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COVER: In 1967 the Medical School commissioned UW artist-in-residence Aaron Bohrod to create a still life that represented several aspects of the Medical Center. On November 2, 1968 he presented his oil painting to the University and the UW Medical Alumni. Various individuals had submitted items such as a skull, brown derby, and embryo model that Bohrod melded into his representation. It hangs in the Middleton Health Sciences Library. Mr. Bohrod recently died.

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WHITE COAT INVESTITURE

LAST MAY, FOURTH YEAR MEDICAL STUDENTS belonging to the Class of 1995, along with their relatives and friends, attended the Medical School Recognition Ceremony, which symbolically launched them on their careers as physicians. Three months later–on Friday, August 18–first year medical students comprising the Class of 1999 attended a similar ceremony designed to launch them on their careers as physicians-in-training.

The White Coat Investiture, initiated last year by then Associate Dean of Students and Professor of Pediatrics Elaine Mischler, reminds students of their professional obligations and anticipates a career devoted to compassionate care for patients. (The Class of '99 needed their white coats beginning with their first day as medical students, for they immediately started patient contact in the offices of Madison-area physicians as part of the Generalist Partners Program introduced last year.) The ceremony capped a three-day orientation program to help prepare the new students in what it means to be a medical student and what it means to be a physician, including understanding concepts of confidentiality, need for cultural sensitivity, issues of gender and sexual harassment, and general professionalism. The white coat stands as a reminder of the science of medicine as well as the art of medicine.

The Investiture, held in the Memorial Union Theater, was introduced by Dean Philip M. Farrell, who noted that the class — the Medical School's 89th — will forever remain unique as the first class in Medical School history in which there are more women than men students. Dean Farrell also said that the class, which represented nearly half the counties in Wisconsin, had already established an enviable record in public service before joining the Medical School.

Guest Speaker Norman C. Fost, Professor of Pediatrics and Medical Ethics and Director of the Program in Medical Ethics, talked about "Why Doctors Are Different From Butchers." He explained that although physicians in common with bakers, butchers and several categories of health professionals wear white coats, only the physician is obligated to disclose the benefits and risks of what a treatment may entail and obtain informed consent; only the physician needs to respond in the middle of the night to what may be a trivial problem; only the physician needs to know personal, private and perhaps embarrassing information about his/her client and maintain confidentiality; only the physician is faced with a consumer who may be anxious, worried and often scared and whose well-being can depend upon the judgment of the doctor; and only the doctor is expected to develop a caring and personal relationship with the client. In these and many other ways, expectations for doctors are far different than for butchers and other wearers of white coats. The good physician - with or without a white coat - must earn the patient's trust and personally care about each patient as a person.

After Dr. Fost's remarks, each student walked to the stage when his/her name was announced and was given a white coat by a second year medical student.

The students then recited a Medical Student Oath composed last year by second year medical students.

After closing remarks by Dr. Farrell the coated students, accompanied by parents and friends, went to the theater lobby where they enjoyed a buffet supper and lively camaraderie.

Medical Student Oath

As I enter the medical profession

I will remember that I am a member of a larger community, with social responsibility to all, both sick and well.

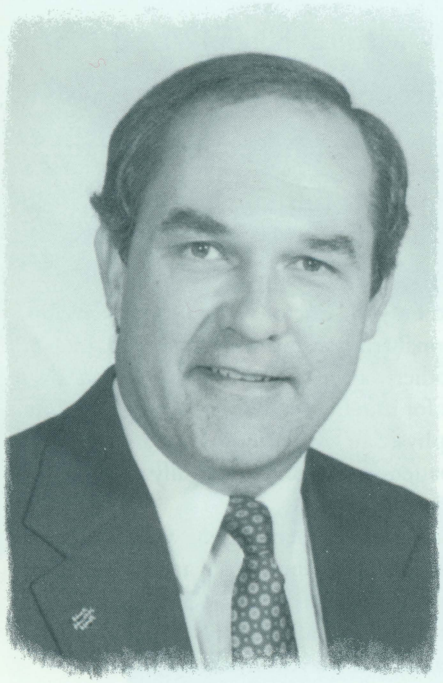
I will respect the efforts of my teachers and colleagues, and I will not hesitate to ask for their assistance when needed.

I will not let gender, race, sexual preference or religion prejudice my interactions with patients or colleagues.

I will protect the privacy of my patients, and I will keep my interactions with them confidential.

I will remember that medicine is a multifaceted discipline, combining art and science, with the aim of preventing disease when possible, treating when necessary, and above all expressing genuine empathy and understanding to patients and families.

I will remember that in order to properly care for my patients, I must also take care of myself, both body and spirit.



Philip M. Farrell, MD, PhD

Medical School Welcomes New Dean
.... *Philip M Farrell*

Philip M. Farrell, MD, PhD, who served as Interim Dean for the past several months, has been named Dean of the University of Wisconsin Medical School. The search committee, which included WMAA Board Member Richard Boxer '73 from Milwaukee, narrowed the list of potential deans to four candidates. Chancellor David Ward made the final choice.

Dean Farrell received an AB in chemistry, a PhD in biochemistry and an MD degree at St. Louis University. After serving his internship and residency in pediatrics at the University of Wisconsin Children's Hospital, he continued his clinical training and research as a fellow in the Pediatric Metabolism Branch at the National Institute of Arthritis, Metabolism, and Digestive Diseases in Bethesda. After five years, he returned to the Medical School in 1977 as Assistant Professor of Pediatrics with an affiliate appointment in the Department of Nutritional Sciences. He became Chair of Pediatrics in 1985 and Medical Director of the UW Children's Hospital in 1988, and he was named Alfred Dorrance Daniels Professor on Diseases of Children in 1990. He is certified by the American Board of Pediatrics, the Sub-Board of Neonatal-Perinatal Medicine and the Sub-Board of Pediatric Pulmonology.

