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QUARTERLY



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AGING

THE STATISTICS ARE UNEQUIVOCAL. The aged population of the U.S. is rapidly expanding and problems associated with the elderly are rising dramatically.

In recognition of this escalation, medical schools across the country have created sections or departments of geriatrics and gerontology, and the federal government has substantially increased funding for research on aging.

At the University of Wisconsin, faculty from more than a dozen departments focus on various aspects of the elderly — clinical geriatrics, gerontology, genetics, nutrition, the biology of aging (a category that includes biochemistry, physiology, neurophysiology, anatomy, immunology and molecular biology), psychology and psychiatry, housing, demography, economics, social work and sociology. Interest runs wide and deep.

Here we explore a small sample of that interest.

Why We Age

THERE ARE A NUMBER OF THEORIES to explain why human and other organisms age and die.

At least one scientist feels there may be no upper limit to the age of humans. Some animals, he points out, are programmed to die at a specific time, as salmon who perish after their upstream journey to spawn and some insects whose adult form cannot eat. Other animals, however, as well as some plants, might have the potential to go on living until predation, disease or other catastrophe kills them. If humans conquer the diseases of old age such as cancer and stroke, he speculates, they could live a great deal longer.

Although most other scientists believe that the lifespan of each species has very real limits that cannot be radically stretched, the theories put forth to date seem to offer no unifying principles. Like the comic hero who leaped upon his horse and galloped off in all directions, the student of aging must pursue a razzle-dazzle array of ideas that lead down many different paths.

Some believe that crucial cells in an organism are genetically programmed for a limited number of divisions, depending upon the species, and then the organism dies; interventions bring about only minor alterations in normal lifespan. We grow, we reproduce, we senesce, we die — the pattern is all there the moment we are conceived.

Others opt for various wear-and-tear theories. Perhaps a lifetime of hits from ionizing radiation or damage from other environmental sources causes the accumulation of so many mutations that biochemical processes slow and eventually stop altogether; concurrently, DNA-repair mechanisms become too inefficient to keep up with the genetic damage. Perhaps short-lived intracellular free radicals damage vital cell components. Lysosomes may go wild, release their contents, and disrupt the cell's integrity.

The list of possible environmental insults and cellular events is long and varied, and many researchers are tracking various clues. In the meantime, is there a rational way in which humans might somehow prolong the good life? If aging and death are inevitable, could they at least be postponed?

The Calorie Connection

THROUGH THE CENTURIES, HUCKSTERS AS WELL AS THOSE WITH NOBLE intentions have offered the public nostrums to prolong youthful life or reverse the aging process. Cellular therapy, procaine, the Grand Celestial or Magnetic Electro Bed, mandrake root, water therapies, yogurt, extracts and implants of testicles, royal jelly and others have all had their day and their enthusiastic proponents. Although the placebo effect probably accounted for some highly-acclaimed miraculous results, the remedies eventually turned out to be either ineffective or downright harmful.

There is only one regimen that has been shown to increase the lifespan of laboratory animals and concurrently ward off the ordinary ills of the aged: a diet of restricted calories.

All the calorie-restricted animals studied so far — rodents, fish, worms, water fleas, spiders, protozoa — remain youthfully vigorous and healthy long after the free-eating controls have shown the typical signs of aging or have died. Results such as these have turned the concept of calorie restriction into one of



"Antiques" by Amy Kelley

The concept of calorie restriction is one of the hottest research areas in the biology of aging.

the hottest research areas in the biology of aging. In the case of most strains of mice and rats on a normal diet, kidney disease or cancer eventually

takes its toll. Calorie-restricted rats and mice, on the other hand, seldom suffer from kidney or heart disease, develop tumors at an older age, and live up to 50% longer. They develop far less diabetes and cataracts and their immune systems remain active into old age. Even very short-lived rodent strains genetically predisposed to specific diseases are significantly protected from their own weaknesses, sometimes doubling or tripling their normal lifespans.

Although the calorie connection was discovered in the 1930s, the concept lay more or less dormant for decades. One of the major players in the concept's recent revival is Assistant Professor of Medicine *Richard H. Weindruch*, who came to the Medical School this year from the National Institute on Aging.

"When experimental animals are fed 50 to 70% of what they would normally eat," Weindruch explained, "they live longer and more healthful lives. The outcome is spectacular." He refers to the controlled diet as undernutrition without malnutrition, adding that "the controlled diet must provide adequate amounts of essential nutrients."

"One can begin the restriction on weanlings or adults with fairly comparable results," he added, a discovery he made when calorie restriction was first imposed on one-year-old mice while he was working with Roy Walford at UCLA. Weindruch has recently been awarded a two-year American Cancer Society grant to investigate the mechanisms which underlie the ability of calorie restriction started in mid-adulthood to prevent development of lymphoma in a susceptible mouse strain.

Old Monkeys, New Ideas

ONE OF THE REASONS WEINDRUCH WAS ATTRACTED to the UW was the presence of the Wisconsin Regional Primate Research Center, which houses more than 1,000 rhesus monkeys including the nation's largest colony of aging monkeys, who are the focus of several studies.

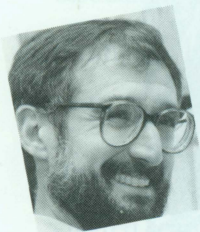
Thirty monkeys, all born at the Center, are beginning the second year of a calorie-restriction study. Rhesus monkeys are considered particularly good models, for they are similar to humans in morphology, physiology and endocrinology, as well as in behavior and cognitive



One of the older, much-studied rhesus monkeys at the Wisconsin Regional Primate Research Center

ability. William B. Ershler, Professor of Medicine and Director of the UW Institute on Aging, is the Principal Investigator of this NIH-funded, multifaceted project that involves several other UW investigators.

Although there is no doubt that restricting calories prolongs the life and good health of lower animals tested so far, it cannot be assumed that higher animals such as non-human primates and humans would respond similarly. It is possible, for example, that short-lived species have evolved the ability to stay alive longer through periods of near-starvation — long enough to reproduce and maintain the species; perhaps longer-lived species such as primates, which are fertile for extended periods, have had no need for such a survival mechanism. Also, it's possible that prolonged, severe calorie deprivation in longer-lived animals may have undesirable effects. Hence there is considerable interest in observing calorie-deprived non-human primates with an eye towards human application. To date, there is evidence that the incidence of human cancers such as those of the breast, colorectum and stomach may be correlated with caloric intake. There is a fair amount of anecdotal testimony connecting human longevity and good health with calorie restriction.



Photos top to bottom: Assistant Professor of Medicine Richard Weindruch investigates the calorie connection.

Assistant Professor of Medicine Stefan Gravenstein studies the decline of immune competency with age.

The Center monkeys first were observed for three months to ascertain their individual eating habits. Then for each of three successive months, their diets were reduced in calories by 10%. Now they are frequently checked for weight, body composition, blood chemistry, etc. Up to now, the monkeys, who have been medically scrutinized since before birth, are leaner and healthy.



In addition, these monkeys are being precisely monitored for biomarkers of aging by several scientists:

◆ Joseph Kemnitz, Associate Scientist at the Primate Research Center who has conducted extensive research on diabetes and obesity, is following their blood glucose regulation. His research has included the neurobehavioral and



hormonal mechanisms that control food intake and energy expenditure, and the consequences of caloric imbalances for physiological well-being.

◆ Paul Kaufman, Professor of Ophthalmology, is tracking ocular parameters such as accommodation and anterior chamber size that change with age. He has found, for example, that the ciliary muscles in the eyes of older rhesus monkeys were immobile, preventing the lens from focusing by relaxing and thickening.

◆ William Ershler, Professor of Medicine, is investigating age-sensitive parameters of the immune system and cancer development.

◆ Richard Weindruch, Assistant Professor of Medicine, is studying factors associated with the metabolism of free radicals, which are considered by many to play a major role in aging and cancer initiation.

◆ Ellen Roecker, Assistant Scientist in Medicine and Biostatistics, keeps track of progress statistically.

Even simple, non-invasive measurements such as fingernail growth are being monitored.

The work with these aging monkeys is being followed by gerontologists around the country, for it is one of only two experiments worldwide in which calorie reduction in primates is being examined. In another two or three years, we hope to report interim results to *Quarterly* readers.



Immune Senescence

IT HAS BEEN KNOWN FOR SOME TIME that immune competency declines with age, a phenomenon Assistant Professor of Medicine (Section of Geriatrics and Gerontology) Stefan Gravenstein has been studying in conjunction with Professor Ershler.

"With aging," Gravenstein said, "fine-tuned regulation of the immune system drops off. The control it exerts in recognizing foreign material becomes a little sloppy." This decline in immune function seems to account in large part for the rampant course of some infectious diseases such as influenza, the most serious infection among the elderly.

Photos top to bottom: Professor of Social Work Marsha Seltzer examines how elderly or near elderly parents cope with a son or daughter with mental retardation.

Assistant Professor (CHS) of Family Medicine and Practice Marilyn Adlin is Medical Director of the Program on Aging and the Developmental Disabilities Clinic.

Associate Professor of Preventive Medicine Everett Smith measures the effect of exercise on bone mineral content in women.

Professor of Medicine William Ershler directs Medicine's Section of Geriatrics and Gerontology and the Institute on Aging and Adult Life, a joint initiative of the Medical School and Graduate School.



*Photos by James T. Sykes,
Senior Lecturer in
Preventive Medicine.*

Gravenstein and colleagues have studied various vaccine formulations and immune stimulants to augment the response to influenza vaccine in mice, rhesus monkeys and humans. They have found that they can improve the immune response by restoring one of the thymic products, Thymosin Alpha One, at the time of vaccination. Response improved the most in the oldest patients. These investigators have also shown that binding the active ingredient in influenza vaccine, hemagglutinin, to a carrier protein, diphtheria toxoid, results in greater immunogenicity and superior protection against influenza A than the commercially available vaccines.

In ongoing research, Gravenstein is looking at the use of amantadine hydrochloride, the only drug in the U.S. approved by the FDA for treating influenza A. (Amantadine, an antiviral drug, is also used in Parkinson's disease.) "We have some reservations about the present recommendations for its use in the elderly because it is quite toxic. We're doing a more complete description of its toxicity, asking ourselves if

Institute on Aging and Adult Life

The University of Wisconsin Institute on Aging and Adult Life stressed social gerontology during most of its life, which began as a Graduate School initiative in 1973. In 1989 the Institute's emphasis expanded to more directly include the biology of aging and various aspects of geriatrics. Concurrently, the Medical School was recruited to assist in the search for a Director and to help the Graduate School in its fiscal support of the Institute.

During this same period the Department of Medicine initiated its Section of Geriatrics and Gerontology with Professor of Medicine William Ershler in charge. The timing was propitious, and Ershler was also chosen as Institute Director.

