a computer-published 200 page volume which brings his and other Wisconsin Peckham families up to 1990. Q



Medical Education Day February 7, 1991

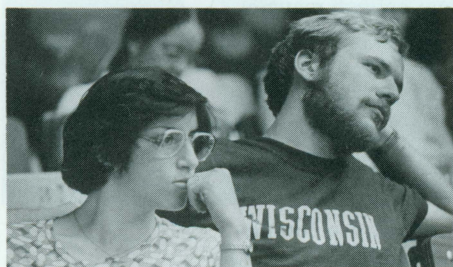
Arnold L. Brown, M.D.
Dean, UW Medical School

Education Day has become a very special event on our calendar. It was first proposed by Associate Dean for Academic Affairs Charles Lobeck, and it has been he, with the help of Howard Stone, who has organized it and infused the proceedings with the quality that has made this Day an increasingly important one for our faculty and staff both in Madison and elsewhere in the State. The topic that Chuck has assigned me is a difficult one, but one that is most appropriate for a medical school dean. I have approached the subject in the spirit of Air Vice Marshall A. D. Button who, on a somewhat similar occasion, admitted, "I therefore come before you armed with the

Professor Highet was a remarkable writer and wrote from a perspective steeped in the long view of intellectual history. I was so impressed by his book that I once, at another medical school, gave a copy to each of the members of my department. I don't know if they read it, but if they did, it had little effect on their teaching. In the book, he writes, "Scientific teaching, even of scientific subjects, will be inadequate as long as both teachers and students are human beings." I commend the book to you. If you tire while reading it, I suggest you take up any of the books of Professor Highet's wife, Helen McGinnis. Beginning before World War II and continuing well into the Cold War, she wrote a host of foreign intrigue novels that were a

Comments on

MEDICAL EDUCATION



delusions of adequacy with which so many of us equip ourselves."

I shall first unburden myself of some general comments on teachers and teaching, then discuss some of the elements of change that swirl around us and end with comments on the future of the medical curriculum. Basic to what I shall say are two assumptions: that the prime function of the Medical School is education, and that every member of our faculty is a teacher.

Education has been the subject of learned discussion for a long time. There are those who regard teaching as an art, those who believe that it can be studied and improved on the basis of scientific methods, and those, the largest group, who just teach unencumbered by philosophic or scientific notions of what they are doing. Perhaps the most eloquent champion of "Teaching as an Art," and who wrote a book with that title, was the late Gilbert Highet, Professor of Classics at Columbia.

perfect antidote to some of her husband's more turgid works.

The effort to inject a more rigorous state of mind into education arose in the schools of education, where it flourishes today. The basis for this is the conviction that teaching and learning can be studied by the same methods that serve other of the social sciences and psychology. Hypotheses by the score were developed and accepted or rejected on the results of careful observation of teachers and students and the application of experimental methods. Journals multiplied, read carefully by educationalists but seldom, if at all, by those who teach.

In medical education a similar conviction—that the teaching of medical students was generally uninspired, often inept, and certainly unsystematic—led George Miller, M.D., then at the University of Buffalo but later and for most of his career at the University of Illinois, to begin a long and

productive series of studies. The concepts that have grown out of his work along with the many persons that have trained with him resulted in the creating of departments of medical education in schools across this country and many around the world. The Group on Medical Education of the Association of American Medical Colleges (AAMC) has an annual meeting that is jammed with enthusiasts who listen to several days of papers. The journal of the AAMC, *Academic Medicine*, also is filled with studies of the teaching and learning of medical students and residents. Neither the meeting nor the journal are attended or read much by those who teach. Faculty members, whom we define as teachers, are up to the minute in the latest developments in their fields. But they have little interest in the research, much of it most relevant to what we regard as their prime function, on either teaching or learning. The assumption is made by department chairs and deans and by the faculty members themselves that everyone with an M.D. or Ph.D. degree knows how to teach. They don't.

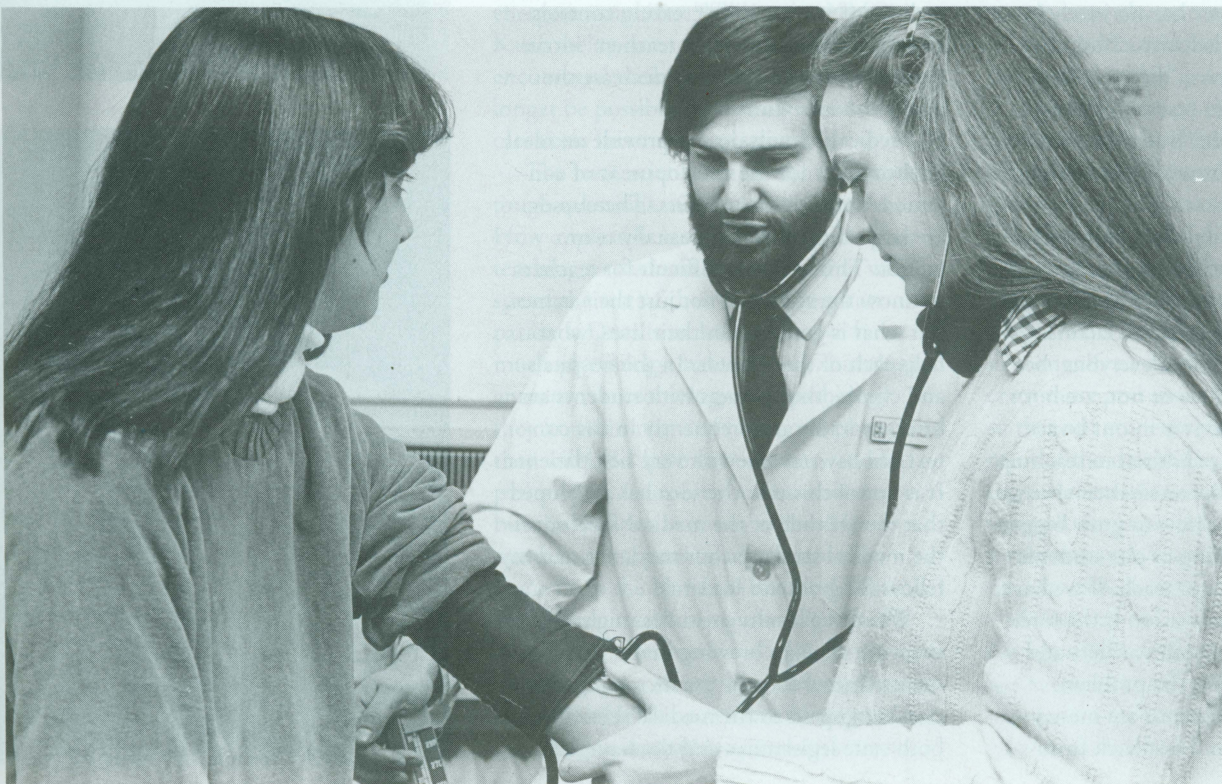
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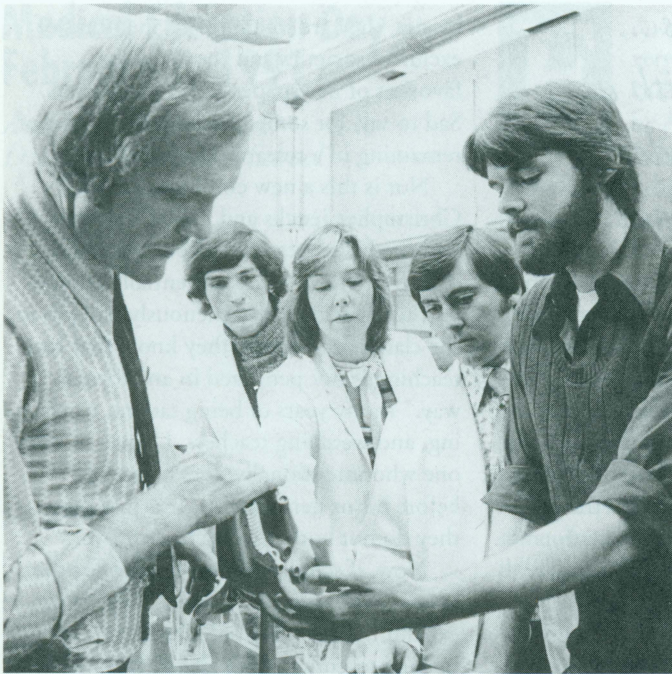
One of the reasons given for the lack of interest in teaching is that few rewards, such as salary raises and tenure, are given for skill in the classrooms and in education in the clinical setting. The rewards, it is said, are in scholarship, defined as the publication of research. There is no question that research is important to medicine, to our patients, to our faculty and our schools. Nor is a life in research, though often exciting, a soft bed of roses. The peer review of grants is intense and the competition for funds fierce. Editors and reviewers send back papers with cutting comments and critics fire exasperating questions after a paper is given. But, successful researchers are invited to meetings, often in exotic