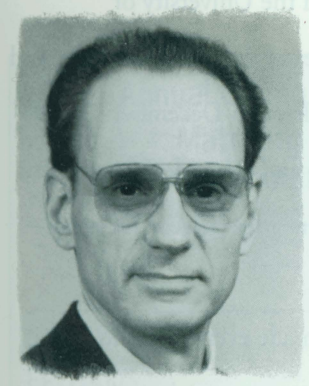
His research activities at the interface of biochemistry and pediatric pulmonology, which have led to more than 120 papers, 36 book chapters and three books, have centered around the metabolic and nutritional aspects of potentially fatal diseases such as cystic fibrosis (CF) that occur in infants and children. He has shown, for instance, that deficiencies in vitamin E and essential fatty acids occur almost invariably in CF patients and premature infants with respiratory distress syndrome but that these abnormalities can be prevented by aggressive nutritional therapy. Recently, he has concentrated his research efforts on a statewide investigation of CF neonatal screening; this led to an innovative, population-based molecular genetics screening program. His direct-cost research support has brought more than $10 million to the University during the past 14 years. One of his grants from the NIH was for creation of a Pulmonary Specialized Center of Research (SCOR) for the study of nutrition in infant lung disease, the first major expenditure of the National Heart, Lung and Blood Institute for research focusing on respiratory disease.

In 1993, as a recipient of a UW System Faculty Development Award, he honed his skills in epidemiology and biostatistics by formal training at the University of Michigan School of Public Health and the University of London School of Hygiene and Tropical Medicine.

Philip Farrell has been recognized as one of the few pediatricians in the country to be intimately involved in research and at the same time head a strong and growing Pediatrics Department, which has acquired leadership in essentially every area of pediatrics. He has served as a member and/or chair of many University and UW Hospital committees—more than 25—and participated in key organizations at the state and national level. For example, he played several roles in the Cystic Fibrosis Foundation such as Chairman of the Research and Research Training Committee and of the Nutrition Committee, and he has received state, national and international honors. Locally, he was instrumental in integrating the Medical School's 14 distinct clinical practice partnerships into one entity, he spearheaded a campaign to procure a Ronald McDonald House in Madison near the UW Hospital, and he has chaired the Board of Directors of University Health Care.

Several medical alumni have already met Dr. Farrell in his role as Interim Dean at WMAA functions.

New WMAA Directors and President Elect



David C. Riese

PRESIDENT ELECT

David C. Riese attended the University of Wisconsin-Madison as an undergraduate. After receiving his M.D. from the Medical School in 1968, he continued his training at Mercy-St. Lukes Hospitals in Cedar Rapids, Iowa and served a residency in Anesthesiology at the University of Wisconsin, where he was Chief Resident 1970-1971. He practiced anesthesiology at St. Clare Hospital in Monroe, Wisconsin until retiring in June 1995.

He served as President of the Medical Staff, Secretary of the Medical Staff, and Chief of Anesthesiology at the St. Clare Hospital; President and Board Member of the Wisconsin Society of Anesthesiologists; Secretary of the Green County Medical Society; a member of the WMAA Board of Directors since 1989; and member of several other medical organizations. A Fellow of The American College of Anesthesiologists and Diplomate of the American Board of Anesthesiologists, Dr. Riese received the AMA Physician Recognition Award continuously since 1972.

David and Sharon Riese have three children, Laurie Lynn, David Bradley and Brian Lee.

DIRECTORS

Avadh B. Agarwal, a native of India, completed his medical education at King George Medical College, University of Lucknow, UP India in 1954. He was a resident in Pediatrics at the UW from 1956-58 and also served residencies and fellowships at G & M Associated Hospital, University of Lucknow, UP India in Internal Medicine, County Hospital in Milwaukee in Pediatrics, Columbia Hospital, Milwaukee in Internal Medicine, and St. Mary Hospital, Milwaukee in Pediatrics. As a resident, he was primarily involved in organizing a newly established department of pediatrics and assisted in writing rules, regulations and guidelines in pediatric care while caring for admitted sick children. He was a pediatrician in the U.S. Army Clinic in Frankfurt, Germany, from 1962 to 1967, where he was liaison for school and behavior disorders in children and other problems.

Currently he is associated with Children's Hospital of Wisconsin teaching medical students on rotation in his office and practices in several Milwaukee hospitals. He belongs to several medical organizations, and he has received 25-year Distinguished Service Awards from St. Joseph, St. Michael and Children's Hospital of Wisconsin.

Avadh and Ann Luise Agarwal have three sons.

Jan E. Erlandson, after undergraduate studies at Emory University and the University of Hawaii, received his MD degree from the UW in 1968 followed by a stint as Battalion Surgeon/Dispensary Commander with the U.S. Army in Germany. After serving a rotating internship at the University of Cincinnati, he became a resident in Internal Medicine at the UW. In 1975 he was Chief Medical Resident at the Middleton VA Hospital. Currently he serves as Director and Chair of the Department of Medicine at the Monroe Clinic in Monroe Wisconsin, where he also is Medical Director and founder of Health Management Resource Weight Control program. He also has been a Director in the State Medical Society of Wisconsin and Delegate from Green County, Chief of Staff of St. Clare Hospital, Monroe, and Chair of the SMS Physician Task Force for Health Planning.