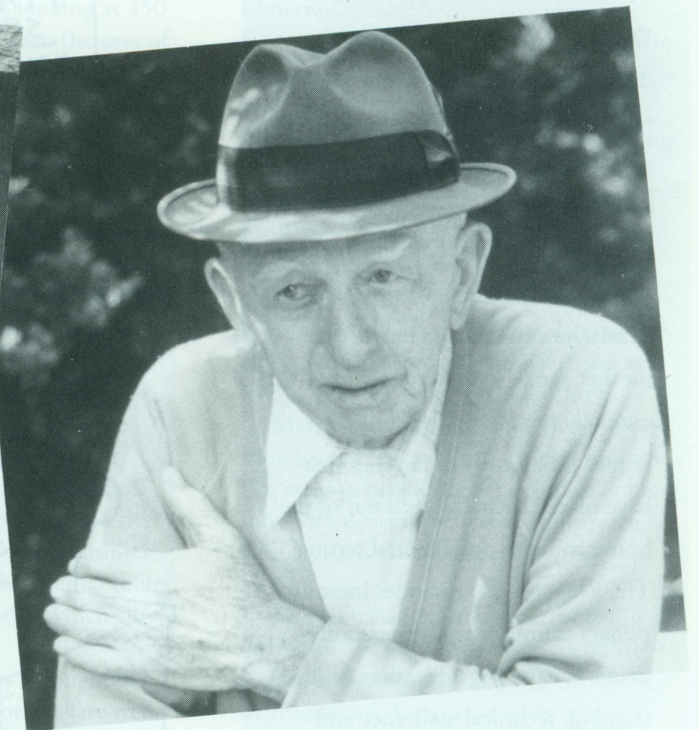
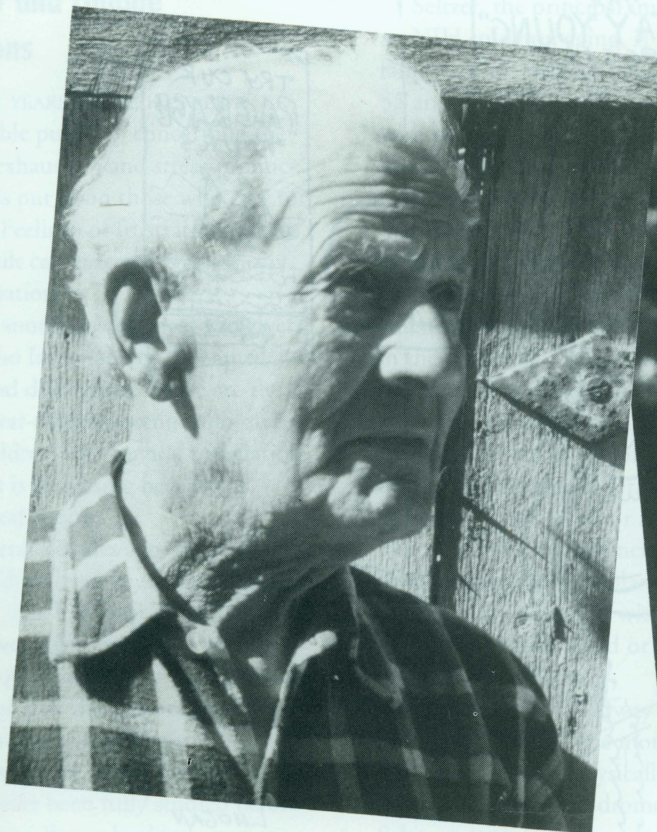
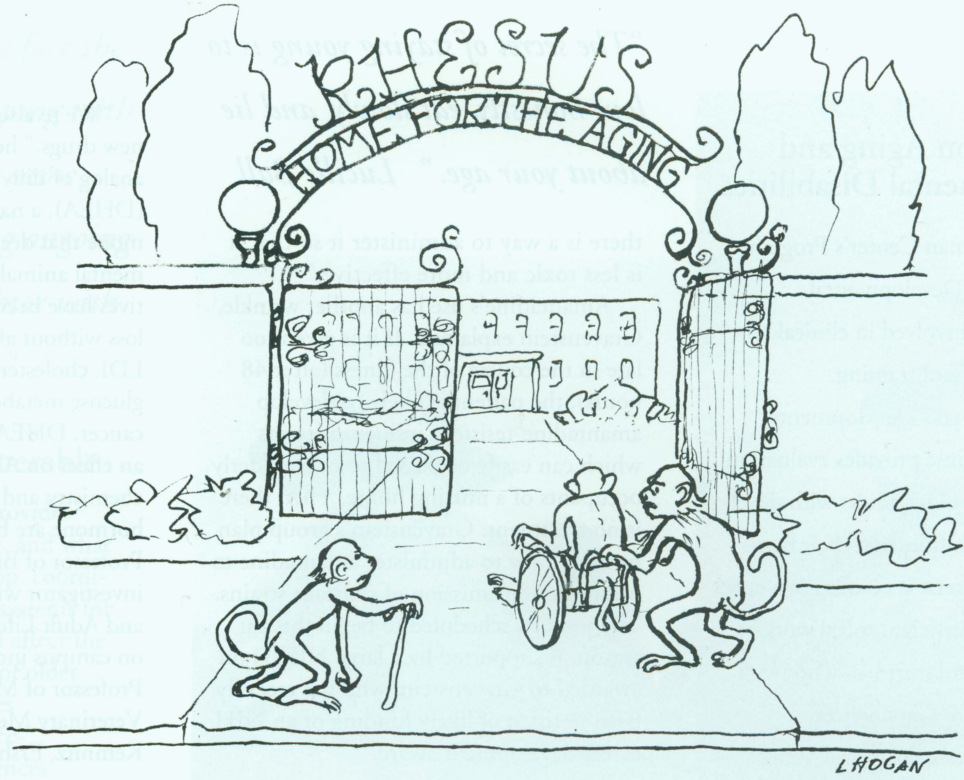
"It showed great insight on the part of the Graduate School and the

Medical School to get together, for now we have social and biomedical gerontologists communicating with one another," Ershler said. "I think the two disciplines are integrated as well here as any place in the country — perhaps better." This interaction is thought to be a major factor in the Institute's ability to attract funding in a tight marketplace. (Recent examples are the awarding of an NIH training grant concerning the Biology of Aging and Age-Related Diseases, which includes 15 faculty, and the naming of the Middleton VA Hospital as a Geriatrics, Research, Education and Clinical Center.) Director Ershler intends to maintain a strong balance between social and biomedical scientists, for he believes that the two dimensions support and complement one another. The IOA's goals, he said, are to encourage basic and applied research in the social, biological and clinical aspects of aging; to offer educational

programs for UW students; and to provide a forum for the communication of gerontological knowledge to the community and state.

The Institute bears watching. With approximately 160 affiliates, it continues to receive frequent requests for membership or affiliation, and it hopes to develop interdisciplinary expertise in osteoporosis, dementia and incontinence. And, along with other entities, the Institute is exploring the possible development of a retirement community on campus.

The Institute's Associate Director for Social and Behavioral Research is Carol Ryff, Associate Professor of Psychology; Michael Hunt, Associate Professor of Family Resources and Consumer Sciences, is Associate Director for Education; and Richard Weindruch, Assistant Professor of Medicine, is Associate Director for Biomedical Research.



Program on Aging and Developmental Disabilities

The Waisman Center's Program on Aging and Developmental Disabilities is involved in clinical services, research and training.

The Aging and Developmental Disabilities Clinic provides evaluation and referral to older adults with developmental disabilities and their families and caregivers. It consists of a core team — a geriatrician, social worker, psychologist and nurse — who work together closely. Gary Seltzer, Associate Professor of Social Work, heads the group and Marilyn Adlin, Assistant Professor (CHS) of Family Medicine and Practice, is Medical Director. Charlene Luchterhand coordinates the clinic and its referrals. The team often calls upon the expertise of other specialists such as audiologists and occupational therapists.

Research activities include a longitudinal study of 450 Wisconsin and Massachusetts families in which a mother age 55 or older cares for a mentally retarded older child at home, and a study of families that have placed their children out of the home and into a residential setting. The Program also provides interdisciplinary training for University students; continuing education; and training, technical assistance and consultation to administrators and care providers statewide.

"The secret of staying young is to love honestly, eat slowly, and lie about your age." Lucille Ball

there is a way to administer it so that it is less toxic and more effective."

Amantadine's use has another wrinkle, Gravenstein explained. If it is given too late in the course of the illness (after 48 hours), the patient is likely to develop amantadine-resistant influenza strains which can easily be passed to other elderly occupants of a nursing home. Then there is no treatment. Gravenstein's group plan to study how to administer amantadine to minimize transmission of resistant strains. The project, scheduled to begin this flu season, is supported by a large NIH grant awarded to Gravenstein, who has recently been notified of likely funding of an NIH career development award.

"We're also beginning to look at some new drugs," he said. One of these is an analog of dihydroepiandrosterone (DHEA), a naturally occurring steroid hormone that decreases with age. In experimental animals, DHEA and/or its derivatives have been shown to promote weight loss without affecting food intake, lower LDL cholesterol, increase energy, improve glucose metabolism in diabetics and retard cancer. DHEA metabolites also may have an effect on Alzheimer's disease. The chemistry and biological activity of the hormone are being studied by Emeritus Professor of Biochemistry Henry Lardy, an investigator with the Institute on Aging and Adult Life, as well as other researchers on campus including E. Gregory McEwen, Professor of Medical Sciences, School of Veterinary Medicine, Gravenstein, Kemnitz, Ershler and Weindruch.



"But now their parents face the unique challenge of coping with their own aging at the same time they are providing ongoing care for a son or daughter with mental retardation. . ."

Caring for the Vulnerable

How the marketplace provides shelter for an aging society, and what government does to develop, coordinate, and finance support systems for those most vulnerable, will affect the quality of life for millions of older Americans." James T. Sykes
Special Assistant to the Vice-Chancellor for Health Sciences

Two New and Unique Populations

IN RECENT YEARS THERE HAS BEEN considerable publicity concerning the sometimes exhausting and stress-producing demands put upon those who care for the elderly. Feelings of frustration, anger, grief and guilt can exacerbate an already difficult situation.

There is another category of caregivers, however, who face many of the same problems and difficulties. These are the elderly or near-elderly parents who care for their children with mental retardation, a group that is increasing because of improved health care.

"Just several decades ago, many fewer of these children lived beyond young adulthood," said Professor of Social Work Marsha Seltzer. "But now their parents face the unique challenge of coping with their own aging at the same time they are providing ongoing care for a son or daughter with mental retardation. This group has never been fully studied before because we usually study elderly persons as care recipients, not care providers."



Seltzer, the principal investigator for an NIH study on aging, is looking at 450 families with mothers between the ages of 55 and 85 who care for a son or daughter with mental retardation living at home. Half of the families in the five-year study live in Massachusetts and half live in Wisconsin. Many of the families can be expected to change during the study period because of the death or frailty of the parent or because of age-related changes in the offspring. How such transitions occur is one focus of the study.

"Some families prepare for their child's care well ahead of time. Some don't," Seltzer said. "Perhaps by not planning, some avoid or reduce stress." She added that emergencies arise in the small number of non-planning families in which the offspring with mental retardation is the only child or in which siblings are uninvolved.

The study, now halfway through, has shown that most of the mothers fare well, both mentally and physically, especially those with Down Syndrome children. Seltzer noted that some mothers feel they can't afford to get sick, and therefore cope

well with their own age-related changes. Others may have been strengthened by facing and overcoming a challenge early in adulthood. Some families, however, do less well, as when the child with retardation becomes ill. The researchers are identifying factors that make coping more difficult.

Seltzer collaborates with Assistant Professor of Social Work Jan Greenberg in a similar study of older mothers of adult children with mental illness. Seltzer also investigates older women who do not have any current caregiving responsibilities as well as other caregiving relationships.

Marsha Seltzer's husband Gary Seltzer, Professor of Social Work, studies innovative ways to provide services for older persons with developmental disabilities, their families and other caregivers.

MARILYN ADLIN, Assistant Professor (CHS) of "Family Medicine, combines geriatrics with gerontology in her work with older adult patients with mental retardation and developmental disabilities, a group of individuals who rarely survived into older adulthood until recent years, she explained. In 1935, for example;



the expected age at death for such persons was 14.9 for males and 22.0 for females; in 1980, the figures were 58.3 and 59.8.

Many such individuals have been deinstitutionalized, which has resulted in a good news/bad news situation. "They often show better behavior in the less restricted environment outside an institution," Adlin said, "but there usually are not adequate health care facilities in the community."

Adlin serves this population in the new clinic at University Station. She has had to teach herself how to care for the older retarded, for they constitute an essentially new category of patients. There are no texts or papers in the literature to turn to for information or help.

"They have a lot of the same problems as others in the same age category, but they are harder to assess," she explained. "Diagnosis and testing can be a challenge, and sometimes it's not clear what specialist to refer a patient to." She talks with the care providers and also tries to converse with the patient, who may be frustrated because of his/her poor communication skills as well as emotional problems.

Adlin is Medical Director of the Program on Aging and the Develop-

mental Disabilities Clinic, one of only two such facilities in the country. She is trying to identify changes in the mental, physical, social and behavioral functioning of aging individuals with developmental disabilities. Armed with such knowledge, future physicians and other health care professionals should be better equipped to assess and serve the needs of this understudied and inadequately served population.

Osteoporosis

ONE-THIRD TO ONE-HALF OF ALL postmenopausal women and nearly half of all people over 75 in the U.S. are affected by osteoporosis. It thus qualifies as a major public health problem, and several UW faculty members are working on its prevention and treatment. One of them is Everett L. Smith, Associate Professor of Preventive Medicine and Director of the Biogerontology Laboratory.

For several years, Smith and his colleagues in the Biogerontology Laboratory have been working extensively with the effects of exercise on bone in women. He has found that exercise contributes significantly to bone mineral content in both

"For prevention of osteoporosis, physical activity is currently underutilized in comparison to estrogen replacement therapy and calcium supplementation,"

pre- and postmenopausal women and thus may lessen the risk of fracture. Exercise also could decrease the risk of falling by improving strength, flexibility, gait, balance and reaction time. Even mild chair exercises are beneficial.

"For prevention of osteoporosis, physical activity is currently underutilized in comparison to estrogen replacement therapy and calcium supplementation," Smith said. "Yet the effects of physical activity deprivation are more severe than either estrogen depletion or inadequate calcium uptake."

Subjects at bed rest, he added, lose up to 1% per week in bone mass of the heel and spine. Early postmenopausal bone loss, on the other hand, averages only 2-4% a year in women who are estrogen depleted and who often ingest too little calcium.

USING FLUORESCENT MARKERS, SMITH also confirmed a positive cellular response to exercise in swine, whose physiology is similar to that of humans.

The bone mass of subjects in the Biogerontology Laboratory is measured at specific sites by dual-photon absorptiometry, a non-invasive methodology developed by Emeritus Professor of Medical Physics Richard Mazess and Emeritus Professor of Medical Physics, Physics and Radiology John Cameron.