locales, they are sought to be members of exclusive societies and they become favorites of newspaper and TV reporters. Sad to say, for some, teaching is the cost of remaining in a research environment.

Nor is this a new emphasis. In 1965 Christopher Jencks and David Riseman authored *The Academic Revolution* and had this to say: "Many potentially competent teachers do a conspicuously bad job in the classroom because they know that bad teaching is not penalized in any formal way." In my years of being taught, teaching, and watching teachers, I know of no one who intentionally does a bad job before his or her students. It is just that they do not bother to try to improve.

Now, if scholarship is the basis for the reward system in universities, then let us expand the definition of scholarship to include teaching. That is just what Ernest Boyer, President of the Carnegie Foundation, has proposed in his recent monograph, "Scholarship Reconsidered, Priorities of the Professoriate," published by the Carnegie Foundation. He urges that the reward system recognize such things as





students and peers. Monetary rewards may not be the answer according to Professor Deci, who concluded in 1971, after studying the matter, that they do not increase intrinsic motivation. Stephen Kerr (1975) found the paradox, however, in a paper entitled, "On the Folly of Rewarding A, While Hoping for B," in which he pointed out that we want faculty to work hard at teaching while the significant rewards are for research.

the writing of textbooks, development of computer software, organization of new courses and new teaching techniques. In fact, I am happy to report, it is just those items that promotion committees, at least at the University of Wisconsin, are now taking seriously. Boyer has no intention of making the rewards for teaching easy to receive, for he asserts, "For teaching to be considered equal to research, it must be vigorously assessed." But most who teach, it seems, do not wish to undergo a vigorous assessment.

Besides the lack of rewards, motivation is cited as a serious deficiency among teachers. The educationists divide motivation into intrinsic and extrinsic factors. It seems to me that just about everyone, be they professional teachers or not, are born with the urge to teach. It is in our bones. Whether it is with our children in teaching them how to ride a bike or tie their shoes, or teaching a neighbor how to grow bigger tomatoes, or the teaching of our students and colleagues, we like to teach. If we have the time. Intrinsic motivation is the force vitale of education for both teachers and students. Increasing it is the problem.

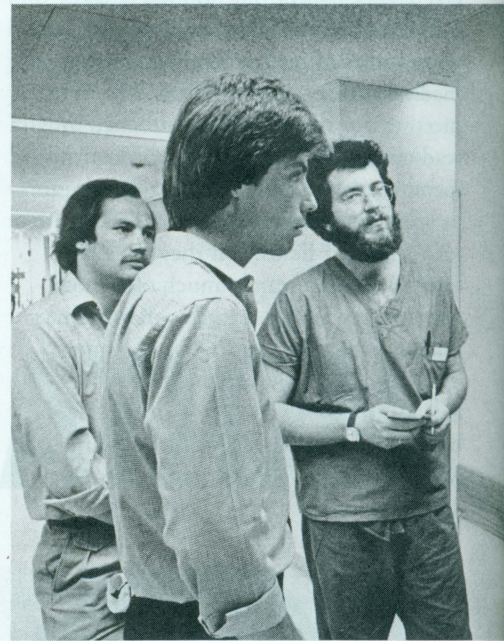
The extrinsic motivations are money, recognition, tenure, and feedback from

assessment and accountability pose difficult problems for administrators, such as deans. Professor Deci described the dilemma as well as anyone: "It is ironic that administrators, who appropriately aim to achieve high quality education, often respond to the difficult realities of academia by creating controls and pressures that deplete teachers' intrinsic motivation and thereby decrease the quality of education."

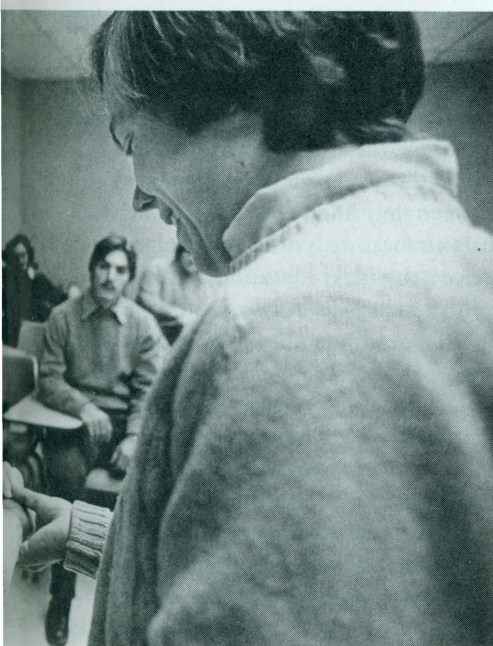
Medical schools do not provide an ideal environment for the development of contented, enthusiastic teachers. The classes are large and courses are usually team taught. This makes it difficult for teachers to know the students, not just their names, but what is going on in their lives, what help each of them needs. In the hospitals and clinics, the contacts with students are brief, sporadic and frequently in the context of busy services with very sick patients. It is out of this that the idea has developed that the attitude of the medical faculty is: the medical students, our residents, and my fellow (or graduate student).

Whatever faculty attitudes might be, there are changes brewing in our environment. One of them is the increasing attention being paid to the medical schools by both state legislatures and the Congress.

We want our faculty to work hard at teaching while the significant rewards are for research.



There is growing concern over the shortage of physicians in rural areas and the need for more M.D.s specializing in primary care. The increasing cost of a medical education is also drawing the attention of legislators. Medical schools will be expected to contribute solutions to these problems which very likely will require curricular accommodations. The Federal



Government, which already through Medicare, contributes significantly to the cost of residency training, will seek more control of this essential part of medical education. This would well take the form of providing support for only programs that provide training in what are believed to be undersupplied specialties. Thus, programs in neurosurgery, for example, might be slighted while family practice, primary care internal medicine, and general pediatrics would be increased. A first step in this direction is likely to occur in the next federal budget.