In his leisure hours, Dr. Erlandson gardens, backpacks, canoes and skies and is active in the YMCA, the Alpine Curling Club (President), Citizens Advisory Committee for School Issues, and the Ludlow library. He and wife Jackie have two children.

1994
University of Wisconsin

MEDICAL ALUMNI GIVING

Honor Roll, Middleton Society

The University of Wisconsin Medical Alumni Association and the University of Wisconsin Foundation are pleased to acknowledge the names of the alumni, faculty and friends who contributed to the Medical School during January 1 through December 31, 1994. This report includes class gifts, memorial funds, AMA-ERF and other designated gifts. Contributions made directly to the Board of Regents of the University of Wisconsin regrettably are not listed in the honor roll.

The University of Wisconsin Medical Alumni Association has made every effort to insure accuracy in acknowledging all contribution correctly. Any questions or corrections should be directed to the attention of Medical Alumni Association, Room 4245, 1300 University Avenue, Madison, WI 53706. Phone inquires can be made at 608-263-4915.

MIDDLETON SOCIETY

The Society is formed to recognize its alumni, faculty, and friends who contribute a one-time gift of $10,000 or $10,000 payable over a 10 year period.

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	Number of Contributors	Amount
FACULTY	81	$56,403.90
FRIENDS	5	$26,075.00
MATCHING COMPANIES	3	$800.00
Totals	**89**	**$83,278.90**

Alumni Gifts

Range of Gifts	Number	Amount
$0-$100	1,228	$84,704.92
$101-$500	523	$128,345.51
$501-$1,000	95	$86,042.65
$1,001-$100,000	45	$310,938.22
Totals	**1,891**	**$610,031.30**

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John K. Fulton
Karl A. Liefert #
Laird McNeel
Walter E. Niebauer
L. M. Pippin #
Joseph D. Postorino #
Robert F. Schilling #
Gordon J. Strewler #
Burton M. Zimmermann #

CLASS OF 1943N
H. Laurence Burdick #
Aloysius W. Hickey #
K. M. Keane #
Bert E. Lambrecht #
Harold Lubing #
Ernest L. Mac Vicar #
William Merkow #
Richard J. Rowe #
John W. Temple #

CLASS OF 1944
John M. Bareta #
John A. Buesseler #
George F. Crikelair
Marvin N. Golper #
J. Aaron Herschfus
Larry H. Hogan #
William J. Little #
Mrs. June Scheible
Loraine E. Schultz
Darwin D. Waters #
Marshall L. Weber #
Arvin B. Weinstein #
Robert G. Wochos #

CLASS OF 1945
Donald T. Anderson #
Ann Bardeen-Henschel #
John M. Bond
Robert J. Bradley
James H. Cooper
Paul D. Everest
Mrs. Helen C. Heggestad
Allan D. Hoff #
Hugo N. Hunsader
John M. Irvin #
Jack C. McCullough #
Leroy Misuraca #
Henry A. Peters
Valerius V. Quandt #
Thomas J. Rice #
George G. Rowe #
John E. Steinhaus #
Allan E. Talbot
Loron F. Thurwachter #
Joseph F. Wepfer #

CLASS OF 1946
Dorothy W. Betlach #
Eugene H. Betlach #
Frederick J. Davis #
Herbert L. Eisen #
Alan B. Fidler #
Mrs. Alice Keller
Irving N. Klitsner #
George E. Magnin #
Tim H. McDonell #
Marion E. Murphy #
James C. H. Russell #
William T. Russell #
Robert M. Schuyler #
Frank A. Springer
Gilbert H. Stannard
Sherman P. Vinograd #
Robert F. Wichser
Delbert E. Wilcox

CLASS OF 1947
James E. Albrecht #
Richard B. Anderson
Gerald L. Baum #
Irvin M. Becker #
James G. Brown #
Fred D. Cook
Herbert Giller #
Gordon O. Kingsley #
Mary E. Kohl #
Kenneth C. Mickle
Paul W. Moen #
Robert P. Natelson #
Merlin J. Olson #
James H. Sands #
Mrs. Alice Senty
Sigurd E. Sivertson #
Judith D. Walton
Edgar D. Wippermann #

CLASS OF 1948
William S. Dietrichson #
Roland R. Liebenow #
Morris M. Meister #
Marvin W. Nelson
John A. Palese #
Alwin E. Schultz #
Edward E. Tennant #
Chester L. Waits

CLASS OF 1949
Paul R. Bishop #
Everett H. Johnson #
Charles B. Larkin #
Bernard I. Lifson #
Charles J. Ryan
Claude W. Schmidt
Maryloo Spooner #
Ray H. Thomas

CLASS OF 1950
Martin B. Fliegel #
Donald A. Franklin
Nancy E. Furstenberg #
Bernard J. Haza
Erwin S. Huston #
Anthony L. Karpinski #
Ervin C. Kaye #
Walter M. Kelley #
Roger E. Laubenheimer #
Marian C. Mason
Frank F. Nelson #
Virginia L. Payne #
Lucille G. Rosenberg #
Robert A. Starr #
Gibbs W. Zauft #