Clinical investigations in osteoporosis will be enhanced by the establishment of the Osteoporosis Clinic at University Station, scheduled to open its doors this October. UW physicians will work with Smith and other scientists to investigate the biology and treatment of this disorder.

Cancer and Aging

ADVANCING AGE IS THE SINGLE greatest risk for cancer development, and more than one half of all cancers occur in those over the age of 65. With the rapidly changing demographics of our population, it is not difficult to understand why both the National Cancer Institute and the National Institute on Aging have declared the study of cancer in the elderly a high priority. The University of Wisconsin is well prepared to study such an area. At both the McArdle Laboratory for Cancer Research and the UW Comprehensive Cancer Center, active investigations are under way.

Henry Pitot, Professor of Oncology and Director of McArdle, has reported several important observations concerning the influence of age on carcinogenesis.

From the clinical perspective *Paul Carbone*, Professor of Human Oncology and Director of the UWCCC, has ana-

Advancing age is the single greatest risk for cancer development, and more than one half of all cancers occur in those over the age of 65.

lyzed results from cooperative therapeutic trials with respect to tolerance and efficacy of cancer treatment in elderly populations.

Institute on Aging Director *William Ershler* has been investigating age-associated alterations in the rate of growth and spread of experimental tumors, and the importance of immune senescence thereon.

Ershler's collaborator, Assistant Professor of Medicine *Richard Weindruch*, was recently awarded an American Cancer Society grant to investigate various interactions of immune func-

tion, aging and lymphoma development in mice subjected to calorie restriction or ad libitum diets. Weindruch also plans similar experiments directed at prostate cancer development in rats in collaboration with Assistant Professor of Human Oncology *George Wilding*, who is considered an authority on the medical management of prostate cancer, the most prevalent cancer in elderly men.

Clinical investigations will be enhanced by the establishment of the Geriatric Oncology Clinic at the VA Hospital, scheduled to begin in December, 1991.

Other Study Areas

SEVERAL OTHER MEDICAL SCHOOL faculty who are associated with the Institute on Aging and Adult Life are exploring a variety of areas associated with aging.

Benjamin R. Brooks, Professor of Medical Microbiology and Neurology, studies virus-cell interactions of neurotropic retroviruses with murine or primate central nervous system cells. He has found decreased virus expression in CNS cells with increasing age. He also investigates amyotrophic lateral sclerosis and the effect of age on degeneration.

Molly (Mary) Carnes, Associate Professor of Medicine, has demonstrated and analyzed the minute-to-minute rhythm with which hormones are secreted into the blood, with special attention to adrenocorticotrophic hormone (ACTH). This rhythm may be affected by age in rats and humans and by depression in humans. She has found that ACTH is secreted according to circadian rhythm, and also in bursts in as little as 6-minute intervals.

Suresh R. Chandra, Professor of Ophthalmology, is determining the role of laser photocoagulation in preventing visual loss from macular degeneration, the commonest cause of blindness in persons over 55. He also studies cataracts and the role of certain vitamins and minerals in preventing vision loss from the two diseases.



Geriatrics Research, Education and Clinical Center

The William S. Middleton VA Hospital has long been the center for geriatrics on the UW campus. Almost two decades ago, Calvin Kunin, then Chief of Medicine at the VA, had the vision to create a Geriatrics Division and to compete for VA-sponsored fellowship funding. His associate William Craig, who is currently Professor of Medicine and Associate Chief of Staff for Education at the VA, was the first fellowship director. The program has since blossomed to include both inpatient and outpatient geriatric evaluation units, an Interdisciplinary Team-Training Program (ITTP) in geriatrics, a Hospital-Based Home Care (HBHC) unit and a recently funded geriatric/psychiatry fellowship program. The latter programs were spearheaded by Associate Professor of Medicine Molly Carnes and Clinical Assistant Professor of Medicine Theresa Drinka.

Well over half of all veterans eligible for VA Hospital services are in the geriatric age group, and, at the national level, the Department of Veterans Affairs has made a healthy commitment to geriatrics research, education and

clinical care. Accordingly, centers of excellence entitled Geriatrics Research, Education and Clinical Centers (GRECCs) have been established within the VA system. To be selected as a GRECC site, an institution must manifest a strong record of productivity and demonstrate integration with university programs in Gerontology and Geriatrics. Prior efforts to obtain a GRECC were thwarted, presumably because of the lack of integration of VA and University programs. The 1989 developments at the UW Institute on Aging (see side bar) helped to remove this concern, and in the 1991 competition, the UW program ranked at the top of the 34 applicants.

The Madison GRECC, currently in the implementation phase, will be a great boon for the University's program in gerontology and geriatrics, and includes funding for 12 positions, construction and renovation expenses, laboratory and animal care and core operating expenses. Research will focus on swallowing disorders, nutrition, immunity and cancer. The GRECC Director is Dr. Ershler. The Associate Directors are Dr. Molly Carnes (Clinical), Dr. Theresa Drinka (Education/Evaluation) and Dr. JoAnne Robbins (Research).

Theodore L. Goodfriend, Professor of Medicine and Pharmacology, studies factors that affect the ability of the adrenal gland to secrete aldosterone, the principal hormone that regulates sodium and potassium balance. He hypothesizes that the levels of fatty acids in blood may regulate aldosterone secretion and blood pressure.

Henrik A.L. Hartmann, Professor of Pathology, explores changes in nerve cells in degenerative diseases and with aging. In particular, he has found a loss of RNA in motor neurons in amyotrophic lateral sclerosis but no changes in sensory neurons, and a loss of RNA in tangle bearing neurons from the hippocampus in Alzheimer's disease. He also investigates the role of trace metals in the axonal flow.

Barbara E. and Ronald Klein, Professors of Ophthalmology and Biostatistics Center, are studying the prevalences, incidences and rates of progression of three age-related ocular diseases: macular degeneration, cataract and glaucoma, as well as diabetic retinopathy

and visual impairment. Their population-based data should help to identify risk factors and develop preventive strategies.

Marjorie H. Klein, Professor of Psychiatry and Women's Studies, is concerned with processes of coping, adaptation and change with emphasis on various aspects of depression in both clinical and nonclinical samples.

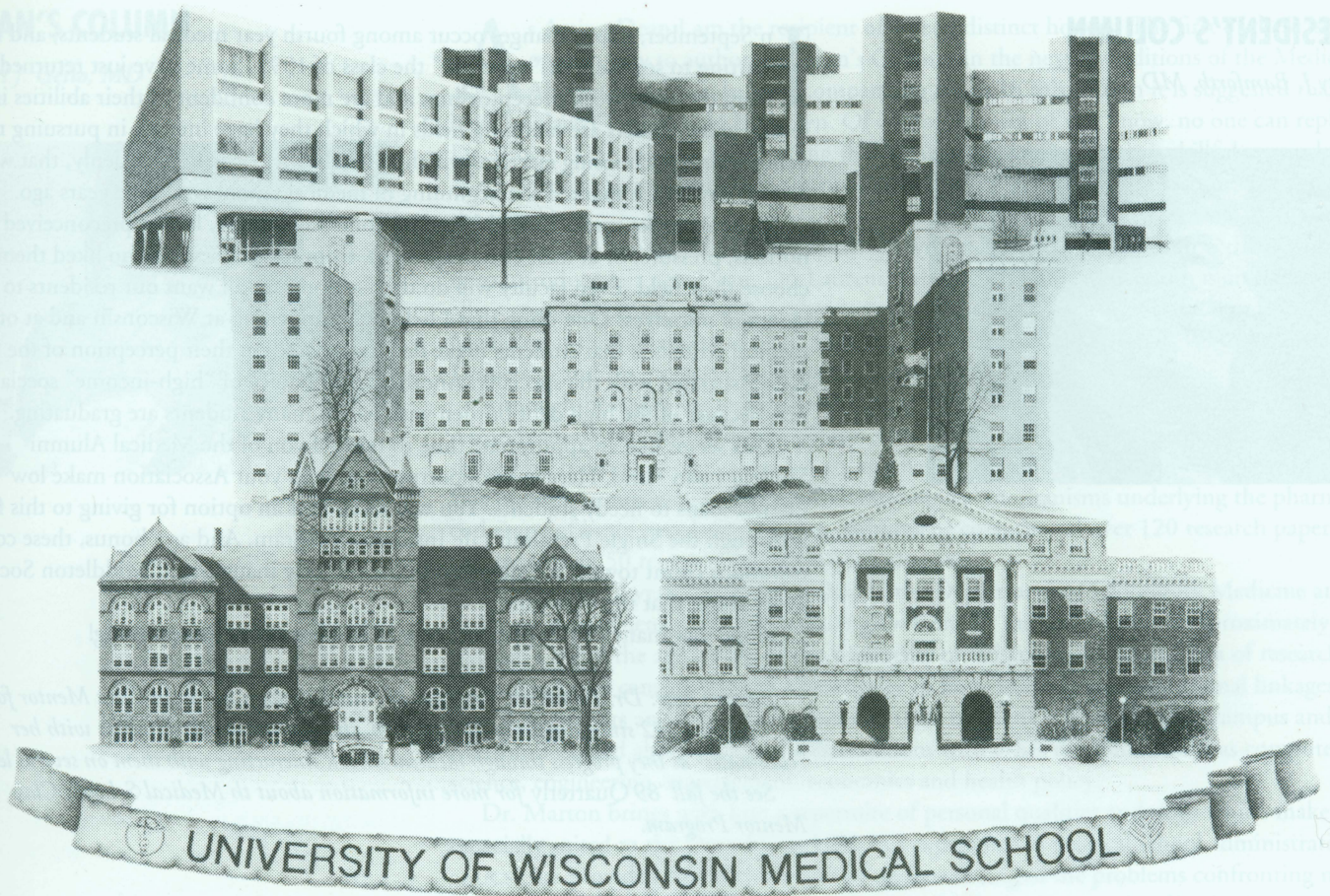
Michael J. Siebers, Assistant Professor (CHS) of Medicine, is interested in long-term care, home care and hypertension in the elderly. He has looked at how and what people feel about cardiopulmonary resuscitation and other types of relatively new interventions. He also has measured the number of receptors for angiotensin on human platelets as a function of age.

James T. Sykes, Senior Lecturer in Preventive Medicine and Special Assistant to the Vice-Chancellor for Health Sciences, investigates the living arrangements and conditions of older persons in diverse cultures and different nations, with recent emphasis on Japan and China. His

research on long-term care includes insurance coverage and public financing, community initiatives, and housing. He has published a series of 10 primers for managers of elderly housing covering topics such as depression, incontinence, drug and alcohol abuse and mobility. As an advocate for at-risk elders, he identifies ways to better provide social and health services and helps Health Sciences explore how the University can serve an aging society.

David T. Watts, Assistant Professor (CHS) of Medicine, has studied attitudes of health professionals toward life-prolonging interventions in elderly patients; ramifications of physician-nurse conflict; behavioral complications of dementia; and nutritional supplements for the elderly.

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.

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PRESIDENT'S COLUMN

Betty J. Bamforth, MD



In September, many changes occur among fourth year medical students, and I am starting to see them in "my class," the class of 1992. Some have just returned from the eight week preceptorship, and are more confident of their abilities in several areas. Others are sampling fields in which they have interest in pursuing residency training, choosing electives which will help them decide. Suddenly, that warm August day which marked the beginning of medical school was three years ago.

Students make career choices based on some knowledge, lots of preconceived notions, pressure, or at least encouragement, from the housestaff who liked them, to choose their field. Even faculty will do this — don't we all want our residents to be clones of ourselves? One thing that I believe is happening at Wisconsin and at other medical schools is that students make decisions based on their perception of the lifestyle associated with the specialty. Another is the choice of "high-income" specialties, because of the high debt burden with which many students are graduating.

This seems like an appropriate time to remind you of the Medical Alumni Student Loan Fund. Here is an opportunity to help your Association make low interest loans to needy students. You will recall that an option for giving to this fund is through the Single Premium Life Insurance Program. And as a bonus, these contributions count toward membership in the recently inaugurated Middleton Society. More about that the next time.

Hope that many of you plan to come to Madison for Homecoming!

Editor's note: Dr. Bamforth, Professor of Anesthesiology, has been Class Mentor for the Class of 1992 since August of '88. As such, she maintains relationships with her "classmates" as they progress through medical school, interacting with them on several levels.

See the fall '89 Quarterly for more information about the Medical School's Class Mentor Program.