The changing clinical environment is having a real effect on planning for the future. Can a complete clinical education be provided in a managed care system? Will the corporations that employ the physicians in the growing number of these systems allow them to donate their time to the education of medical students? Medical schools from time unremembered have depended on practicing physicians to teach our students in the practice setting. They have done so with enthusiasm and skill. Their compensation has been the opportunity to teach and to associate with bright, energetic, students. While some HMOs, Kaiser being one of the most notable, have encouraged their staff to teach, this may no longer be possible as controls on health care costs become more stringent.

The basic sciences must also face some tough questions. One of these is relevance. How applicable is the knowledge they are teaching to students, most of whom will spend the rest of their lives taking care of patients. Does it make a difference how much physiology, biochemistry, histology, anatomy, microbiology, and pathology they know in terms of how good physicians they will be? I have my own answer, as a pathologist; I suspect you know what it is, but the questions are not stilled. New examinations, particularly should they come from the National Board of Medical Examiners, might bring new vigor to the question of relevance.

When considering what a new curriculum will look like, one central, exasperating, and unanswerable question confronts

Another question that must be faced sooner or later is whether four years is enough to equip a student for his or her postgraduate education.

the faculty. How do we decide if our changes improve our graduates? Test scores are of little help, though we depend on them. Reports from their teachers in residency programs add something. But what we need to know is how good they are as physicians with their patients, not only in terms of their compassionate and humanistic care, but also their skills and knowledge in diagnosis, therapy and prevention. Until we can assess our graduates on these characteristics, change in the curriculum will be by the seat of our pants. Changes there will be, and should be. I am convinced that we can do better by our students. It may be enough that curricular changes recharge the faculty, which is not a bad end of itself.

Another question that must be faced sooner or later is whether four years is enough to equip a student for his or her postgraduate education. Four years was thought to be just right eighty years ago. Since then the knowledge base of every aspect of medicine has grown explosively. We have discarded much of the old but the new engulfs us daily. The effect has been to cram more and more into the curriculum so that our students must sit in lecture for most of the day and cram for ever increasing numbers of exams. There is little time to smell the roses along the way or to savor a subject just for its intellectual beauty. It is time to make a change.

It may also be time to consider whether the age-old disciplinary boundaries are still appropriate. More and more basic scientists are using common approaches to their questions. Genetics crosses nearly every



biological science as do the tools and concepts of molecular biology. Except for the social imperatives of groups and the pride of disciplinary identification, I see little reason for separate departments of biochemistry and genetics or the sequestering of neuroscience in small groups in multiple departments spread across the campus. The integrating function of systemic biology has never been more important, or more neglected, which suggests that the common interests of physiology, anatomy, histology, pharmacology, and pathology might be joined.

Clinical education has forever been changed as a result of the dynamics of patient care. The hospital has become an increasingly irrelevant site for student, even resident, teaching. Shorter stays along with rare and complex procedures provide vanishing opportunities for students to know their patients in all of the ramifications of

their disease. The action is moving to the clinic, and that is where our students will be spending most of their time. This has been a long time coming and I am glad that it is here.

Many of the innovations of recent years will continue and expand. Independent study is one of these and, in my view, one of the most important. The use of patient-instructors and simulated patients will increase, to the benefit of our students. Performance based examinations will become standard both as tests but also, and more important, as important teaching devices. I suspect that more attention will be paid to the teaching skills of the faculty. This will follow from an increasing emphasis on such skills by those who dispense salary increases and tenure and will take the form of formal faculty development. George Miller will be proud.

*“It’s a mitzvah –
a blessed service –
to be a teacher.”*

As for faculty, I have little doubt that their number will diminish somewhat as the fiscal support of the schools declines in real terms. The teaching responsibilities of those remaining will, therefore, increase. As my generation heads to retirement, special efforts will be needed to find and train those who will succeed us. Increasing emphasis will be placed on MD/PhD programs and in attracting the brightest among the undergraduate schools and colleges to graduate studies in biomedicine.

One aspect of medical education will likely not change—the students. They will continue to be the highly motivated, highly intelligent men and women that we have grown used to over the years. The number of these who will wish to become physicians will continue to be more than we can accept.

My final comment relates to the quality of teaching that I have observed at the University of Wisconsin–Madison Medical School over the past thirteen years. I have been impressed that every member of the faculty that I know is convinced that his or her subject is grossly slighted in the curriculum. To increase their time with the students only makes sense; to reduce it, is unthinkable. Our faculty also works hard at teaching, they appear to me to enjoy it, and, on the whole, do an outstanding job. They certainly know their subjects. By whatever measure is used, our students receive a first-class education.

In a recent New Yorker, a profile appeared describing the life of Josef Gingold. Mr. Gingold, a noted violinist and now 80, is regarded as one of the best teachers of the violin in recent times with students from around the world. He continues to teach. He had this to say: “To use the beautiful Hebrew word, it’s a mitzvah – a blessed service – to be a teacher.” Q

Recognized years later

Work of Scientists Lowell Hokin and Mabel Hokin-Neaverson



One of the most active areas in biomedical research centers around conversion of membrane inositol lipids, termed phosphoinositides, into hydrolytic products and then recycling back to the phosphoinositides.

One of these lipids is phosphatidylinositol bisphosphate, which on receptor-mediated hydrolysis yields two messengers, inositol trisphosphate and diacylglycerol. Currently, there are more papers published on phosphoinositides than in any other area of biochemistry.

This cycle plays an important role in vision, fertilization, hormone secretion, multiplication, and tumor growth. By regulating the amount of calcium ion in the cell, the cycle is important in modifying contraction of the heart, constriction of bronchioles, secretions, and blood pressure.

In addition, mental activity, including memory, and the neurological control lacking in Parkinson's disease are regulated by this system. The well known drug, lithium, used to treat manic depressive disease, probably functions by selectively interrupting this cycle in the brain.

The field of phosphoinositide research was developed because of the tenacity, dedication, and curiosity of Lowell Hokin (Professor and Chair of Pharmacology) and Mabel Hokin-Neaverson (Professor of Physiological Chemistry and Psychiatry). In the late forties, Lowell Hokin, after completing his medical studies, arrived in the laboratory of the famous Sir Hans Krebs in Sheffield, England to work on his Ph.D. Working independently of Dr. Krebs (as was the case in that laboratory), he performed experiments which, according to the available techniques, suggested stimulation of pancreatic tissue with drugs similar to the well-known neurotransmitter acetylcholine increased incorporation of phosphate in RNA.

This would have been a fascinating discovery because, although molecular biology was in its infancy, it was believed RNA played an important role in genetics. However, things did not add up as Hokin thought they should, and he suspected some of the phosphorous might have been incorporated into phospholipids present as "contaminants" in the system. Since he was set to sail with Mabel Hokin (another brilliant young graduate of Sheffield) for a position at McGill Medical School, there was not time to confirm this suspicion. Therefore, the field of phosphoinositides was launched because the Hokins sailed with a dozen large test tubes containing the samples to be analyzed. After arriving at McGill, they found there was an enormous increase in incorporation of phosphate into phospholipids but not into RNA. Soon afterwards, they found the drug actually stimulated turnover of phosphatidylinositol.