CLASS OF 1951
John R. Allen #
Duane L. Block #
Jerome R. Cornfield #
Joyce M. Eisenbraun #
Charles R. Fox #
Thomas F. Garland Jr. #
Laurence T. Giles #
Gerald P. Gredler #
Philip W. Hardie
Nathan M. Hilrich #
Audrey L. S. Huckaby #
Harold F. Ibach #
Don R. Janicek #
Clifford Lardinois #
George E. Lerner #
Curtis A. MacFarlane #
Alice R. McPherson #
Rita Grant Newman #
William Nilssen Jr. #
Lyle L. Olson #
Sam G. Perlson #
Louis R. Pfeiffer #
Dean J. Plazak #
James M. Price
Robert J. Samp #
Lowell J. Smythe
Abe J. Sosman #
Charlotte B. Stern #
Calvin N. Steussy
Harry E. Thimke #
John E. Thompson #
John B. Toussaint #
Herman Tuchman #
David E. Vig
Deverne W. Vig #
James D. Warrick #
Clayton L. Weston #

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Annual Participation by Class
1/1/94–12/31/94

Class	# in Class	# of Contributors	% Participants	TOTAL
1913	1	0	0.00	$0.00
1915	1	0	0.00	$0.00
1916	1	0	0.00	$0.00
1917	1	0	0.00	$0.00
1918	1	0	0.00	$0.00
1919	2	0	0.00	$0.00
1920	3	0	0.00	$0.00
1921	2	0	0.00	$0.00
1922	4	0	0.00	$0.00
1923	8	1	12.50	$50.00
1924	8	0	0.00	$0.00
1925	4	0	0.00	$0.00
1926	6	0	0.00	$0.00
1927	9	0	0.00	$0.00
1928	7	0	0.00	$0.00
1929	16	3	18.75	$2,175.00
1930	13	1	7.69	$150.00
1931	12	0	0.00	$0.00
1932	35	2	5.71	$20,588.75
1933	31	6	19.35	$11,600.00
1934	24	5	20.83	$385.00
1935	42	3	7.14	$300.00
1936	38	5	13.16	$520.00
1937	28	5	17.86	$675.00
1938	43	6	13.95	$935.00
1939	49	12	24.49	$1,020.00
1940	51	10	19.61	$2,400.00
1941	57	11	19.30	$7,400.00
1942	35	6	17.14	$425.00
1943M	53	13	24.53	$3,356.00
1943N	50	9	18.00	$2,668.87
1944	49	13	26.53	$3,025.50
1945	63	20	31.75	$14,545.00
1946	62	18	29.03	$5,808.34
1947	53	18	33.96	$3,535.75
1948	42	8	19.05	$2,250.90
1949	48	8	16.67	$1,350.00
1950	65	15	23.08	$7,385.00
1951	61	37	60.66	$113,570.00
1952	59	11	18.64	$3,394.50
1953	67	20	29.85	$3,458.50
1954	75	21	28.00	$13,376.60
1955	58	14	24.14	$3,275.00
1956	70	17	24.29	$3,855.00
1957	73	26	35.62	$5,551.00
1958	74	15	20.27	$6,917.00
1959	67	14	20.90	$11,430.75
1960	69	21	30.43	$2,427.50
1961	81	20	24.69	$4,870.00
1962	83	23	27.71	$8,545.00
1963	68	18	26.47	$4,160.00
1964	77	21	27.27	$5,406.50
1965	76	25	32.89	$5,450.00
1966	79	26	32.91	$22,921.00
1967	91	28	30.77	$8,008.98
1968	95	28	29.47	$7,325.00
1969	93	28	30.11	$15,620.00
1970	94	16	17.02	$2,500.00
1971	98	24	24.49	$4,700.00
1972	93	17	18.28	$3,455.00
1973	103	22	21.36	$5,178.50
1974	123	34	27.64	$5,365.50
1975	121	21	17.36	$3,675.00
1976	135	27	20.00	$4,766.00
1977	148	25	16.89	$3,225.00
1978	167	43	25.75	$6,973.50
1979	150	33	22.00	$6,875.00
1980	160	41	25.63	$9,010.00
1981	151	41	27.15	$8,855.00
1982	161	39	24.22	$6,130.00
1983	153	41	26.80	$7,353.50
1984	149	41	27.52	$7,785.00
1985	160	41	25.63	$6,438.50
1986	150	40	26.67	$7,015.00
1987	160	34	21.25	$5,374.50
1988	154	26	16.88	$3,505.00
1989	145	17	11.72	$1,155.00
1990	137	15	10.95	$765.00
1991	138	18	13.04	$1,060.00
1992	125	10	8.00	$1,060.00
1993	145	2	1.38	$40.00
1994	140	0	0.00	$0.00
1995	140	0	0.00	$0.00
Total	**6033**	**1279**	**21.20**	**$454,371.44**