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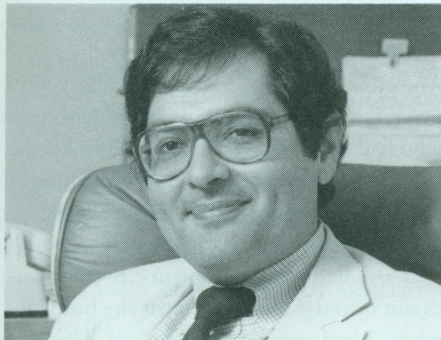
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DEAN'S COLUMN

Carl J. Getto, MD



As Acting Dean I am the recipient of several distinct honors. The first of these is the opportunity to author the Dean's Column in the next few editions of the Medical Alumni Magazine. In an accompanying article in this edition it is suggested that I have "replaced" Dr. Arnold L. Brown. Of course, as most of you know, no one can replace Dr. Brown. I see my role as managing the transition from Dr. Brown's skillful stewardship of the Medical School until next spring when Dr. Laurence J. Marton assumes the role as the new Dean.

The second honor and pleasure conferred with the role as Acting Dean is the opportunity to introduce our new Dean, Dr. Laurence Marton, to you. Dr. Marton is an internationally recognized cancer researcher who currently chairs the Department of Laboratory Medicine at the University of California, San Francisco. He received his BA at Yeshiva University and his medical degree from Albert Einstein College of Medicine.

Although he began his residency training in neurosurgery, he became fascinated with research after a two-year stint as a clinical associate at the National Cancer Institute. He shifted his training to clinical pathology and has become a distinguished researcher in the area of brain tumor metabolism and the biochemical mechanisms underlying the pharmacotherapy of brain neoplasms. He has authored or co-authored over 120 research papers and more than 50 review articles and book chapters.

During the 12 years Dr. Marton chaired the Department of Laboratory Medicine at UCSF, the department's research support grew from \$1 million dollars to approximately \$18 million. One of the attractions of the University of Wisconsin is the strength of research across the entire campus and the opportunity to forge research and educational linkages with departments and schools campuswide. UCSF is strictly a health science campus and Dr. Marton is excited about potential collaborations with other disciplines such as computer science, engineering, management, economics and health policy.

Dr. Marton brings with him a repertoire of personal qualities and skills which make him especially suited to the Deanship at UW. His experience in medical school administration at UCSF has provided him with a depth of understanding of the problems confronting medical education and the academic medical center. He has a direct style of leadership which encourages the exchange of information, the open discussion of alternatives and the development of interdepartmental cooperation. Most of all he is energetically enthusiastic about the future of the University of Wisconsin Medical School.

While some may consider the tenure of an Acting Dean to have all the excitement of a seventh inning stretch, I view the next several months as being very lively. We have a new Dean who has provided us with new opportunities. In the upcoming issues of the Quarterly I hope to bring you up to date on what those new opportunities are, and how we're progressing.

EDITOR'S COLUMN

Victor S. Falk, MD '39



The Mekong Delta, 1991

It took a couple of years, but I finally managed to revisit the Mekong Delta in Vietnam where I had worked 25 years ago. The experience was most rewarding and heart warming.

My visit began at Can Tho University where the President is a Ph.D. in Microbiology from Michigan State. The new medical school there was founded in 1979 and is a six-year program. There are 120 students in each class and half of these are female. Years ago all of the medical school classes and texts were in French; then while the Americans were there a number of faculties from medical schools in the United States taught the classes in English; and now all the classes are in Vietnamese. The equipment at the medical school is extremely limited, but the faculty is very proud of what is there.

Next I visited the Hau-Giang General Hospital in Can Tho. Some of the hospital was built 95 years ago by the French and an addition is more recent. There are 650 beds at the hospital but at times there are more than that number of patients as they are brought in from other smaller hospitals

in the Delta. The hospital is divided into 16 departments. There are 14 surgeons and 7 obstetricians who perform 6,000 operations each year. C-sections, vaginal hysterectomies and tubal pregnancies are extremely common. There were almost 3,000 deliveries and 110 hydatidiform moles at the hospital last year. At times the OB-GYN department of 70 beds has 134% occupancy. The head of OB-GYN stated that "the overcharge of patients and medical students causes difficulties in keeping the ward to be clean and

quiet." It occurred to me that a preceptor system similar to that at the University of Wisconsin Medical School might be effective by utilizing some of the larger province hospitals for teaching purposes.

The total expenses for this 650 bed hospital, including the salaries for 650 staff members (doctors, nurses and all other help), is \$200,000 a year. The medical director of this large institution has an annual salary of 70,000 Dong per month. This amounts to about \$10. His wife is also a physician and her salary is about \$9. One must admire the dedication of the staff and they indicate that they provide "loving care."

The hospital medical director told me that they have major problems with malaria, dengue, cholera, typhoid, hepatitis, tuberculosis and tetanus. He also said that they have a great deal of gastric and primary liver cancer. There is not much lung cancer, but this will undoubtedly increase because of the high incidence of cigarette smoking all through the Orient.

Disposable gloves and disposable intravenous sets are used at least five times each. It seemed strange to see rubber gloves hanging out to dry before being sterilized,

although this was a common sight in this country a few years ago. Great quantities of intravenous solutions are made at the hospital and are tested on rabbits before being administered to the patients. The only glass laboratory tubes are those left by the Americans in 1975. I was particularly impressed with a young orthopedic surgeon who had been trained in Czechoslovakia. He was doing remarkable work with plating and intramedullary rods despite having very little equipment with which to work.

I also had the good fortune to travel far down into the Delta and visit the hospital where I had worked 25 years ago. The miles of productive rice paddies were so lush and peaceful that one would never guess that there had ever been a conflict there. The reception I received there both from old friends and new was one of the greatest experiences of my life. The hospital had not changed very much physically, except that there were now four operating rooms instead of two. The only problem was that they had only enough equipment for two. During my time there, there were two Vietnamese doctors, now there are 56. After a complete tour of the hospital, I was presented with four beautiful black lacquer and mother-of-pearl plaques and then entertained at a Vietnamese lunch. I hope to be able to accumulate surgical instruments of all sorts which we can get to Vietnam quite easily. If any of you have used but still useful instruments, please let me know and we will arrange to collect them.

The University of Wisconsin has developed a close relationship with the University of Can Tho through the U.S. Committee for Scientific Cooperation with Vietnam. This was exemplified by the recent visit of Chancellor Donna Shalala to Can Tho. There are specialists and volunteers in many fields, especially agriculture, from numerous countries. Some I met were from France, the Netherlands, Belgium and Germany.

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 (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.

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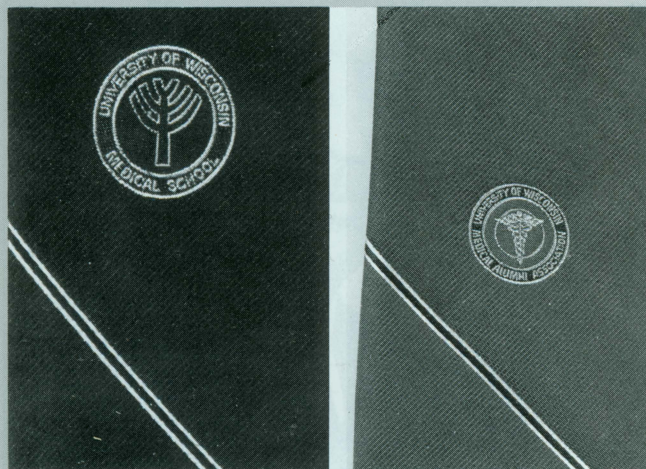
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The Way It Was...1935

It was a year of mixed blessings, 1935. You could buy a 1928 Buick for \$65 and a toy carpet sweeper for 24¢. A fifth of Old Grand Dad, on the other hand, would have set you back a whopping \$2.99.

The economy was still reeling from the Great Depression. Unemployment for the year averaged 20.7%, and the Dow-Jones varied between 96 and 144. Congress passed the Social Security Act to provide for the aged.

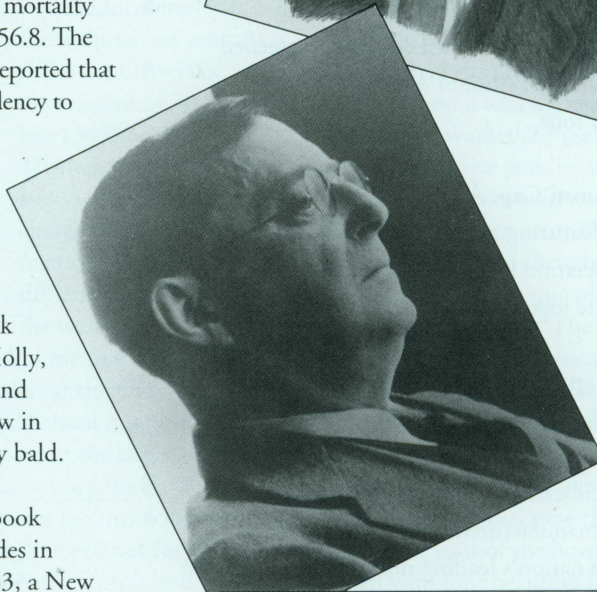
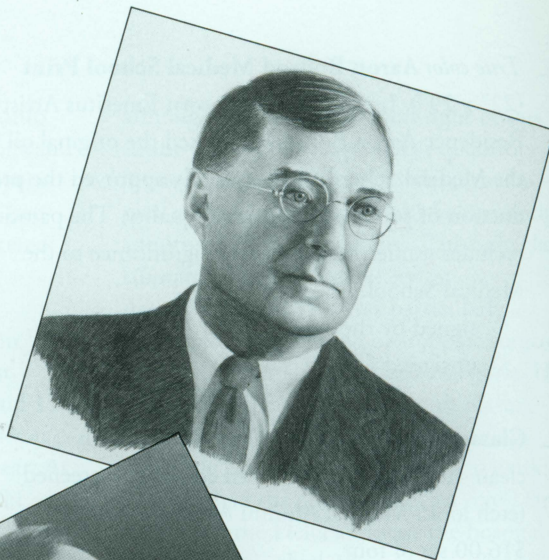
In the world of medicine, the U.S. boasted 161,359 physicians and 1,014,000 hospital beds. Infant mortality stood at 57.1/1,000 and maternal mortality at 56.8. The Massachusetts Department of Mental Health reported that children from small families have a greater tendency to steal, and children from large families have a greater tendency to lie. And Senator Huey Long, the "Kingfish," was assassinated by a Louisiana physician, who in turn was shot by Long's bodyguards with 61 bullets.

Entertainment highlights included the premieres of several radio shows such as Dick Tracy, Flash Gordon, Fibber McGee and Molly, and Backstage Wife. When Ginger Rogers and Fred Astaire appeared in Top Hat, the review in "Movie Star News" read: "Can't act. Slightly bald. Can dance a little."

(The above information came from the book "AMERICAN CHRONICLE Seven Decades in American Life, 1920-89" by Alan Gordon '63, a New York City psychiatrist and faculty member at Mount Sinai Medical College, and his wife Lois Gordon.)

In the summer of 1935, William Shainline Middleton became the second Dean of the Medical School after the death of Charles R. Bardeen, who headed the school from 1907 until 1935. Here we reprint a photocopy of a letter sent by Middleton (still using Bardeen stationary) to a prospective medical student. It was mailed first class with three cents postage; note that a one-cent stamp was added to the two cent one that had recently been standard first-class postage. Also note the request for a deposit of \$27.50, the equivalent of a semester's tuition.

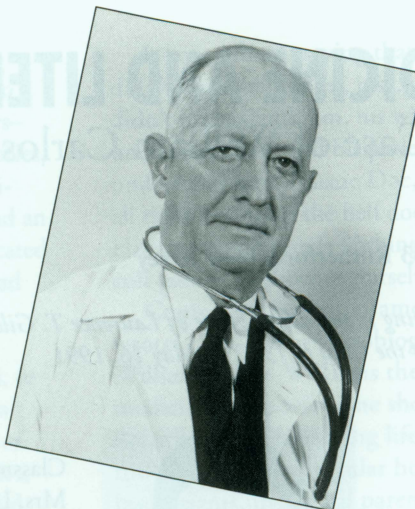
The medical student in question, Sidney K. Wynn of the Class of 1939, went on to become an outstanding practitioner of plastic and reconstructive surgery in the Milwaukee area. He is now retired. Sid sent us a photocopy of his acceptance letter, explaining that the original is in the Plastic Surgery Archives at Harvard University. The Archives had asked for all of Sid's memorabilia at the request of the American Society of Plastic Surgery.



THE UNIVERSITY OF WISCONSIN
MADISON

THE MEDICAL SCHOOL
C. R. BARDEEN, DEAN

July 1, 1935.



Mr. Sidney K. Wynn
1631 N. 47th Street
Milwaukee, Wisconsin.

Dear Mr. Wynn:

I am glad to inform you that you have been selected on the basis of your premedical record for admission to the first year of the four year medical course next fall. It is understood that in order to remain in the four year course your record in the medical school will be of the same high character as your premedical work.

In order to hold a place in the class you must return the enclosed deposit card with a check for \$27.50 to the University Cashier by July 15. Please send a self-addressed stamped envelope for the return of your receipt.