In the fifties and sixties, after moving to the Department of Physiological Chemistry at the Medical School, they discovered the cellular localization of the process, found the effect was quite general, and elucidated steps in the cycle. The cycle was presented in a symposium in 1964. Mabel Hokin continued work in the seventies which further supported the concept of a cycle and determined how intermediates in the cycle were regulated.

Although their work was excellent biochemistry, the first step in which the extracellular stimulus (the drug) transmits its message into the cell interior was not emphasized in the early studies. Furthermore, in the pancreas, the physiological response (secretion of the enzyme amylase) was not tightly coupled with phosphatidyl inositol turnover. Also, little was known about membrane structure.

Thus, it was much like (as so often is the case in science) how our knowledge of an elephant would be if we could only feel certain regions and not see the overall integrated animal. As a result, their studies did not reveal the function of stimulated inositol lipid metabolism, and the Hokins' great discovery became a source of frustration rather than inspiration. The phosphoinositide effect was even labeled "Hokins'-hokum." Although they showed they could dissociate phosphatidylinositol turnover from the secretion of amylase by omitting calcium ion, the importance of calcium ions as a messenger, capable of translating biochemical messages into physiological responses, was not known.

In 1974, R.H. Mitchell connected the link between phosphoinositide receptor systems and calcium mobilization which resulted in the Hokins' work becoming required reading for a rapidly expanding field.

The Hokins' contributions now have world-wide recognition. The number of citations in the literature for this work was small at the time but has risen astronomically since the mid-seventies. Last year, Eugene Garfield, editor of "Current Contents," used their 1952 work as an example of delayed recognition. Their 1955 publication was recently republished in a special volume of *Biochemica et Biophysica Acta* on classical papers originally published in that journal. A recent book by the virologist, Alexander Kohn, entitled "Fortune or Failure," has a section on their work alongside other great discoveries in science. Several other books have elaborately described their contributions, and the Hokins are avidly sought after as invited speakers. **Q**

Medical Education Day

On February 7, the fifth annual Medical Education Day explored the topic “Medical Student Teaching as a Faculty Value.”

Associate Dean for Academic Affairs Charles Lobeck introduced the day's theme by noting that teaching and education are more closely related to patient care than ever before and that education is held in deep esteem by the faculty. Nonetheless, we need better quality teaching.

He discussed the results of a survey of the perceptions of faculty and administrators in the Medical School. In general, although most respondents indicated that they themselves place a high value on teaching, they felt that department chairs and peers do not. They also indicated that improvement in teaching requires improvement in rewards.

Dean Brown delivered the main address, in which he acknowledged the important role of teaching in the life of a physician and the changing role of teaching in medical schools. His delivery is presented elsewhere in this issue.

Howard Stone, Director of Medical Education Research and Development, further explained results of the survey on faculty perceptions mentioned earlier.

The day continued with three panel discussions:

- ✓ Medical Student Teaching as a Faculty Value — The Interpretation of the Survey from Various Points of View, with Philip Farrell, Donald Harkness and John Harting representing the perception of department chairs; Robert Barreras, Arnold Ruoho and Warren Olson representing the perception of faculty; and Maribeth Baker and John Andrews representing the perception of students
- ✓ How Should We Document Teaching Effectiveness? with Sheldon Horowitz, Lawrence Kahan, George Magnin and Howard Stone
- ✓ Has Teaching Been Valued and Rewarded by the School/Campus? How Could It Be Better Rewarded? — View of Past and Current Members of Medical School Promotions Committee and University Biological Sciences Divisional Committee, with Paul Carbone, Thomas Duff and John Fallon.

The panels engendered lively discussion with the audience.

In general, although most respondents indicated that they themselves place a high value on teaching, they felt that department chairs and peers do not.

Dermatology Notes



Donald S. Schuster, M.D.

Editor's note: This is an updated version of an article by Dr. Schuster that appeared in the *Quarterly* several years ago. He has revised it so it is relevant in 1991. In this letter he echoes many of Dr. Wm. Middleton's concepts. We felt it would be appropriate to reprint it now, 101 years after Dr. Middleton's birth.

A Letter to the Class of 1991

Dear Class of '91:

When you receive this, you will be about to graduate from our medical school and permanently add the designation "M.D." to your name. You are ready to embark on what will be one of the great adventures of your life, your first PG year. The Medical School is sorry to see you leave, the four years having passed rapidly - although to you it undoubtedly seemed like an eternity. Your medical education ranks with the finest and you should be as proud of it as we are of you. You will soon become fellow alumni and we welcome you.

A fairly disturbing thing to tell a new graduate, and something you may not realize at this time, is that now your education really begins. You may resent hearing this after four years in school, but the truth is that in order to be fully educated one needs experience and seasoning. With experience comes

good judgement, which is what one needs to become a truly competent physician.

If it weren't for judgement, computers might be able to practice medicine. Judgement is needed in order to suggest or perform the proper lab test, procedure, or treatment for the patient. And the welfare of the patient is the primary goal of the physician. For we as doctors are here to help people. That is the name of the game. As Einstein said, "That Man is here for the sake of other Men."

Maintain your sense of humor, but not at the expense of others. Respect everyone, for there is something you can learn from everyone. Medicine is to be practiced with affection, sympathy, and understanding for the patient. Yet one's objectivity must be retained. At times this may be a fine line to tread. Dr. Middleton stated that the best physician is the one who gives the most hope. Remember this. It will prove valuable to you often in the years to come. Sometimes we become irritable, but this must not be conveyed to patients, for they will interpret it as disapproval. If a patient asks a foolish question or mentions irrelevant symptoms, be patient. He or she didn't go to medical school and doesn't know what is or isn't important.

As important as what you know is your manner, friendliness, and attitude. Proper attitude, in your training years, as well as later on, is perhaps the single most significant attribute you can achieve.

Do things willingly and without complaining. Which PG1 would you appoint to the sought-after residency or recommend more favorably—the one who performs an assignment gladly, like it's part of his job (which it is) or the one who complains or worse yet doesn't do it at all? Attitude is everything.

During your first post-graduate year you will be deciding what you will be doing during succeeding years. Make a decision you can live with. For in medicine, more so than in many careers, you can be happy in your work. And to enjoy your work is one of life's great blessings. Once you've made your decision, be it family practice, research, teaching or a

specialty, give it a fair chance. It will probably be the right decision. If it's not, and you were wrong, you can always change.

Be skeptical, be a questioner, find the truth. But be patient with your teachers if they don't know all the answers. This is one of the reasons you are here, to find the answers that aren't known as yet. A Wisconsin graduate doesn't blurt out his opinion prematurely. Offer it if and when you are asked.

Always listen, look, and learn. Pay attention to your patients. They can teach you a lot. Listen to and observe the great men of medicine at every opportunity. Some of it will rub off. Take care of your body and your health. You will do your best work and enjoy it more if you're alert and rested. Retain your honesty and idealism. If you keep telling the truth long enough, people will find you out. Don't let money be your goal. Your goal is to serve patients and to do it well. This will be your greatest satisfaction. Any financial reward is strictly a secondary gain.

Reading the medical literature is for many one of the most difficult tasks. The hardest thing about reading an article is starting. Once you've done that it's all downhill. You'll have your ups and downs and your frustrations. You won't be able to please everyone, even though you try. And you must try, for your ability to get along with people will always be one of the most important criteria that will distinguish success from failure. Maintain your humility. This shouldn't be difficult.