Annual Giving by House Staff

Former House Staff •	# in Specialty	# of Contributors	% Participation	TOTAL
INTERNS	444	6	1.35	$10,245.00
RESIDENTS				
ALLERGY & IMMUNOLOGY	16	1	6.25	$250.00
ANESTHESIOLOGY	193	4	2.07	$660.00
DERMATOLOGY	50	0	0.00	$0.00
FAMILY PRACTICE	433	3	0.69	$652.50
FAM PR-GERIATRIC MED	1	0	0.00	$0.00
INMED-(GENERAL)	582	17	2.92	$4,960.00
INMED-CARDIOVAS DIS	32	1	3.13	$130.00
INMED-ENDOCRIN & MET	7	2	28.57	$260.00
INMED-GASTROENT	20	2	10.00	$1,000.00
INMED-GERIATRICS MED	4	0	0.00	$0.00
INMED-HEMATOLOGY	14	0	0.00	$0.00
INMED-INFECTIOUS DIS	20	3	15.00	$560.00
INMED-MED ONCOLOGY	45	2	4.44	$1,434.96
INMED-NEPHROLOGY	26	3	11.54	$400.00
INMED-PULMONARY DIS	16	1	6.25	$10.00
INMED-RHEUMATOLOGY	7	0	0.00	$0.00
NEUROLOGICAL SURGERY	34	2	5.88	$380.00
NUCLEAR MED-NUCL RAD	1	0	0.00	$0.00
OBSTETRICS & GYNECOL	103	5	4.85	$700.00
OPHTHALMOLOGY	145	23	15.86	$26,971.50
ORTHOPEDIC SURGERY	115	5	4.35	$735.00
ORTHO-SPORTS MED	1	0	0.00	$0.00
ORTHO-TRAUMA	1	0	0.00	$0.00
OTOLARYNGOLOGY	39	3	7.69	$500.00
PATHOLOGY (UNSPEC)	117	7	5.98	$2,230.00
PEDIATRICS	232	7	3.02	$1,615.00
PEDIATRIC-ADOLESCENT	2	0	0.00	$0.00
PEDIATRIC-NEO/PERI	3	0	0.00	$0.00
PEDIATRIC-HEM/ONC	1	0	0.00	$0.00
PHYSICAL MED & REHAB	28	0	0.00	$0.00
PLASTIC SURGERY	45	2	4.44	$60.00
NEUROLOGY	130	3	2.31	$252.00
PSYCHIATRY	179	2	1.12	$195.00
PSYCH-CHILD & ADOLES	23	2	8.70	$200.00
RADIOLOGY	79	9	11.39	$6,725.00
RADIOLOGY-DIAG	76	4	5.26	$685.00
RADIOLOGY-NUCLEAR	12	0	0.00	$0.00
RADIOLOGY-ONCOL/THER	20	1	5.00	$250.00
SURGERY (GEN)	124	2	1.61	$125.00
SURGERY-PEDIATRIC	1	0	0.00	$0.00
THORACIC SURGERY	21	2	9.52	$195.00
UROLOGY	56	0	0.00	$0.00
SURG-OTHER SUBSPEC	2	0	0.00	$0.00
SURGERY-CARDIOVASC	14	0	0.00	$0.00
SUB TOTAL	**3,514**	**124**	**3.53**	**$62,380.96**

• M.D. NOT FROM UW MEDICAL SCHOOL

CLASS OF 1952
John A. Arkins #
Merne W. Asplund #
James L. Craig #
William Crowley Jr. #
Gerald J. Derus
William J. Fox #
D. Joe Freeman
Donald Lieberman #
Benjamin Schuster #
Gwendolyn C. Smythe #
William L. Sprague #

CLASS OF 1953
George W. Arndt
Delfin J. Beltran #
Nathan A. Cohen #
William A. Dittman #
David M. Glassner
Earl H. Jochimsen #
Rolf E. Johnsen
F. Deborah Johnson #
Norman C. Jorgenson #
Roger A. Kjentvet #
Herbert Laufenburg #
Ronald B. MacKenzie #
Wilbur E. Rosenkranz #
Herbert F. Sandmire #
R. W. Schroeder #
William J. Smollen #
Gerhard W. Tank #
Richard B. Theisen
Willis A. Warner #
Louis W. Weisbrod

CLASS OF 1954
William H. Card #
Harlan J. Failor #
Richard S. Goodman #
Christopher A. Graf #
Donald C. Hampel #
Leonard M. Heinz #
Guy W. Holmes Jr. #
Allan E. Kagen #
John E. Kippenhan #
George M. Kroncke
Rudolf W. Matzke #
David L. Morris #
Ralph N. Olsen #
Warren N. Otterson #
John R. Petersen #
Edward J. Pezanoski
Charles L. Picus #
Marvin J. Roesler
William A. Schrader #
Ivan W. Sletten #
Frank H. Urban #

CLASS OF 1955
Robert O. Brown #
Robert F. Douglas #
Marvin L. Hinke #
Walter R. Schwartz #
Mrs. Suzanne Siebert
Raymond E. Skupniewicz #
Thomas C. Webster
I. Bernard Weinstein #
Donald L. Werner #
Eugene L. Weston #
Robert C. Wheaton #
Sonja D. Williams #
Richard C. Wolfgram #
Harry S. Yamahiro #

CLASS OF 1956
Orrin N. Arneson #
Donald J. Cohen #
Diane A. Dahl #
Robert W. Edland #
Donald W. Fink #
Lavern H. Herman #
Kenneth A. Hurst Jr. #
Clare F. Hutson #
S. Lawrence Kaner #
Milford S. Ofstun #
William C. Rouman
Marvin A. Schultz
Donald W. Schulz #
William R. Seibold
Leonard E. Steiner #
Rodney J. Sturm #
Robert E. Weaver #

CLASS OF 1957
Henry W. Aufderhaar #
Richard B. Barrick #
Freeman W. Born Jr.
Douglas D. Bradley
Harvey M. Budner #
William A. Cook
John C. Ellis Jr.
James R. Ferwerda #
Theodore C. Fox #
Philip A. Hoffman Jr. #
Glen Earle Holt
John H. Kaufmann #
Arthur S. Leon #
John E. McKenna #
Edward B. Miner #
William H. Nicolaus #
E. Dolf Pfefferkorn #
Donald W. Price #
Hugh D. Riordan #
Leon E. Rosenberg #
Ann Gilfry Schierl #
E. Richard Stiehm #
Bruce J. Stoehr #
E. Robert Taake #
Sheldon L. Wagner
Wilbert Wiviott #