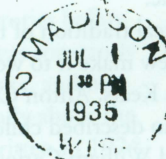
The amount of the deposit, \$27.50, is refunded on the registration fee next fall, but it will not be refunded in case you do not register in the medical school.

Yours very truly,

Wm. S. Middleton, Dean

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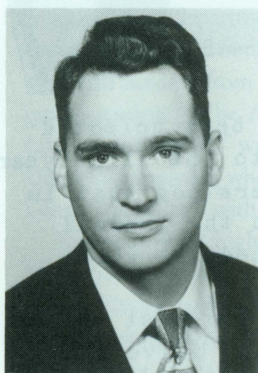
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MEDICINE AND LITERATURE:

The Case of William Carlos Williams

1883-1963 Rutherford, New Jersey

The following is an address given by Laurence T. Giles '41 to the 40th Reunion of the Class of 1942 on May 16, 1991



Giles as a medical student

Classmates, guests, Dr. and Mrs. Leroy Sims:

The ancient parable reads: "Have you a loaf of bread? Give half for some flowers of the Narcissus, for the bread feeds the body, but the flowers feed the soul."

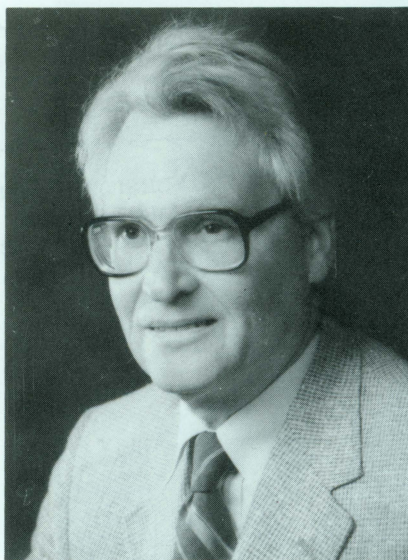
I became interested in literature and medicine nearly 40 years ago when I was a resident in medicine at the

University of California, San Francisco, and met the American physician-writer, William Carlos Williams. He was then 72—not nearly as old as I thought then—had had two strokes but taught himself to speak again, and suddenly I realized I was listening to a great voice. We corresponded, and he encouraged me to read, read, read. Writers often have keen psychological insights that may help us as physicians to understand the time, the places, and the mores. "Get involved" with medical and social themes which run through world literature from Shakespeare, Goethe, Flaubert, Dickens, Ibsen, Tolstoy, and down to our present time. This includes such writing doctors as Walker Percy, Gerald Weissmann, and John Stone.

There is, in fact, a historical tradition of the physician-writer—although many try, few make it to world class, but in this category belong John Keats, Anton Chekhov, Oliver Wendell Holmes—who described childbed fever before Semmelweiss did—and William Carlos Williams, American physician in our own time. The world was slow to recognize Williams as an outstanding literary man until the last 10 years of his life. He was born in 1882 and died in 1963 in Rutherford, New Jersey. Two months after his death he won the Pulitzer Prize for literature for his poetic offering of "Pictures from Brueghel." Some of you may

remember poems from the dim past about a red wheelbarrow and white chickens: these wonderful little spare imagist poems came from the time period in which Williams wrote: "no ideas but in things."⁴ Williams also said: "There is a natural affinity between the practice of medicine and the writing of poems...doctors are right there at life's critical moments; and poets try to be right there too—to capture such moments and words." And so the struggle to read literature should make us better doctors—and perhaps encourage us to do some writing ourselves. Tonight I will read from William Carlos Williams as someone vitally representative of both literature and medicine—and keyed to you.

William Carlos Williams was a graduate of the University of Pennsylvania Medical School in 1906 and "an old style GP."² He was well prepared to be a family practitioner. He had a rotating internship in New York City at French Hospital and Children's Hospital, and then spent two years in pediatrics and obstetrics. Following that he took a Wanderjahr in Europe and did postgraduate study in pediatrics in Leipzig. He became fluent in French, German, and Spanish. In 1910 he opened his practice and was soon seeing 50 patients a day and delivering 100 babies a year over a 40-year period of time. He was just 27 and newly married. His father was English, and his mother's family were Spanish Jews. He was an intense, shy and driven man, infused with a sense of social justice—he took care of poor families and many immigrants, Italians, Jews, Poles, Irish, and Blacks. These experiences found their way into his poetry, short stories, and novels. He evolved



Laurence T. Giles

William Carlos Williams

Selected Poems



Edited by Charles Tomlinson

an individual speech in the American language—unlike T. S. Eliot—and he changed the course of 20th century poetry in the U.S.A. His poems were graceful and lyrical, but his prose realistic. He used to say: “My language comes out of the mouths of Polish mothers.”³

He was a master of narrative description using short chopped sentences in conversation with no extra words. He struggled constantly with himself. He wrote: “My life is a hell of repression marked with flashes of inspiration.”

Here is what William Carlos Williams said about “modern poetry” of the 20th century: “I say don’t attempt to understand a modern poem - listen to it. It should be heard. It is very difficult sometimes to get it off the page. Don’t try to work it out; let it come to you. Sit back - relax. Let the thing spray in your face. Get the feeling of it. Get the tactile sense of something going on.”

Williams was a writing physician - and artist - who wrote 50 books in 50 years—including poetry, short stories, novels, essays, literary criticism, art history, plays, and an opera. He was also a dedicated doctor who would have had no time for “HMOs”, “DRGs”, “Relative Value Scales”, lawyers in general, or sending patients home too soon “to die for the good of the system.” He never sent a bill—fortunately his wife did, or the family and two sons would have starved.

When a discouraged Robert Coles², the Harvard psychiatrist, thought of dropping out of medical school, William Carlos Williams, his mentor, said: “Look, you are not on a four-year picnic...you signed up for a spell of training, and they are dishing it out to you, and all you can do is take everything they’ve got...and tell yourself

how lucky you are—so you can be a doctor, and that’s no bad price to pay for the worry, the exhaustion.” Shades of William S. Middleton.

William Carlos Williams wrote with manic intensity, always on the run, inspiration to come between babies, surgery and house calls. He would pull over to the curb to jot his thoughts on prescription pads and then hit the typewriter at home at midnight.

“Imagination knows all stories before they are told,” he said. He was constantly frustrated to find time to write, and he had a down side too: especially about the phone ringing. In a letter written in 1924, there was this entry: “God damn these patients to hell and make it hot. Here I just sit down to write...and some bastard gets a chill and my Olympian moment is shat on—how can a man exist today? Let him shake...I continue.”⁵

It goes without saying that the critics didn’t understand him, his colleagues didn’t understand him, his wife didn’t understand him, and his patients didn’t understand him. “Geeze Doc, I guess it is all right, but what the hell does it mean?” His answer: “There is nothing like a difficult patient to show us ourselves.”

Contemporary critic James Breslin wrote: “While The Autobiography of William Carlos Williams theorizes about medicine and poetry, the short stories document the harrowing life of a small town doctor, his irregular hours, conniving patients, hysterical parents, reluctant children, the unspeakable filth and vulgarity of their surroundings—a life peculiarly suited to sap the energies of a high-strung, impatient, and sensitive man such as Williams.”¹

Williams was well aware of the effects of class values and environment and health problems, and he had a clear concept of his own medical creed: “I consider myself a man in the front line, in the trenches. I don’t know...by and large we couldn’t live in the world today were it not for the medical profession, and I mean just that. We’d plain die, masses of us, tomorrow, if medical techniques were not kept up—no matter what our fractional beliefs might be.”³

Williams believed in the power of the word—to write about the forces that changed him. The New England poet and writer, Robert Lowell, wrote: “For sheer language there is no one who beats Williams Carlos Williams.”

I enclose two short poems to illustrate how the writer-doctor felt—listen:

I bless the muscles
of their legs. Their
necks that are
limber, their hair
that is like new
grass, their eyes
that are not
always dancing
their postures
so naive and

graceful, their
 voices that are
 full of fright and
 other passions
 their transparent
 shams and their
 mimicry of adults
 — the softness of
 their bodies —⁷

Williams was a school doctor early in his career, and this blunt, touching, unsentimental poem is a lovely tribute to the young.

Here is a poem in which we can all share the feeling:

Complaint

They call me and I go.
 It is a frozen road
 past midnight, a dust
 of snow caught
 in the rigid wheeltracks.
 The door opens.
 I smile, enter and
 shake off the cold.
 Here is a great woman
 on her side in the bed.
 She is sick,
 perhaps vomiting,
 perhaps laboring
 to give birth to
 a tenth child. Joy! Joy!
 Night is a room
 darkened for lovers,
 Through the jealousies the sun
 has sent one gold needle!
 I pick the hair from her eyes
 and watch her misery
 with compassion.⁴

This is social realism and concern: the irony of joy!
 The obstetrician waiting, is also full of pain.

There are two short stories I hope you all will read:
 "A Maternity Case" from *The Autobiography*³ and
 "The Use of Force" from *The Doctor Stories*.⁴ The first
 story will remind all of us of the time we spent in
 Chicago at the Maternity Center; the second story illus-
 trates the triumph of science over the word—it is the
 diphtheria antitoxin that saves the young girl's life.

EPILOGUE

William Carlos Williams' son, William Eric Williams, also a doctor, has written this: "Each physician is endowed with his own mystique...the physician...has been exposed to the longest and most difficult educational process of all the professions. He brings to the patient a profound knowledge not only of his anatomy and physiology, but an understanding of the mind as well. He has been tested by fire...death, pain, disease...are his daily fare. He is...sage (and) priest. He is often the first one called in all variety of emergencies...(An) ego nourished by patients...(but) tempered with humility and humanity."⁷

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4. William Carlos Williams, *The Doctor Stories*, Compiled by Robert Coles, New York: New Directions.
5. William Carlos Williams, *Selected Letters of William Carlos Williams*, edited by John C. Thirwall, New York: New Directions, 1957.
6. William Carlos Williams, *Selected Poems*, edited by Charles Tomlinson, New York: New Directions, 1985.
7. William Carlos Williams, "The Little Red Notebook" from *William Carlos Williams Review*, 1983; 9:1-34.

Editor's note: New Directions Publishing Corporation, New York, N.Y., has graciously allowed the Quarterly to reproduce the above poems as well as the photograph of William Carlos Williams, which appears on the cover of Selected Poems, edited by Charles Tomlinson.

Class of 1991 Residencies, Wisconsin

(Editor's note: In the summer issue of the *Quarterly*, the names of most members of the Class of 1991 who are serving their residencies in Wisconsin were omitted. Here is a listing of all 1991 graduates training in Wisconsin institutions.)

Lisa Marie Ortengren
Eau Claire Reg Ed Consortium
Eau Claire Family Medicine

Robert Earl Kerwin, Jr.
Eau Claire Reg Ed Consortium
Eau Claire Family Medicine

Robert Ralph Groshek
Gundersen Medical Foundation
La Crosse Transitional Program

John Herschel Danner, III
Gundersen Medical Foundation
La Crosse Transitional Program

Brent Wallace Fundingsland
Gundersen Medical Foundation
La Crosse Transitional Program

Terrence Daniel McCanna
Marshfield Clinic
Marshfield Transitional Program

Scott Charles Streckenbäch
Marshfield Clinic
Marshfield Transitional Program

Robin Jean Goldsmith
Marshfield Clinic
Marshfield Transitional Program

Laura Lynne Vogel
Marshfield Clinic
Marshfield Internal Medicine

Laura Malinda Nelson
Marshfield Clinic
Marshfield Internal Medicine

Michele Lee Bachhuber
Marshfield Clinic
Marshfield Internal Medicine

Victoria Lynn Viegut
Marshfield Clinic
Marshfield Pediatrics

Noe Neaves, Jr.
Marshfield Clinic
Marshfield Pediatrics

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Medical College of Wisconsin
Milwaukee Internal Medicine

Ann Elizabeth Ruscher
Medical College of Wisconsin
Milwaukee Otolaryngology

David William Cory
Medical College of Wisconsin
Milwaukee Psychiatry

Tim Christopher Levenhagen
Medical College of Wisconsin
Milwaukee Psychiatry

David William Queoff
Medical College of Wisconsin
Milwaukee Family Medicine

Michael Barton Held
Medical College of Wisconsin
Milwaukee Psychiatry

Anna Edwina Yonker-Sell
Medical College of Wisconsin
Milwaukee Anesthesiology

Diane LaVerne Staudinger
St Elizabeth Hospital
Appleton Family Medicine

Rick William Stoughton
St. Elizabeth Hospital
Appleton Family Medicine

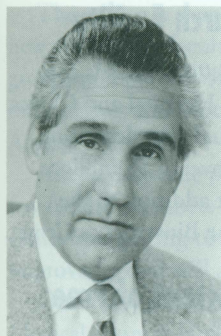
Howard Dale Schumaker
St. Francis Medical Center
La Crosse Family Medicine