In caring for patients, be conservative. Still one of the best rules to follow is, "First of all, do no harm." No matter what the stage of your career, you will always have a chance to teach someone something, as others are trying to teach you. Take advantage of this opportunity, for the best way to learn is to teach. You will find that with an open mind you will learn something new every day. This is one of the reasons why you will find that you are able to enjoy the practice of medicine more and more each day of your life.

Best wishes,
Donald S. Schuster, M.D.

McArdle Researchers Discover New Animal Model

Associate Researcher Amy Moser, Professor of Oncology and Genetics William Dove, and Director of the McArdle Laboratory for Cancer Research Henry Pitot have identified a strain of mice that is more susceptible to cancer than any other strain. Every mouse that carries the Min mutation spontaneously develops multiple tumors (adenocarcinomas) at a few months of age without the help of chemical challenge or infection by a tumor virus.

The name "Min" stands for multiple intestinal neoplasia.

After Moser and Dove determine the location of the Min gene, they will isolate and sequence it. They also will look for other genes that affect the expression of the Min mutation; such interacting genes are thought to exist because the strength of the Min mutation varies in different mouse strains.

The Min mice represent an important development, for the cancer they develop is reminiscent of several hereditary human cancers including retinoblastoma and familial adenomatous polyposis.

Usefulness of Breast Self-Examination Questioned

Assistant Professor of Human Oncology Polly Newcomb and colleagues have found that breast self-examination, as practiced by most women, did not reduce the occurrence of advanced stage breast cancer among the 642 Seattle-area women they studied.

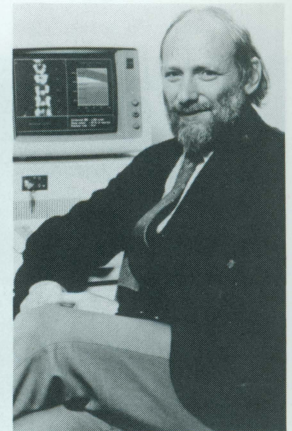
Overall proficiency of breast self examination was found to be low. Those who conducted more thorough periodic examinations, however, experienced a 35% decrease in the development of advanced disease compared with those who did not perform the self-exam. Newcomb recommends mammograms and regular physical examinations supplemented with thorough self-examination.

Her study, conducted with researchers from the Fred Hutchinson Cancer Research Center, was published in February in the Journal of the National Cancer Institute.

Paul Carbone, Professor of Human Oncology and Director of the UW Clinical Cancer Center, said that women should be told that self-examination alone is not sufficient to detect changes in the breast.



Polly Newcomb



Richard Mazess

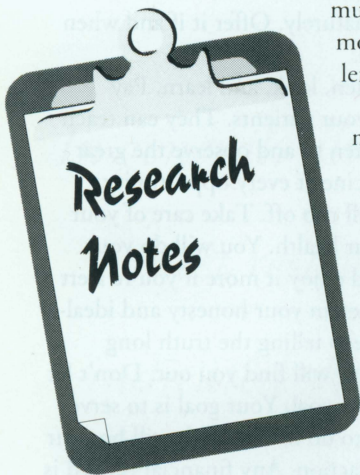
Smoking Reduces Bone Density in Young Woman

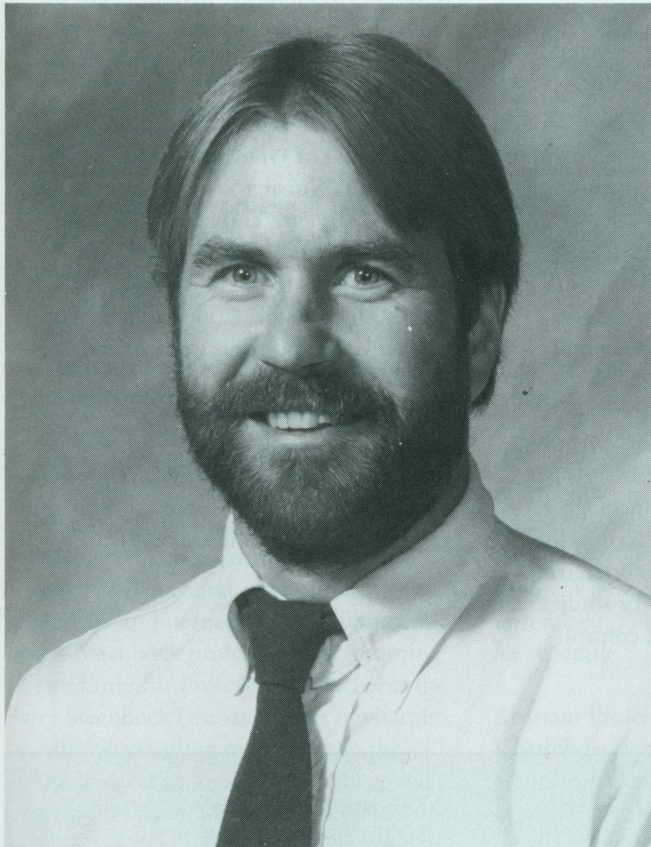
In a two-year study of 300 healthy women between ages 20 and 39, Emeritus Professor of Medical Physics Richard M. Mazess and colleagues determined that exercise, calcium supplements and birth-control pills did not have a significant effect on bone density in normal, premenopausal women.

Women who smoked, however, had significantly lower spinal bone density and a tendency for lower density at other skeletal sites. The finding bears out physiological data that show smoking impairs estrogen metabolism and confirms that many of the factors thought to contribute to the development of osteoporosis were not important in determining bone density in the healthy young women evaluated.

The researchers concluded that smoking as a young adult clearly plays a harmful role in a woman's bone density and future risk of osteoporosis after menopause.

The work, funded by the National Institutes of Health, appeared in the January issue of the American Journal of Clinical Nutrition. **Q**





Department of Rehabilitation Medicine Receives New Head

James Agre, Associate Professor of Rehabilitation Medicine, has been named Chair of the Department. Agre is Medical Director of UW Hospital and Clinics' Post-Polio Clinic of the Rehabilitation Medicine Service and of the Pain Management Program. His special interests include osteoporosis prevention, exercise physiology and musculoskeletal disorders.

UW Establishes Center for Children with Diabetes

The Medical School and Children's Hospital have established one of the few university-affiliated centers in the nation to focus exclusively on childhood diabetes with a \$250,000 start-up grant from the Oscar Rennebohm Foundation. The center's mission includes patient care, research and education. Professor of Pediatrics and Head of Pediatric Endocrinology Michael MacDonald is the Medical Director.

Beginning this spring, the center will offer week-long classes for children with diabetes and their parents. Teachers will include physicians, nurse educators, dietitians, psychologists and exercise physiologists.

There are approximately 30 U.W. investigators conducting diabetes research. The center hopes to foster greater collaboration among them. To learn more about the center and classes, phone (608) 262-9300.

Health Fair Held by Medical Students for Minority Concerns

On February 9, Medical Students for

Minority Concerns again presented their Annual Health Fair at the South Towne Mall, Madison. Members of the group conducted free tests for cholesterol, blood sugar, glaucoma, blood pressure and pulse rate as well as dental screening. They also were available for discussion about healthy nutrition, stress management, planned parenthood, alcohol and drug use, diabetes, quitting smoking and other topics.