CLASS OF 1958
Dorothy M. Barbo #
John H. Gray #
Robert A. Keller #
John D. Loeffler #
Gordon L. McComb #
James A. McIntyre #
Thomas H. Peterson #
Gerald E. Porter
Henry C. Rahr #
Gloria E. Sarto
Philip Shovers #
Donald I. Van Giesen #
John W. Weiss #
Harry C. Wong #
John B. Wyman #

CLASS OF 1959
James M. Angevine #
James A. Benzmiller #
Alan A. Ehrhardt
Jordan N. Fink #
Fredarick L. Gobel #
Earl T. Kaske
John R. Larsen
Ashley T. Lipshutz #
Albert Miller #
Ward A. Olsen #
Larry J. Polacheck
William F. Schoenwetter #
Joseph Syty
Jon H. Werrbach #

CLASS OF 1960
Franklyn T. Bergmann #
Donald V. Blink
James B. Donkle #
Richard W. Edwards #
Owen L. Felton #
Paul N. Gohdes #
Mary M. Herman #
Mrs. Marjorie Hoyer
Bernard C. Korbitz
Roy F. Kuboyama #
Alan E. Lasser
Glenn A. Meyer #
Stanley Miezio
Richard V. Normington
Herbert W. Oechler #
John H. Ramlo #
Donald H. Schmidt
John E. Schowalter #
Paul L. Trump #
James G. Urban #
William J. Yount #

CLASS OF 1961
Marshall H. Benner
John R. Bentson
Lewis M. Feiges #
Dennis L. Hemingway #
James R. Kimmey Jr. #
A. A. Koeller #
George M. Kopf
Thomas J. Malueg #
Johan A. Mathison #
Andrew A. McBeath #
Kenneth H. Oberheu #
Richard W. Plater #
James R. Plos #
Mary Van Horn Pratt #
James P. Sheehy #
Weldon D. Shelp #
Richard B. Stafford
Axel E. Strauch
John F. Sullivan #
Thomas O. Vechinski #

CLASS OF 1962
James L. Basiliere #
Charlotte A. Burns
Richard T. Chiroff #
John E. Clemons
David W. Cline #
James S. Close
Marcus Cohen #
Lynn D. Eggman #
Morton L. Futterman #
Richard A. Geline
Edward M. Hollander #
D. Robert Howard
Mark C. Kiselow #
John W. Konnak #
Edward D. Kraus #
William E. Martens #
Roger P. Plotkin #
John D. Sarbacker #
David J. Strang #
James J. Tydrich
Richard A. Van Dreel #
Waldemar Wolfmeyer #
Warren W. Zodrow #

CLASS OF 1963
James P. Beck
Harold Been #
Louis C. Bernhardt #
Fredrick H. Bronson #
Stephen E. Dippe #
Timothy J. Donovan #
Nicholas F. Geimer
Mark A. Gilmore
Alan L. Gordon
Timothy K. Henke #
Stephen B. Hull
David A. Mathison #
Geoffrey H. Moyer
James E. Murphy
Harvey D. Paley
Kenneth G. Reeb #
Donald A. Spring
Ronald L. Strebel #

CLASS OF 1964
Fred M. Bannister
William S. Brennom #
Kenneth A. Crow #
Larry R. Denius #
Merlyn E. Eckelberg #
William A. Flader #
William G. Fritschel #
James E. Gutenberger #
John S. Honish #
Andrew E. Horvath #
David M. Jaecks #
Arvid F. Johnsen
Joseph C. Kehm
Edgar L. Koch #
Mark F. Mergen #
Lee N. Podoll #
Michael W. Schuldt #
Rolf G. Sommerhaug #
Ronald W. Stein #
Palmer G. Tibbetts #
Reginald D. Williams

CLASS OF 1965
Russell E. Anderson
Stephen C. Aron #
Howard S. Baker #
Thomas J. Carlson #
Thomas C. Cesario
John N. Drye #
Louis C. Fischer
Irwin Greenspan #
Thad C. Hagen
G. Gustave Hodge #
Charles V. Ihle #
Norman M. Jensen #
Byron E. Johnson #
Robert F. Matzke #
John R. Milbrath
Allen S. Plotkin #
Larry D. Schoenrock
Henry J. C. Schwartz #
John R. Shaw #
Thomas R. Stevens
Joel J. Teplinsky #
Philip J. Vogt
Harvey M. Wichman #
David H. Zarwell
Delano E. Zimmerman #

CLASS OF 1966
James L. Anderson #
Haldor Peter Barnes #
Jerome A. Behrens #
Theodore B. Berndt
Lawrence T. Betts #
Aaron C. Bodner
William W. Busse #
Vincent H. Dahl #
Thomas S. Davee
John A. Diddams #
Nyles R. Eskritt #
Paul W. Grotenhuis #
James L. Jolin #
Mrs. Louise F. Josephson-Jansa
Bruce C. Kirkham #
Harry Kniaz #
Peter A. Langhus #
Howard E. Michaels
S. Michael Phillips #
Patricia A. Randall #
Peter N. Simon #
Mark B. Smuckler #
Keith B. Sperling #
Glenn L. Whitecotten #
Stephen W. Zimmerman #
Joseph G. Zondlo