David John Henningsen
St. Francis Medical Center
La Crosse Family Medicine

Michael Mario Uy
St. Francis Medical Center
La Crosse Family Medicine

Anna Edwina Yonker-Sell
St. Joseph's Hospital
Milwaukee Transitional Program

Thomas Marshall Aaberg, Jr. St. Joseph's Hospital Milwaukee Transitional Program	Anthony Curtis Hecht University of WI Hosp & Clinics Madison Anesthesiology	Michele Renee Tschopp University of Wisconsin Hospital Madison Internal Medicine- Primary Care
Peter Eric Qualey St. Luke's Medical Center Milwaukee Transitional Program	Douglas Armin Fehrman University of Wisconsin Madison Orthopedic Surgery	William Baker Drake, III University of Wisconsin Hospital Madison Pediatrics
C A Cintron St. Luke's Medical Center Milwaukee Transitional Program	Brett William Rhode University of Wisconsin Hospital Madison Internal Medicine	Linda Marie DeLessio University of Wisconsin Hospital Madison Pediatrics
Milka Vukic St. Luke's Medical Center Milwaukee Family Medicine	John Allen Feilbach University of Wisconsin Hospital Madison Internal Medicine	Kristin Lee Sanders University of Wisconsin Hospital Madison Pediatrics
Jeffrey Scott Nesta St. Michael Hospital Milwaukee Family Medicine	Gregory Harold Ripple University of Wisconsin Hospital Madison Internal Medicine	Sue Ann Ney-Douglas University of Wisconsin Hospital Madison Pediatrics
Michael John Hanaway UW Hospital and Clinics Madison Surgery	Michael Cary Struck University of Wisconsin Hospital Madison Internal Medicine	Thomas James Murwin University of Wisconsin Hospital Madison Pediatrics
Elizabeth Anne Forbes UW Hospital and Clinics Madison Obstetrics/Gynecology	Samuel Kuoyao Seto University of Wisconsin Hospital Madison Internal Medicine	Cyd Charisse Thomas-Williams University of Wisconsin Hospital Madison Pediatrics
Lori Beth Jarecki UW Hospital and Clinics Madison Obstetrics/Gynecology	Brita Ellen Lundberg University of Wisconsin Hospital Madison Internal Medicine	Mary Elizabeth McSweeney University of Wisconsin Hospital Madison Anesthesiology
Gregory Dean Bills UW Hospital and Clinics Madison Obstetrics/Gynecology	David Edward Eckerle University of Wisconsin Hospital Madison Internal Medicine- Primary Care	Robert Michael McGucken University of Wisconsin Hospital Madison Anesthesiology
Vassilia Dimitri Young Univ of WI Hospital & Clinics Madison Internal Medicine	Steven Craig Schlack University of Wisconsin Hospital Madison Internal Medicine- Primary Care	Peter Alan Rasmussen University of Wisconsin Hospital Madison Neurological Surgery
Michael Cary Struck Univ of WI Hospital & Clinics Madison Ophthalmology	John Moses University of Wisconsin Hospital Madison Internal Medicine- Primary Care	Nami Patrick Zarvan University of Wisconsin Hospital Madison Surgery Diagnostic Radiology
Denise Marie Miller Univ of WI Hospital & Clinics Madison Internal Medicine	Norbert Thomas Casper University of Wisconsin Hospital Madison Internal Medicine- Primary Care	
Hugo Higa Univ of Wisconsin Hosp & Clinics Madison Ophthalmology	Elizabeth Regina Trowbridge University of Wisconsin Hospital Madison Internal Medicine- Primary Care	
Anthony Curtis Hecht University of WI Hosp & Clinics Madison Internal Medicine		
Robert Booth Prehn University of WI Hosp & Clinics Madison Otolaryngology		



Laurence J. Marton

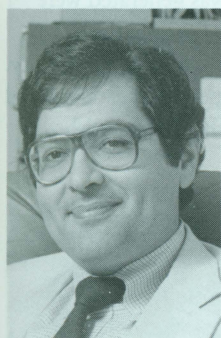
New Dean Takes Over in Spring

Laurence J. Marton, Professor and Chair of Laboratory Medicine and Professor of Neurological Surgery at the University of California, San Francisco, will assume his role as Dean of the UW-Madison Medical School in May.

Dr. Marton received his B.S. from Yeshiva University in New York City and his medical degree from Yeshiva University's Albert Einstein College of Medicine, New York, in 1969. He began

his post-graduate training in neurosurgery, served two years as Clinical Associate at the National Cancer Institute, and then continued his residency training in clinical pathology.

As a clinical pathologist, Marton brings to the Medical School experience in both basic research and clinical practice. His research at UCSF's Brain Tumor Research Center has focused on the biochemical mechanisms involved in brain tumor metabolism and their interactions with drug and radiation therapies. He has published more than 120 papers and authored more than 50 review articles and book chapters. An accomplished administrator, he also is interested in curriculum planning and in developing greater use of computers and databases by medical students.



Carl J. Getto

Getto Named Interim Dean

Carl J. Getto has been appointed Acting Dean of the Medical School, replacing former Dean Arnold Brown. The position will extend into the spring of '92, when Laurence J. Marton, M.D., from the University of California at San Francisco, will assume the deanship.

Dr. Getto will retain his roles as Associate Dean for Clinical Affairs, Director of Clinical Affairs, and Associate Professor (CHS) of Psychiatry. Recently

he also served as Acting Chair of the Department of Psychiatry for nearly two years.

Born in Chicago, he received his B.A. Summa Cum Laude from St. Mary's College in Winona, Minnesota and his M.D. from the Stritch School of Medicine of Loyola University, Chicago. He served his residency at the University of Colorado Medical Center, Denver, where he also was Chief Resident and Teaching Fellow in the Department of Psychiatry.

Getto is noted for his interest and proficiency in teaching; he received national recognition, for example, for his innovative redesign of the first year course in psychiatry (Psychosocial Issues in Health and Disease) which he subsequently directed, and he has been active in teaching non-psychiatric physicians.

As a consultation/liaison psychiatrist, he has helped form a clinical and teaching bridge between psychiatry and other specialties. He has also been active in pain research and the neurobiology of eating disorders.



Theodore L. Goodfriend

Theodore Goodfriend Appointed Acting Associate Dean for Academic Affairs

Professor of Medicine and Pharmacology Theodore L. Goodfriend has been named Acting Associate Dean for Academic Affairs to replace former Associate Dean Charles C. Lobeck. Goodfriend will continue his academic and teaching duties half time as well as his role as Associate Chief of Staff for Research at the Middleton Veterans Administration Hospital.

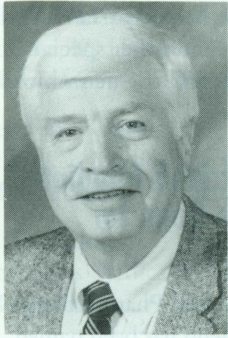
Dr. Goodfriend earned his bachelor's degree at Swarthmore College, Swarthmore, Pennsylvania and his medical degree at the University of Pennsylvania Medical School. After a rotating internship at University Hospital in Cleveland, he served an internal medicine residency at Barnes Hospital in St. Louis. He also was a postdoctoral fellow in the Graduate Department of Biochemistry at Brandeis University, Waltham, MA, and a Clinical Associate in the Endocrinology Branch of the National Cancer Institute.

Goodfriend is recognized as an effective and committed teacher, as evidenced by his receiving the Medical Alumni Teaching Award in 1984, the 1991 Medical Student Association Pacemaker Award, and four teaching awards from previous classes. His extensive research has led to a better understanding of the hormones associated with hypertension. He chaired the Educational Policy Council from 1986 until 1990.

Ben Rusy Chairs Anesthesiology

Professor Ben F. Rusy, a member of the Medical School faculty since 1976, has been chosen as the new Chair of the Department of Anesthesiology, replacing former Chair S. Craighead Alexander. Head of anesthesiology research at UW Hospital, Dr. Rusy had also served as Vice-Chair of Anesthesiology and most recently as Acting Chair.

Rusy received his undergraduate degree in Electrical Engineering and his medical degree at the University of Wisconsin-Madison. He trained in Anesthesiology at the Temple University Medical Center in Philadelphia, where he also served a USPHS Postdoctoral Fellowship and received an M.S. in Anesthesiology. He then joined the Temple faculty, eventually becoming Professor of Anesthesiology-Pharmacology and Director of the Temple University Anesthesia Research Training Program. He was



Ben F. Rusy

Adjunct Associate Professor of Biomedical Engineering at the Drexel Institute of Technology in Philadelphia as well. He also completed an honorary Research Fellowship in the Department of Physiology at University College, London.

Dr. Rusy has gained an international reputation as an outstanding cardiovascular pharmacologist. His research has focused on analyses of the effects of anesthetics on the heart.

Psychiatry Now Headed by Ned Kalin

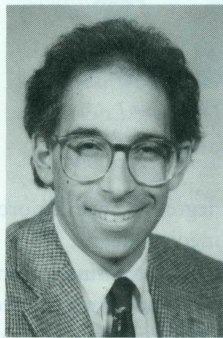
Professor of Psychiatry Ned Kalin was recently appointed Chair of the Department of Psychiatry. Dr. Kalin, who joined the faculty in 1981, also is affiliated with the UW Hospital's Anxiety Disorders Clinic and the Center for Affective Disorders. He had been Vice Chair of Psychiatry and Chief of the Psychiatry Service at the Middleton VA Hospital.

He received his bachelor's degree from Pennsylvania State University in State College and his medical degree from Jefferson Medical College in Philadelphia. After serving his residency in the UW Medical School Department of Psychiatry, he completed a post-doctoral fellowship at the National Institute of Mental Health in the Laboratory of Neuropharmacology, Bethesda.

An active researcher, Kalin is trying to unravel the biological bases of psychiatric phenomena. One of his interests is studying the neurobiological underpinnings of anxiety and depression. His current research with rats and young rhesus monkeys has demonstrated that different types of anxiety (i.e., separation anxiety vs fear of new situations) may be mediated by different biochemical systems in the brain. Eventually these findings may help in the refinement of human therapy.

Clinical Cancer Center is Renamed to Reflect "Comprehensive" Status

The UW Clinical Cancer Center recently changed its name to the UW Comprehensive Cancer Center to better reflect its status as designated by the National Cancer Institute under NCI's new vigorous criteria. "Comprehensive" signifies the UWCCC's strength in research, therapy and education programs and its commitment to cooperating with state and private agencies in making therapeutic and preventive advances available to all state citizens.



Ned Kalin

Lions Contribute to New Eye Research Facility

The Wisconsin Lion's Club has pledged \$500,000 towards construction of a new eye research facility at UW Hospital and Clinics. The new laboratories, which will focus on visual disorders using molecular and cell biology, will be part of an overall \$5 million project that will include a 10,000-square-foot addition to the Hospital. The space will also accommodate the Biostatistics Center.

Medical School Study Documents Extent of Free Care Given by Physicians

The growing image of physicians as greedy and uncaring was dealt a blow when a Medical School study appeared in a June issue of JAMA.

David Kindig, Professor of Preventive Medicine and Director of the Administrative Medicine Program, and graduate student Nancy Cross, research director of a geriatrics study at St. Mary's Hospital in Madison, found that, on the average, a Wisconsin physician working in a group practice provided \$20,000 in free or discounted patient care in 1988. The figure breaks down into \$4,000 of charity care, \$9,100 of bad debt, and \$7,500 of Medicaid discounts to uninsured and indigent patients. These amounts are considered conservative estimates because Medicare and other discounted programs were not included in the results.

The practices in which the most free care was generated were those providing higher levels of services to Medicaid patients. Smaller practices were effected most by patients who could not pay.

Although information concerning uncompensated care and bad debt at hospitals has been available, this was the first published survey of private practices.

Med I Orientation Tries to Settle the Nerves

On Thursday, August 15, approximately 140 apprehensive Med I students assembled at Great Hall in the Memorial Union. After a buffet breakfast, the students were welcomed by Acting Dean Carl Getto.

Acting Associate Dean for Academic Affairs Theodore Goodfriend reassured the students they are well prepared for the rigors of medical education. He cautioned that they should not expect to be able to learn everything. He also urged them to put aside any spirit of competition that they may have brought from their academic life to date, and to acquire a spirit of cooperation—with their peers, the faculty, and the patients they will encounter. Team effort, he emphasized, should characterize their approach from now on.



David Kindig

The students then divided into small groups, each consisting of new students, a faculty member, and two or three Med IIs. The groups met on the Union terrace for casual conversation, helpful information and much-appreciated reassurance under a delicious August sky.

After a barbecue picnic at Vilas park, the students, along with a few faculty members and Med IIs, spent the afternoon playing games and getting to know one another. By day's end confidence improved, good will abounded, and a few sunburns surfaced.

On Friday morning the orientation participants gathered in Medical Alumni Hall, where professors discussed the subjects the students were about to tackle and residents spoke about what to expect in post-graduate training.