Potter Lecture Concerns Role of Oncogenes

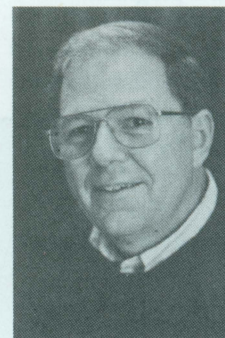
James E. Trosko, currently Chief of Research at the Radiation Effects Research Foundation,

Hiroshima, Japan, delivered the third Van Rensselaer Potter Lecture: The Possible Role of Oncogenes and Intercellular

Communication in the "Oncogeny as Partially Blocked Ontogeny" Hypothesis. He is on leave as Professor of Pediatrics and Human Development at the College of Human Medicine, Michigan State University.

The lectureship honors Emeritus Professor of Oncology Van R. Potter, a renowned cancer researcher and bioethicist.

The position of Chief of Research at the Radiation Effects Research Foundation, a group that studies the human consequences of the atom bomb dropped more than 45 years ago, has been held in past years by three U.W. faculty: Emeritus Professor of Oncology Roswell K. Boutwell, Professor of Human Oncology and Radiology Kelly Clifton, and Professor of Zoology Seymour Abrahamson.



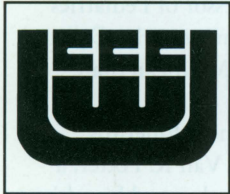
Woolsey Lecturer to Discuss Cerebral Cortex

Robert H. Wurtz, Chief of the Laboratory of Sensorimotor Research at the

National Eye Institute since 1978 and widely known for his studies of the relationships between an animal's eye movements and its visual abilities, will deliver the 16th Clinton N. Woolsey Lecture in Neuroscience on May 17. He will speak about "Moving in Three Dimensions: Motion Processing in Primate Cerebral Cortex." Lunch with Dr. Wurtz will precede the talk.

The Woolsey lectures bring to the Madison campus distinguished scientists to further the advance of neuroscience through the exchange of information. They also honor Charles Sumner Slichter Emeritus Professor of Neurophysiology Clinton N. Woolsey, a pioneer in studying the localization of function within the mammalian nervous system.

NIH Reapproves Clinical Cancer Center



The National Cancer Institute recently approved the UW Clinical Cancer Center for continued status as a compre-

hensive cancer center under new criteria established in 1990. The UWCCC had previously earned a comprehensive designation under 1973 guidelines and was one of the first university-based cancer centers so recognized. UW-Madison is the nation's only campus that has both a major clinical (CCC) and basic research (McArdle) center.

The NCI uses 8 criteria to determine eligibility. Following are the criteria and some examples from CCC programs.

- ◆ A strong core of basic laboratory research: Research programs include medical oncology, radiation oncology, biological therapeutics, biostatistics, breast cancer, urologic cancer, etiology and prevention.

- ◆ Integrating basic research with clinical care: Physicians bring research findings to patients as soon as possible.

- ◆ Innovative clinical research: Last year the Center had 114 adult and 25 pediatric clinical protocols active. They include intensive chemotherapy for advanced breast cancer, using monoclonal antibodies to better target cancer cells, and using drugs to sensitize cancer cells to radiation.

- ◆ High-priority clinical trials: As part of the Eastern Cooperative Oncology Group (headquartered at the CCC), the Center works with affiliates and referring physicians to accrue patients for studies.

- ◆ Cancer prevention and control

research: Examples are investigations of tamoxifen to prevent breast cancer and a simple method of detecting urologic cancers at home.

- ◆ Research training and continuing education: The Graduate School, Medical School and Nursing School confer degrees for CCC students and faculty, and the Hospital, Medical School and Extension offer programs for private physicians.

- ◆ Cancer information services: The Cancer CareLine offers information about cancer.

- ◆ Community service and outreach: The UWCCC collaborates with state and private agencies as part of the Wisconsin Cancer Council to promote cancer control and epidemiological research. **Q**

NECROLOGY

Raymond K. Bartholomew, '34
(2 year)
Kettering, Ohio
1985

Lawrence C. Davis, '29
Homasassa, Florida
August 28, 1990

Arne C. Gorder, '23 (2 year)
Brookfield, Wisconsin

Nels A. Hill
(Former Resident in Internal
Medicine)
North Redington Beach, Florida
December 15, 1990

Harry Horwitz, '30 (2 year)
Cincinnati, Ohio
1987

Cecil A. Johnson
(Former Intern)
Longview, Texas
November 18, 1990

Fritz Kant, '24 (2 year)
Birmingham, Alabama
March 21, 1977

Charles W. Keney
(Former Resident in Ob/Gyn)
Gallup, New Mexico
March 11, 1989

Lawrence H. Kingsbury, '34 (2 year)
Orlando, Florida

Donald W. Maas, '43M (2 year)
Carmichael, California
June 18, 1990

Earle J. Maile, '49
Westlake Village, California
December 17, 1990

Kenneth F. Manz, '35
Neillsville, Wisconsin
January 15, 1991

Saul K. Pollock, '30 (2 year)
Milwaukee, Wisconsin
February, 1991

Oscar F. Rosenow, '31
Columbus, Ohio
December 14, 1990

William R. Thomas, '46
Apple Valley, California
December 10, 1990

FACULTY NEWS

Professor of Neurophysiology **Robert Fettiplace** recently joined the Medical School faculty. He had been Senior Research Fellow of the Royal Society in the Physiological Laboratory, University of Cambridge. In 1990 he was elected a member of the Royal Society of London. His research concerns the transduction of soundwaves into electrical nerve impulses by receptor hair cells of the inner ear. His discovery that hair cells act as electrically tuned resonators has had a major impact on the understanding of hearing. Researchers at the U.W. Department of Neurophysiology are internationally renowned for their work in various aspects of the hearing process.

Fettiplace has been named Steenbock Professor of Behavioral and Neural Sciences by an international selection committee. Steenbock professorships, honoring the late Emeritus Professor of Biochemistry Harry Steenbock (the discoverer of vitamin D), offer outstanding researchers in the natural sciences generous financial support for a 10-year period, which is renewable.

Professor of Anatomy and Neurology **Lewis B. Haberly** has received a seven-year \$1.14 million Jacob K. Javits Neuroscience Investigator Award for his distinguished record of substantial contributions in neurological science and expectations of high productivity during the next seven years.

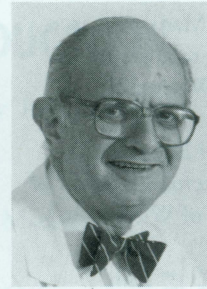
Professor of Psychiatry **Jack Westman**, affiliated with UW Hospital's Child Psychiatry Clinic and the Learning Disabilities Service, has published a new book for the diagnosis of learning disabilities. *Handbook of Learning Disabilities: A Multisystem Approach* was released in 1990 by Allyn and Bacon, Boston.



Robert Fettiplace



Craighead Alexander



Lewis Barness



Henry Schutta

S. Craighead Alexander, Professor of Anesthesiology, has been named to the first Ad Hoc Committee on Physician Payment Reform Implementation of the Association of American Medical Colleges. The committee has been charged with review of proposed HCFA regulations for physician payment reform legislation and of many unresolved policy issues surrounding the fee schedule.

Assistant Professor of Anatomy **Daniel J. Uhrlich** has received a five-year \$432,082 grant from the National Institutes of Health to further his research on control of central visual pathways by the brainstem. He uses neuroanatomical and electrophysiological approaches in his work.