CLASS OF 1967
John T. Brennan
Susanna F. Buchanan
Neal Gansheroff #
Neil A. Hoffman #
Leigh I. G. Iverson #
John G. Jaeger #
Howard H. Johnson
Larry W. Johnson #
Robert L. Jooss
Michael R. Kadin #
Bernard H. Kampschroer #
Edward R. Kinsfogel #
William J. Klish #
Frederick J. Lamont #
Rolf S. Lulloff #
Dennis G. Maki #
Pierce J. Meier #
Richard C. O'Connor #
Barry E. Olson #
Mary Ellen Peters #
Frederick Spiegler #
Darryl R. Stern #
Lee M. Tyne
Eric J. Wedell #
Mary S. Weinman #
Charles E. Wernberg #
Thomas R. Winch #
Steven F. Wolfe #

CLASS OF 1968
Allen H. Babbitz #
James G. Brueggemann
Richard C. Colbert #
Mary B. Cowles #
John M. Crowe
Richard G. Daly
Norman F. Deffner
William H. Dreher #
David E. Enerson #
Jan E. Erlandson #
Donald C. Fancher #
James M. Fox #
John L. Herlache
Thomas D. Hinke #
George W. Kindschi #
David M. Mayer
Asghar Rastegar #
Harold M. Rehbein #
James W. Renne
David C. Riese #
Thomas N. Roberts #
Barry H. Rumack #
Joanne A. Selkurt
Michael J. Smullen #
William W. Storms #
James C. Syverud #
Paul F. Wagner

CLASS OF 1969
Kathryn S. Budzak #
Robert M. Bumsted #
Walter H. C. Burgdorf #
Norman E. Cohen #
Don L. Goldenberg
Jeffrey D. Gorman
Harold E. Gries #
Robert E. Haselow #
Daniel E. Hathaway #
Thep Himathongkam
Joseph P. Iacolucci
Daniel D. Kane
Thomas J. Karras
Timothy A. Kurten #
Thomas O. Larson #
Thomas P. Lathrop #
Eric R. Marcus #
W. Bradford Martin #
Mary Beth Metcalf #
Robert K. Myers
Carl E. Olson #
Robert A. Palm
Carol M. Rumack
James A. Sebastian #
Gary M. Stephenson #
Richard Stone
Barry H. Usow #
Richard W. Weber

CLASS OF 1970
Leonard V. Avedian #
John R. Bertram #
James E. Bruckman #
Stephen S. Dudley #
Kay A. Heggestad #
Barry D. Hellman
Eric S. Jacobson #
Steven L. Lawrence
Gim L. Louie #
Norman S. Marks
Stephen A. Moss #
Sandra L. Osborn #
Edwin R. Phillips #
Jeffrey M. Robbins #
Steven C. Stoddard
Paul A. Wertsch #

CLASS OF 1971
Harvey M. Bock #
Glen E. Burmeister #
Gerald M. Cullen
John E. David #
David L. Davis #
John W. Erbstoeszer
Robert J. Folsom #
Gerald C. Frey #
David L. Geske
Charlene E. Graves #
Elliot J. Gursky #
Gary A. Haug
Bruce W. Henke #
Robert J. Jaeger #
William F. Krause #
Paul A. Mansheim #
Samuel J. Otto #
John M. Post #
Loren E. Rosenthal
Peter W. Schmitz
Stephen V. Somerville
Gerald Splittgerber #
John C. Whitman #
Mary E. Wilson #

CLASS OF 1972
Henry A. Anderson #
Vincent P. Barr #
Terrance C. Coyne
Charles A. Garvey #
Patrick M. Healy #
David L. Heber
Sidney Herszenson #
Eliot J. Huxley #
Gary J. Janssen
Wayne R. Kirkham #
Roderick W. Krueger #
Nicolas E. Maragos #
John F. Pederson #
Warren R. Procci #
Robert J. Schlager
David E. Schultheiss #
James B. Skatrud #

CLASS OF 1973
Daniel H. Arndt
Dennis M. Bathke
Dennis D. Ela
Patrick M. Fardal
Gregory L. Garnett
Mark L. Goelzer
Collin B. Johnson
Richard S. Kane #
Richard A. Kozarek #
Jay J. Kuritz #
William R. Niedermeier
Richard N. Odders #
Susan K. Palmer
Frank T. Pletzke #
Howard N. Sandin #
Dennis G. Scholl #
Gregory L. Sheehy #
Michael L. Sidoff #
Donald E. Snowdon #
Jackie R. Tenge #
Terry L. Turke
Mary F. Vaeth

CLASS OF 1974
Richard C. Andringa
John R. Boardman #
Robert M. Boex #
C. Thomas Dow #
Margaret R. Draeger #
Matthias A. Fuchs
John S. Glasspiegel
Todd J. Hammer #
Robert A. Helminiak #
Nancy J. Homburg #
Timothy K. Huebner #
Richard E. Johnson #
Michael E. Kehoe #
Ludwig F. Kroner III
Oren W. Lamm
James W. Lundeen
Roger J. Lunke #
Michael H. Mader #
Patrick J. Moore #
Diane H. Norback #
Nicholas S. Omdahl #
Leah A. Reimann #
James R. Sanger
William R. Scheibel #
Dean E. Schraufnagel
John F. Shrake #
Jane L. Simenson #
Thomas J. Thomas #
Thomas W. Van Dyk
Kathleen Viereg #