Women in Medicine Launch New Year

Nearly 90 women medical students, residents, faculty members and practicing physicians gathered at the Waisman Center for the annual fall kickoff of Women in Medicine.

Dr. Kathryn Bemmann, State Director of American Medical Women's Association (AMWA) and a candidate for National President, addressed the group. Drs. Janis Lowell and Liz Karlin '78 spoke briefly, and Med 2 Co-Presidents of the AMWA student branch Sally Lee, Sonja Green and Sheryl Asplund Lewis told of their experiences.

NECROLOGY

Robin C. Buerki, '17 (2 year)
Novi, Michigan
June 2, 1991

Phyllis N. Butz, '41
Huntington, New York
1990

Thomas E. Byrne
(former Intern)
Indialantic, Florida
1990

Calvin T. Doudna, '36
Tustin, California
June 12, 1990

John B. Hitz, '28 (2 year)
Nashotah, Wisconsin
January 31, 1990

Willard G. Huibregtse, '33
Sheboygan, Wisconsin
July 11, 1991

J. Richard Johnson, '46
Bloomington, Minnesota
July 24, 1990

Arthur C. Kissling, '45
Mequon, Wisconsin
July 10, 1991

Steven C. Kleckner, '80
Madison, Wisconsin
August 10, 1991

Ferdinand G. Kojis, '28 (2 year)
Brewster, New York
1991

Marvin H. Olson, '44
New Orleans, Louisiana
July 6, 1991

Lee E. Siegel, '34 (2 year)
Beverly Hills, California
May 7, 1990

Miles B. Smith, '42
Walla Walla, Washington
1991

George R. Thuerer, '39
Rhineland, Wisconsin
August 1, 1991

Thomas L. Trunnell
(former Intern)
La Jolla, California
August 16, 1991

John T. Underberg, '61
Waukesha, Wisconsin
July 12, 1991

Charles Votava, Jr, '61
Lubbock, Texas
July 16, 1991

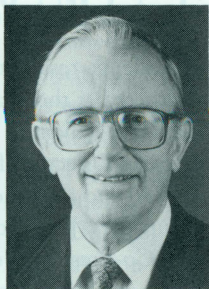
Byron C. Wheeler
(former resident Internal Medicine)
Indianapolis, Indiana
May 25, 1991

technique may become helpful in treating human diseases such as Duchenne's muscular dystrophy. An explanation of the work, in which MD appears to have been partly corrected in mice, appeared in *Nature*, August 28, 1991.

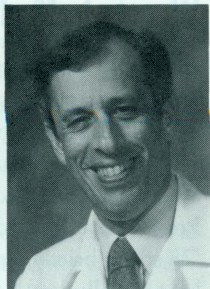
FACULTY NEWS



Paul M. Sondel



Henry C. Pitot



Paul L. Kaufman



Judith L. Ladinsky



Jon Wolff

Professor of Pediatrics and Human Oncology **Paul M. Sondel** was awarded a \$131,000 extension of an American Cancer Society grant to continue his studies on how to activate the body's naturally occurring anti-cancer lymphocytes to aid tumor recognition and enhance the immune response.

Henry C. Pitot, Professor of Oncology, Pathology and Laboratory Medicine and Director of the McArdle Laboratory for Cancer Research, received a Hilldale Award in recognition of his excellence in research and in teaching graduate students and postdoctoral fellows.

Assistant Professor of Psychiatry **Hugh F. Johnston** recently won the J.C. Penney Golden Rule Award for his department in recognition of his volunteer work at the Rainbow Project in Madison, which offers clinical support and counseling of youngsters who have witnessed or experienced violence. Johnston directs the UW Children's Hospital Child Psychopharmacology Clinic.

Paul L. Kaufman, Professor of Ophthalmology and Director of the Glaucoma Service, was appointed to the National Advisory Eye Council by Health and Human Services Director Louis W. Sullivan. The Council guides National Eye Institute research policy, plans scientific programs, and advises groups giving awards for vision research and training. Kaufman's research has helped reveal how glaucoma drugs affect ocular fluid inflow and outflow.

Professor **Gerard B. Odell**, who recently retired as a full time faculty member, has been a valued member of the Department of Pediatrics for more than 15 years. Particularly known in the field of neonatology for his studies on bilirubin binding and neonatal jaundice, he has received National Institutes of Health funding for his research work for 30 years. He also established the UW Division of Pediatric Gastroenterology and Nutrition. Professor Odell received his bachelor's degree from New York University and his medical degree from Yale University School of Medicine. He trained in pediatrics at Grace New Haven Community Hospital, Cambridge University, Yale University and Johns Hopkins. He was also Research Assistant and Associate Attending in the Department of Pediatrics at Sinai Hospital, Baltimore, and Chairman and Professor of Pediatrics at the Medical College of Virginia, Richmond. He spent much of his career at Johns Hopkins University School of Medicine, where he became Professor of Pediatrics in 1971. Dr. Odell came to the UW as Professor of Pediatrics in 1976.

Leonard A. Fahien, Professor of Pharmacology and former Associate Dean, spent the summer as Visiting Professor in the Institute for Protein Research at Osaka University, Osaka, Japan.

Thomas C. Meyer, Professor of Pediatrics and Assistant Dean of Continuing Medical Education, received the 1991 Distinguished Service Award from the Wisconsin State Medical Society. The society also inducted Emeritus Professor and former Chair of Obstetrics-Gynecology **Ben Peckham** into the Fifty Year Club. **Vernon N. Dodson**, Professor of Medicine and Preventive Medicine and Director of Occupational-Environmental Health received the Society's Meritorious Service Award.

Judith L. Ladinsky, Associate Professor of Preventive Medicine, received the East Meets West Foundation's Award for Outstanding Achievement in Health and Health Services at a ceremony in Los Angeles. Since 1980, she has worked on several primary health care projects at 10 centers in Vietnam, helping to establish laboratories in infectious disease and teaching in medical schools. She also brings much-needed medical supplies and textbooks to Vietnam on each visit, and has arranged for the adoption of several children of American GI's and Vietnamese women; such children are discriminated against in their own country.

FACULTY NEWS

Safwan M. Badr, Assistant Professor (CHS) of Medicine, has won the Clinical Investigator Award from the National Heart, Lung, and Blood Institute. The five-year, \$400,000 grant supports his studies into the abnormalities of breathing during sleep; in particular, the effect of chemical stimuli on keeping the upper airway open during sleep. The research is expected to help those who suffer from obstructive sleep apnea.

Professor of Rehabilitation Medicine **Paul Bach-y-Rita** served as president of an international symposium on functional recovery in the central nervous system in Bordeaux, France, which presented him with its Medal of Honor for his work in neurological rehabilitation. Symposium participants organized a multi-center European study of hospital-home stroke rehabilitation, an expansion of a study at the Karolinska Institute of Stockholm with which Bach-y-Rita is involved.

Carl Sievert, Senior Lecturer in Anatomy, received two awards in recognition of his excellence in and commitment to teaching: the Medical Alumni Association Distinguished Teaching Award in Basic Sciences and the Medical Student Association Pacemaker Award. Sievert teaches gross anatomy, neuroanatomy and neurophysiology.

Jon A. Wolff, Assistant Professor of Pediatrics and Medical Genetics and Director of the Biochemical Genetics Clinic at the Waisman Center, received the Muscular Dystrophy Association's Service Merchandise Leadership Award, given annually to recognize the individual on the leading edge of research in neuromuscular disease. Wolff discovered a simple and presumably safe type of gene therapy which involves injecting foreign genes directly into the muscle of laboratory mice. The technique may become helpful in treating human diseases such as Duchenne's muscular dystrophy. An explanation of the work, in which MD appears to have been partly corrected in mice, appeared in *Nature*, August 28, 1991.

Corrections, Corrections!

Early on it was a hot, humid summer.

There was a partial eclipse of the sun. The computers kept breaking down. And ... there was something else we aren't able to put our finger on.

At any rate, we cannot explain the several errors that blundered into the summer issue of the *Quarterly*:

✓ Some pages were missing in a few magazines and doubled in others. If you received a defective copy, please let us know and we will replace it.

✓ The list of residencies for the Class of 1991 was incomplete. Somehow, most of the names of those training in Wisconsin were omitted. The complete list of Wisconsin residencies appears elsewhere in this issue.

✓ We misspelled the name of Einar (Einer) Daniels in the headline of Mischa J. Lustok's moving tribute.

✓ Two photos from the 15th Class Reunion of the Class of '76 were placed in the 30th Class Reunion of the Class of '61. The photos included Mary Jo Freeman, Donn Fehrmann and others.



Photo by Betsy True

ALUMNI CAPSULES

40 Clinical Professor of Orthopedic Surgery Raymond C. Waisman, a long-time pediatric orthopedic surgeon in the Milwaukee area, received the 1991 Distinguished Service Award, selected by the Orthopedic Surgery residents at the Medical College of Wisconsin. Ray is the brother of Harry Waisman, for whom the Waisman Center on Mental Retardation and Human Development was named.

57 Leon E. Rosenberg, Dean of the the Yale University School of Medicine and C.N.H. Long Professor of Genetics, has been named President of Bristol-Myers Squibb Pharmaceutical Research Institute, where he will direct clinical trials to obtain FDA approval for new drugs and set the research agenda for the next several years.

Lee, a member of the National Academy of Sciences, has published more than 250 papers. His research interests include membrane function, inherited disorders of amino acid metabolism, mechanisms of vitamin transport, and co-enzyme synthesis. In 1982, he received WMAA's Distinguished Medical Alumni Citation, and later the University of Wisconsin awarded him an honorary degree. Born in Madison, Lee also earned his undergraduate degree at the UW-Madison and was elected to Phi Beta Kappa. In Medical School, he won the Bleckwenn Award and became a member of AOA.

69 Carol Rumack, Professor of Radiology and Pediatrics at Denver Children's Hospital and Chief of Diagnostic Radiology at the University of Colorado Health Science Center, co-edited the textbook *Diagnostic Sonography* with J. William Charboneau '76, Professor of Radiology at the Mayo Clinic, and Stephanie Wilson.

76 J. William Charboneau, Professor of Radiology at the Mayo Clinic, recently co-edited a comprehensive textbook entitled *Diagnostic Sonography*, with Carol Rumack '69, Professor of Radiology and Pediatrics at Denver Children's Hospital, and Stephanie Wilson. He was also Assistant Editor for the Mayo Clinic Family Health Book.

81 Sandra K. Mahkorn recently left her position with the Ochsner Clinic in New Orleans to accept a White House appointment in the Department of Health and Human Services. She is now Deputy Assistant Secretary for Public Health Policy for Assistant Secretary of Health James Mason. Sandra earned an M.P.H. at Tulane University School of Public Health and Tropical Medicine, New Orleans, and master's degrees in Urban



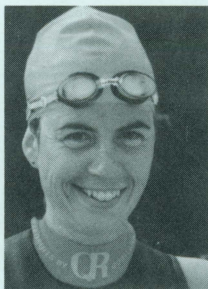
Leon E. Rosenberg



Carol Rumack



J. William Charboneau



Katie Kelley

Affairs and Educational Psychology at UW-Milwaukee. She served her residency at Louisiana State University Medical School, New Orleans. She has given many presentations to health care personnel as well as the public.

85 Tougaloo College in Tougaloo, Mississippi, has given its 1991 Meritorious Leadership Award to Ronald V. Meyers, Sr., in recognition of his "humanitarian, selfless, and socially conscious contributions" for his health care work among the people of Tchula and Belzoni in the Mississippi Delta area.

86 Katie Kelley has been appointed Assistant Professor (CHS) of Pediatrics at the Medical School. She enjoys seeing patients at the UW Hospital General Pediatrics Clinic and at the Madison General Nursery as well as teaching medical students and residents. Katie recently swam 5 miles across Lake Mendota.

88 John Zandt was one of three residents at Baystate Medical Center, Springfield, Massachusetts, to receive the Medical Staff Award for Excellence in Teaching by vote of the Tufts junior medical students. Baystate, which serves as the Western Campus of the Tufts University School of Medicine, has 155 residents eligible for the honor.

90 John Eng is beginning a residency in radiology at Johns Hopkins Hospital, Baltimore, after completing an internship in internal medicine at Beth Israel Hospital in Boston. He welcomes questions from Med 4s about his experiences.

Other

Stephen W. Barthold, who earned his D.V.M. and Ph.D. (1974) degrees at the UW-Madison, is part of a team of Yale University Researchers that genetically engineered a vaccine that protects laboratory mice against experimentally induced Lyme disease. They isolated the gene for outer surface protein A (OspA) isolated from Lyme disease-causing spirochetes and spliced it into E. coli. Stephen developed the mouse model for Lyme disease.