Professor of Pediatrics (CHS) **Lewis Barness** was given the Jacoby Award, the highest honor bestowed by the American Academy of Pediatrics, in March, and in early May he will receive the St. Geme Award from the American Pediatric Society for his national pediatric leadership. It is unprecedented for a pediatrician to receive two awards of this distinction during one year.

Newly appointed Assistant Professor of Anatomy **Peter W. Baas** has been awarded a three-year \$311,285 research grant from the National Institutes of Health to support his study of the cytoskeletal structure of the neuron and the role of the cytoskeleton in generating aspects of neuronal polarity.

Peter Hanson, Professor of Medicine and Director of the Preventive Cardiology Program, has been elected to the American Heart Association Council on Circulation for his long-term interest in and publications concerning circulation processes.

Pamela Wilson, Assistant Professor of Medicine (CHS) and Pulmonary Specialist with the University Health Service, has been appointed to serve on the Governor's Council on Physical Disability. She also has been named President-elect of the American Lung Association of Wisconsin.

Assistant Professor of Human Oncology **Chawnsang Chang** has been awarded a \$203,000 two-year grant by the American Cancer Society as part of its program "New Hormone Responsive-System in the Prostate Cancer." Chang's research centers around the male hormone androgen.

Chair of Neurology **Henry Schutta** has been elected to a two-year term as vice-president of the Association of University Professors of Neurology, composed of neurology program directors in the United States. **Q**

37 Samuel Harper of Madison was elected Secretary-Treasurer of the State Medical Society of Wisconsin.

42 David A. Cohen of Edgerton, Wisconsin, was elected President of the State Medical Society of Wisconsin.



Ann Bardeen-Henschel

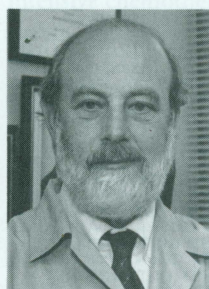
45 Ann Bardeen-Henschel of Oconomowoc, Wisconsin, presided over the 10th annual meeting of the Wisconsin Association of Senior Physicians. Ann is President of WASP.

47 Solomon Kann has retired from active practice in Miami Beach to move to West Palm Beach, where he runs a geriatric facility part-time. Sol now has enough time to pursue painting, wood-carving, fishing, playing golf, and being grandfather to eight grandchildren.

61 Sidney E. Johnson has finished his stint as the 15th physician to head the Marshfield Clinic (Wisconsin), the nation's fourth largest private, multi-specialty medical and research center. He has been President since 1986.

62 Robert G. Atwood was recently featured in the Yakima (Washington) Herald-Republic, where he admitted that almost flunking out of medical school was the worst time in his life and marrying Greta was the best idea he ever had. Bob and Greta have a daughter, son and granddaughter.

65 Gerald A. Mundschau of West Allis, Wisconsin, died August 29, 1990, shortly before he was to begin a two-year term as chief-of-staff at West Allis Memorial Hospital. He served his residency at St. Mary's Hospital, Duluth, MN and Marquette University affiliated hospitals and served in the U.S. Army during the Vietnam War. He is survived by six sons and four daughters.



John W. Weiss

68 John W. Weiss has been elected President of the Chicago Dermatological Society for the 1991 term. A Past President of the North Suburban Branch of the Chicago Medical Society, he has offices in Evanston and Buffalo Grove, Illinois, and serves as Clinical Professor at the Loyola University Stritch School of Medicine, Maywood.

76 Richard Clasen, a member of the 44th General Hospital Unit headquartered in Madison, WI, was called to serve in Germany during the Middle East war. Dick is a Lt. Colonel with the Army Reserve.



Susan L. Turney

79 Susan L. Turney of Marshfield, Wisconsin, was named "Young Internist of the Year" by the American Society of Internal Medicine, which represents more than 24,000 internists nationwide, for her outstanding contributions to the social and economic aspects of internal medicine. Susan, mother of two, currently serves on the Marshfield Clinic Executive Committee and is chairperson of

Marshfield's Section of General Internal Medicine and its Transitional Residency Selection Committee. She has held several leadership positions, including President, in the Wisconsin Society of Internal Medicine and is active in other groups as well.

79, 80 Ann Bartos Merkow '79 and Steven J. Merkow '80 both enjoy their practices in Waukesha, WI, their two great kids, Max (8) and David (5), and barefoot waterskiing. Ann practices internal medicine and Steve is busy with orthopaedic surgery/sports medicine.

82 Edwin Lee Mathews, who practices at the Milwaukee County Medical Complex, has been appointed Assistant Professor of Anesthesiology at the Medical College of Wisconsin. Cited as outstanding senior resident by the Medical College Department of Anesthesiology, he completed residencies in general surgery and anesthesiology at Medical College of Wisconsin Affiliated Hospitals.

84 Mary J. Albert has joined the Emory Clinic, Section of Orthopaedics, in Atlanta, where she specializes in Acute and Reconstructive Orthopaedic Trauma. Mary served her residency at UW Hospital in Orthopaedic Surgery from 1984-89.

House Staff

David R. Nichols, who served as a Pulmonary Fellow from 1976-78, is serving in Operation Desert Storm as of this writing.

COMING EVENTS

May 6, 1991

Wisconsin Reception at
American College of
Obstetricians and Gynecologists
Meeting
New Orleans, Louisiana
5:00 - 7:00 p.m.
New Orleans Hilton,
Trafalgar Room

May 16, 18

Class Reunions - 1941, 1946,
1951, 1956, 1961, 1966, 1971,
1976, 1981, 1986

May 17, 1991

Medical Alumni Day
Scientific Program,
Spouses Program
Reception and Luncheon
Tours
Annual Awards Banquet

May 17, 1990

Recognition Ceremony and
Reception for Graduating
Seniors
9 a.m.
Memorial Union

May 17, 1990

Commencement Ceremony
4 p.m.
UW Field House

May 18, 1991

African American Reunion
6:20 p.m.
Holiday Inn West, Madison

October 26, 1991

Annual Fall Meeting
Madison

CONTINUING MEDICAL EDUCATION

Interpretation of Clinical Laboratory Tests,

April 19, InnTowner Hotel, Madison

Psychiatry Conference,

April 19-20, Holiday Inn East Towne, Madison

Cardiac Rehabilitation Symposium,

April 25-26, Grand Milwaukee Hotel, Milwaukee

Doug Miller Symposium on Organ Procurement,

April 25-26, Chula Vista Resort, Wisconsin Dells

The Effect of Managed Mental Health Care on Professional Education,

May 1-2, Grand Milwaukee Hotel, Milwaukee

Infectious Diseases and Critical Care Medicine Conference for Primary Care Physicians,

May 3, Howard Johnson's East, Madison

15th Annual Ophthalmology Current Concepts Seminar '91,

May 9-11, Holiday Inn West, Madison

14th Annual Sports Medicine Symposium,

May 9-11, Holiday Inn West, Madison

Neurology Conference,

September 20-21, The Edgewater, Madison

Diabetes Conference,

October 4-5, UW Hospital, Madison

Nuclear Cardiology Symposium,

October 9-11, Marc Plaza, Milwaukee

Allergy and Clinical Immunology,

October 10-11, UW Hospital, Madison

Mammography Conference,

October 17-18, The Edgewater, Madison

Seminars in Pediatrics,

October 25-26, UW Hospital, Madison

Psychiatry Conference,

November 1-2, Holiday Inn East, Madison

Sleep Disorders Conference,

November 8-9, The Edgewater, Madison

Infectious Diseases Conference,

November 21-23, 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.

Order Form

— **True color Aaron Bohrod Print of the Medical Center** (22" x 29"). Internationally known Emeritus Artist-in-Residence Aaron Bohrod presented the original oil to the Medical School and personally approved the production of prints of exceptional quality. The painting includes numerous symbols of significance to the Medical School.

signed by the artist \$55.00
 unsigned \$20.00

— **Glasses:** set of four old-fashioned glasses with clean-line style and sheer rim edges. Silkscreened (etch look) Medical Alumni Association logo. \$16.00 set of four

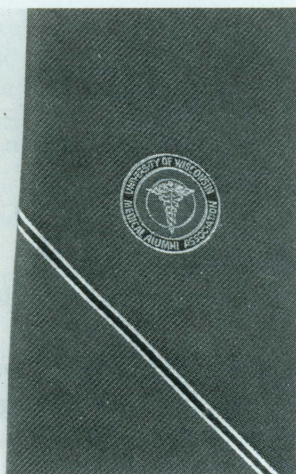
— **Medical Alumni Cap:** A superior quality cap (adjustable) featuring a silkscreened Medical Alumni Association logo. Wisconsin colors—red with white logo. \$9.00

— **Children's cap** (adjustable). Wisconsin colors, Medical Bucky Badger logo \$6.00

— **Tie:** A distinctive Medical School—Medical Alumni tie has been manufactured to our specifications by one of the nation's leading manufacturers. \$20.00

Please specify color:

- Medical Alumni logo
- Wisconsin Cardinal — Navy Blue — Tan
- Medical School logo, only in Wisconsin Cardinal



\$ _____ — **Knit Sportshirts:** White knit sportshirts with red embroidered Medical Alumni logo. Sizes M, L, XL \$25.00

— **Sweatshirts:** The shirt is a basic crew-neck 95% cotton reverse weave. Gray with three color Medical School logo. Sizes M,L,XL \$33.00

— **Jewelry Items** incorporating unique Medical School Medallion (5/8"). gold filled.

- Charm with loop ~~\$20~~ \$10
- Pendant ~~\$20~~ \$10
- Key tag with super loop ~~\$20~~ \$10
- Stick pin ~~\$20~~ \$10
- Lapel pin ~~\$20~~ \$10
- Cuff links ~~\$30~~ \$15
- Tie tack ~~\$20~~ \$10

\$ _____ — **Coffee Mug** incorporating Medical School medallion design—cobalt blue \$6.00 each

\$ _____ — **Limited Edition Medical Alumni** Mug \$6.00 each

Handling Charge \$ 3.00

Total \$ _____

I wish to use my Visa MasterCard

My charge number is _____

Expiration date _____

Enclosed is my check for \$ _____ (payable to the University of Wisconsin Medical Alumni Association). Note: The proceeds (above cost) from your purchase help support the various WMAA programs.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Send form and check to:
 Wisconsin Medical Alumni Association, Inc
 1300 University Avenue, Room 1250
 Madison, Wisconsin 53706



1991 Class Reunions

Class	REUNION COMMITTEE	ACTIVITY
Post-Fiftieth and pre-1927, Medical Alumni Citation and Emeritus Faculty Award recipients, Emeritus Faculty, Past Presidents, Representatives and Board Members	Staff	May 16 Cocktails and Dinner Madison Club
1941	Grace C. Kammer Ellen S. Lewis	May 16 Reunion Dinner—Madison Club
1946	Dorothy W. Betlach Eugene H. Betlach	May 16 Reunion Dinner—Holiday Inn West, Madison
1951	John R. Allen Laurence T. Giles Don R. Janicek Samuel G. Perlson John M. Schroeder Donald S. Schuster John B. Toussaint	May 16 Reunion Dinner—Edgewater Hotel
1956	Ben F. Rusy	Plans under development
1961	Kenneth H. Oberheu	May 18 Reunion Dinner—Madison Club
1966	Roger A. Rathert Keith B. Sperling Jeffrey C. Thomas	May 16 Reunion Dinner—Edgewater Hotel
1971	Warren A. Olson	Plans under development
1976	Donn D. Fuhrmann Dale L. Reid	May 18 Reunion Dinner—Concourse Hotel
1981	Arnold J. Krubsack	May 18 Reunion Dinner—Edgewater Hotel
1986	John R. Meurer Stuart H. Stitgen	May 18 Reunion Picnic—Vilas Park

The Wisconsin Medical Alumni Association
Room 1250
1300 University Avenue
Madison, Wisconsin 53706

Nonprofit Organization

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MADISON WI 53706

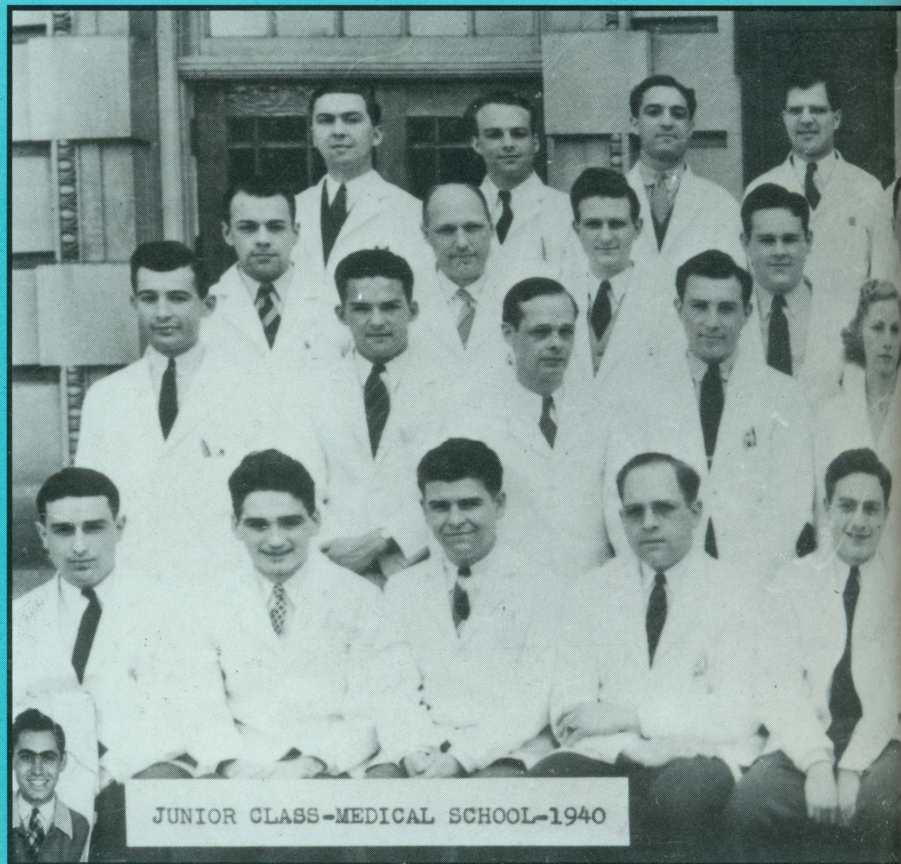
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Dues are automatically waived for the first year following graduation. Dues are \$10 per year for the next four years and \$75 per year thereafter.

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