Suzann K. Campbell was chosen for the Advisory Board for NIH's new National Center for Medical Rehabilitation Research. A leader in physical therapy research and education, she earned her bachelor's and master's degrees in physical therapy and her PhD in neurophysiology, all at UW-Madison. She also began her teaching career at the University before joining the University of North Carolina faculty.



Dear Dr. Falk:

In light of the *Quarterly* article concerning cancer pain earlier in the year, I thought you might be interested in what I ran across during my summer vacation.

In mid-June I visited my daughter in Helena, Montana. Although the case of "The Hospice Six" nurses had been in the public eye for several months, the front page and letters-to-the-editor sections of the local newspaper were still bristling with news and opinions about six registered nurses who worked for Hospice of St. Peter's Hospital in Helena. Feelings have been running high and accusations are rampant.

After searching through a stack of recent newspapers from the recycling pile, I pieced together at least some of what happened in Helena. I was also told some additional information by Hospice Manager Bonnie Adee.

About a year ago, it was discovered that the nurses in question had kept a supply of morphine suppositories, donated by families of deceased former patients, to use at times when there was an immediate need but when there would be a delay in obtaining medication from the pharmacy. The medication was always administered with a physician's verbal order, although the nurses didn't always have a written prescription in hand. The emergency supply was stored in a stethoscope box in an unlocked desk drawer belonging to the nursing supervisor. The nurses who stashed away the pain-relieving drugs admitted to the practice, which was discontinued more than a year ago when Hospice, in August of 1990, changed the procedure. They established a process, with the blessings of the hospital pharmacy, whereby a double-locked box on the Hospice premises was kept supplied with morphine. In an emergency situation, a nurse could sign out an 8-hour

supply. Hospice, in other words, devised a long-term solution to supersede the improper procedure that had lasted for approximately a year.

The case, nonetheless, went to the Montana State Board of Nursing on October 11, 1990, and an investigation was ordered. Board hearing examiner John Boblinski studied the circumstances and recommended to the Board that the nurses be reprimanded for treating terminally ill patients from an illicit cache of morphine, which was termed a "technical violation" by Gary Davis, the nurses' attorney.

The Board formally rejected Boblinski's findings and, instead, considered a great deal of material later submitted to them by Montana Department of Commerce attorney Steve Shapiro. He asked the Board to revoke the license of the nursing supervisor and to suspend the other five nurses for six months and place them on probation for five years, plus other requirements such as periodic drug testing. The latter condition was a not-too-subtle insinuation that the nurses were themselves using the drugs, an allegation that the Board quickly dismissed.

Shapiro, who has received considerable public criticism for his aggressive handling of the case, said he is simply doing his job. He also said he has received quiet support from physicians, psychologists and pharmacists.

On May 30, 1991 the Board of Nursing — calling the nurses' actions "serious violations" of nursing standards and federal and state laws — ordered probation for the six nurses ranging from 3 to 5 years, rather than Shapiro's harsher recommendations for suspension and license revocation. While probations last, conditions include filing of quarterly reports to the Board and employers; pursuing education on pharmacology, pain management and ethical practices; and monthly con-

sulting on hospice policy and procedures as well as patient care and problem solving. The restrictions also mandate that the nurses cannot change employers without approval of the Board, and they cannot work in a supervisory capacity during the probationary period, a provision that would severely hinder a registered nurse. The nurses careers, if they still choose to continue them considering the constant stress and harassment of the past several months, would — at the very least — be under a cloud, if they could find reasonable jobs at all. Hospice, of course, would lose some essentially irreplaceable nurses. All parties have already lost precious time, money and peace of mind. The case recently took another twist. St. Peter's Hospital is suing the Board of Nursing to retrieve patient records held by the Board. The hospital had given Shapiro 55 patient files in March, six of which were introduced into evidence at the hearings, which filled 700 pages of testimony. The last I heard, attorney Shapiro has refused to return the files.

If a stranger from out of state can make a judgment from reading the newspapers and listening to her daughter and her friends, I'd conclude the residents of the Helena area overwhelmingly support the nurses and condemn the Board of Nursing and prosecutor Steve Shapiro for an overly-onerous penalty, although I presume they also recognize that rules and laws were violated, that another solution should have been sought earlier, and that some degree of discipline was in order. People across the country, informed by network TV and national press, also seem to favor the nurses as "angels of mercy" whom they would gratefully entrust with their own care or that of a dying relative.

Jacqueline Kelley
Quarterly staff



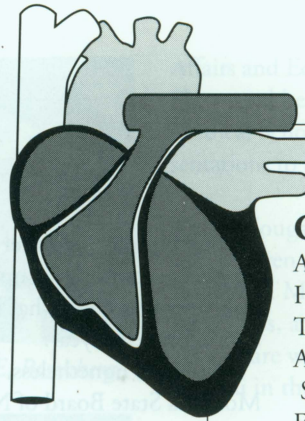
Dear Dr. Falk:

I noticed reference in the recent *Quarterly* to a creative writing contest for medical students. Is there a similar contest for alumni? I submit the enclosed English sonnet: "Coronary Artery Disease."

If there is no contest, perhaps publication in the *Quarterly* will stimulate some interest. Countless sonnets have been written about the heart; few, I expect, about coronary arteries. Sometimes it is worthwhile to summarize well-known information in different ways.

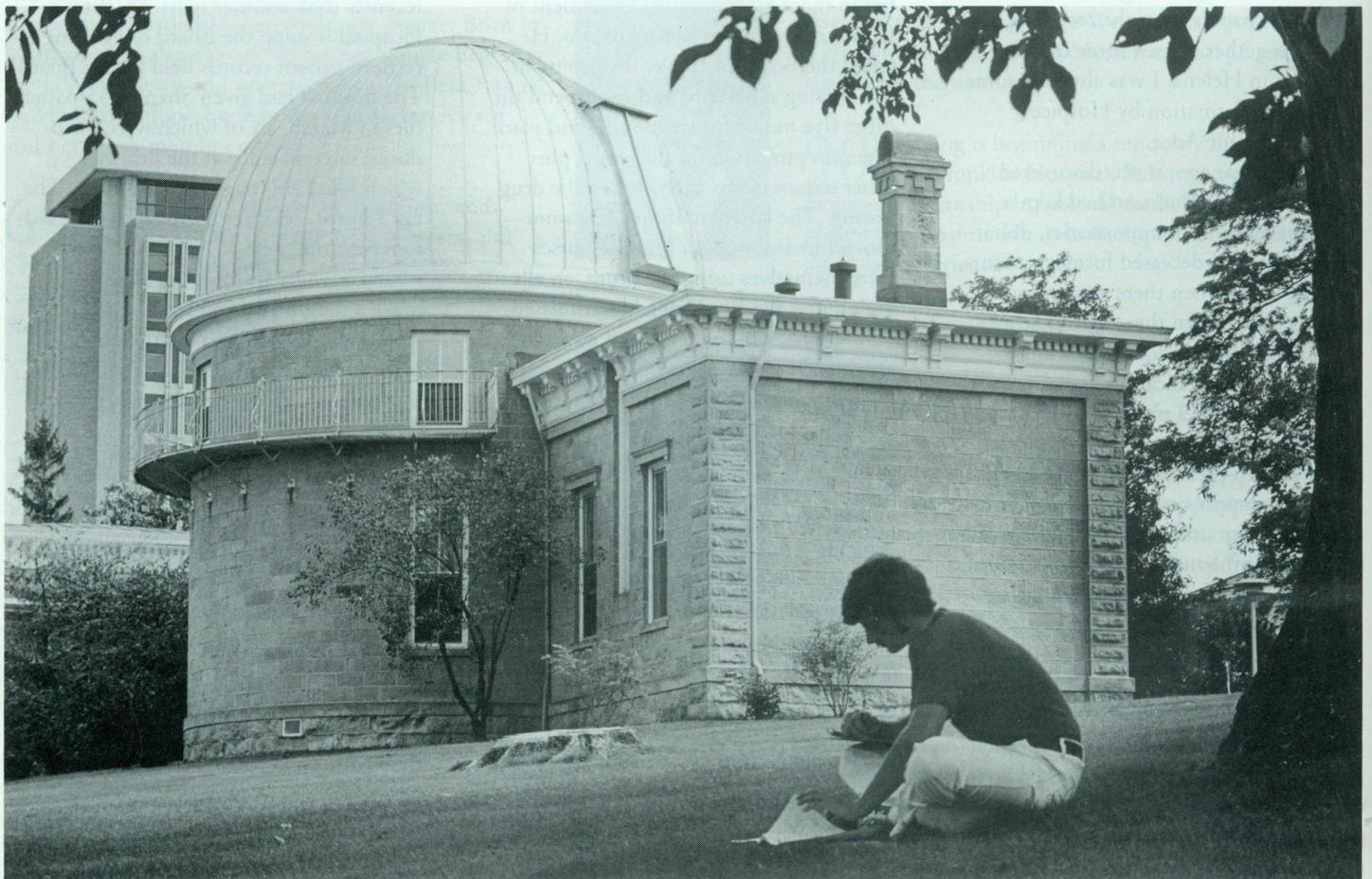
Sincerely,
Leslie M. Klevay '60
Grand Forks, ND

Editor's note: Although there is no writing contest for alumni on the horizon, the Quarterly always welcomes contributions from alumni.



CORONARY ARTERY DISEASE

Arterial crown receives aortic flow;
Heart muscle gets the nourishment it needs.
The beat begins when atrium says go.
And quietly through septal nerve proceeds.
Smooth muscle cells proliferate and change;
Foam cells enhance those endothelial leaks.
Connective tissue can become deranged;
Contributors to plaques are fatty streaks.
The plaque becomes a complicated mess
With calcium and some cholesterol.
Thrombosis sometimes adds to the distress;
Arrhythmia perhaps will take its toll.
Nutritional demand exceeds supply;
Without relief heart muscle cells will die.



Coming Events

October 26, 1991

Annual Fall Homecoming - Medical
Badger Brunch

Tickets to Wisconsin Badgers vs. Indiana
Union South, 227 N. Randall, Room 140
Madison, Wisconsin
10:00 a.m.-12:30 p.m.

October 27, 1991

Wisconsin Reception at American
Society of Anesthesiologists Meeting
San Francisco, California
San Francisco Hilton
Monterey Room
5:00-7:00 p.m.

October 28, 1991

Wisconsin Reception at American
Academy
of Pediatrics Meeting
New Orleans, Louisiana
New Orleans Hilton, Riverside and Tower
5:30-7:00p.m.

November 14, 1991

Women in Medicine (Wisconsin)
Reception
American Medical Women's
Association Meeting
Dallas, Texas
Dallas Fairmont Hotel
6:00 to 7:00 p.m.
Room to be announced

February 2, 1992

Milwaukee, WI Winter Meeting
Sheraton Inn Milwaukee North
Speaker: Pat Richter, Athletic Director
Cocktail Reception 11:00 a.m.
Brunch 12 noon

March 26-29

Wisconsin Reception
American College of Physicians
San Diego
Time and place to be announced

May 14, 16, 1992

Class Reunions 1942, 1947,
1952, 1957, 1962, 1967,
1972, 1977, 1982, 1987

May 15, 1992

Medical Alumni Day

Continuing Medical Education

Seminars in Pediatrics,

October 25-26, UW Hospital, Madison

Psychiatry Conference: Mood Disorders,

November 1-2, Holiday Inn East Towne, Madison

Primary Care Conference: GI Update,

November 8, The Radisson, Madison

Sleep Disorders Conference,

November 8-9, Edgewater Hotel, Madison

Tenth Critical Care Symposium,

November 14-15, Edgewater Hotel, Madison

Update in Infectious Diseases,

November 21-23, Holiday Inn West, Madison

Primary Care Conference: Office ENT and Office Urology,

December 6, The Radisson, Madison

Clinical Cardiology,

December 27-30, Marriott World Center, Orlando, Florida

New Therapeutics,

January 19-20, 1992, Telemark Lodge, Cable, WI

Primary Care Conference: Prevention in Primary Care,

February 7, The Radisson, Madison

Southern Caribbean Cruise: Third Annual Advances in Clinical Medicine,

February 15-22

Rehabilitation Conference: Evaluation of Impairment,

February 20, Holiday Inn East Towne, Madison

Orthopedics in Primary Care,

February 28-29, The Edgewater, Madison

Chronic Respiratory Conference,

March 5-6, The Sheraton Inn and Conference Center, Madison

Sixteenth Annual Ophthalmology Current Concepts Seminar '92,

March 26-28, The Concourse, Madison

Electrophysiology,

April 1-3, Hyatt Regency, Milwaukee

Psychiatry Conference,

April 3-4, Holiday Inn East Towne, Madison

Echocardiography,

April 23-24, Marc Plaza, Milwaukee

Fifteenth Annual Sports Medicine Symposium,

May 7-9, Holiday Inn West, Madison

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

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

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For those who care to give the very best

join the Middleton Society



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

I am interested in receiving more information about the Middleton Society

Name _____

Address _____

Please mail to

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

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