Jan R. Weber #
Douglas C. Weeks
Stephen C. Westcott #
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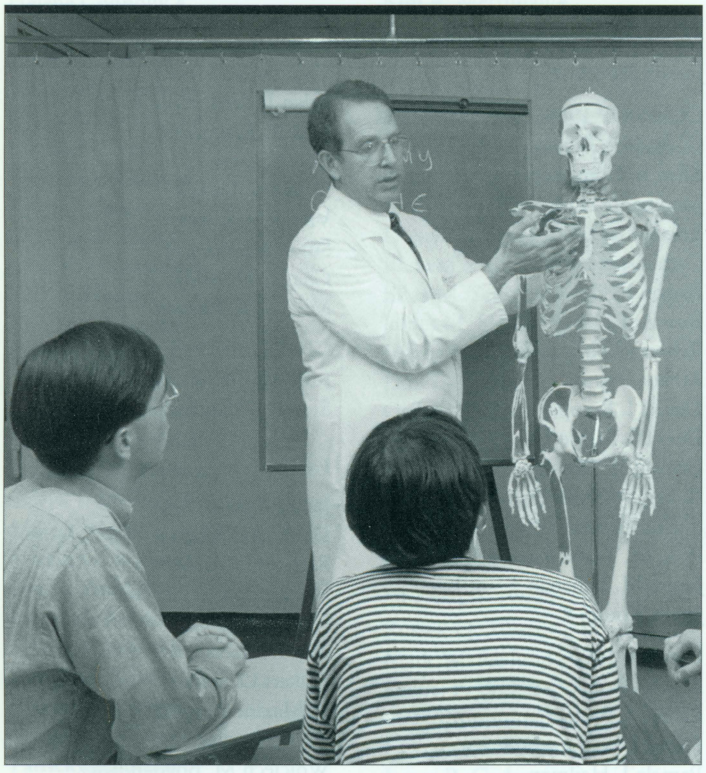
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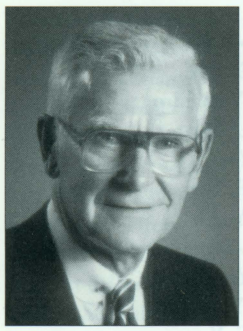
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MEDICAL CARE:

Possibilities–Expectations–Realizations[1]

Robert F. Schilling
M.D. '43 M

This topic is of great interest to a wide variety of people since we all use medical care. Before the business people became a prominent, if not the dominant, influence in medicine, we were called patients, not consumers. Some of us also have an interest as providers. Others expressing keen interest in medical care are taxpayers, legislators, employers, medical administrators (MBA= medical business administrator), and, not least, insurance companies. Many of us are members of more than one of these groups, and this leads immediately to the likelihood of diverse, perhaps conflicting, opinions from a single person when medical care is under consideration.

Consider three aspects of medical care;
1-What is now possible or is likely to be very soon?
2-What are the expectations of the patients, i.e. consumers?
3-What will be realized or delivered?

1 POSSIBILITIES: The most amazing things are possible, largely as a result of federal policy decisions made about 50 years ago. Some of these were legislative initiatives, and some were semi-independent administrative actions. Both led to generous funding of a wide and deep swath of scientific research. The assiduous application of talent, time and money has resulted in a flood of beneficial medical advances. In no way do I mean to imply that biologic research is the only wellspring. Federal support of research in physics, chemistry, and engineering has contributed enormously to our present biomedical possibilities. Open heart surgery, artificial joints, hemodialysis, and organ transplantation all required scientific discoveries in widely divergent disciplines before they could be put into practice successfully. Numerous equally dramatic advances are on or just over the medical care horizon, e.g. gene therapy and the dissemination of the practice of storing fetal cord blood as a source of stem cells. Think of the logistical nightmare involved in storing 20 million cord blood samples for 10-20 years. These and many other possibilities are exciting, sobering and daunting. The stream of technical advances in diagnosis and therapy will continue for many years, even if there is a substantial reduction in federal funding for basic scientific research, because the currently available scientific knowledge has not yet been fully exploited. Because the rewards can be great, private venture capital and the giant pharmaceutical firms are likely to provide significant support of fundamental research.

The public has come to expect more fabulous cures than the profession can deliver. News sources regularly carry yet another account of a medical scientific "breakthrough" which has no discernible application to practice for many years.

2 EXPECTATIONS: Though the possibilities may smack of star wars technology, expectations are at least as great and often unrealistic in view of present capabilities and lack of scientific evidence for benefit of the latest technological fad. Another instance in which expectations run well ahead of realization is in the matter of third party (insurer or taxpayer) payment for expensive treatments not yet shown to be beneficial. A recent example: millions of dollars have been squandered on bone marrow transplantation for conditions in which hope and desire for benefit were the predominant reasons for performing this expensive procedure. Our medical system is in great need of a method of evaluating new diagnostic and therapeutic modalities before they are approved for general use. An example of the magnitude of this problem is the proposal that men over age 50 have an annual digital rectal exam and a determination of serum prostate specific antigen. I read a recent estimate that the first year cost of such a program would be 12 BILLION dollars and as many as 4500 lives to peri-operative deaths from radical prostatectomy.

(I hope those are gross over-estimates because we seem to be well on the way to establishing this screening procedure as the norm, though scientists are seriously divided in their opinions of the appropriateness of such a policy.)

The public has come to expect more fabulous cures than the profession can deliver. News sources regularly carry yet another account of a medical scientific "breakthrough" which has no discernible application to practice for many years.

3 REALIZATIONS: We are all keenly aware that the flood of technologic advances coupled with broad third party payment plans and high expectations by patients have brought us to spending more than 14% of our gross domestic product on what is erroneously called health care. A large fraction of these dollars is devoted to custodial and terminal care. There is real potential (I think likelihood) for massive increases in financial outlays for chronic debilitating disease. The spending trend continues upward though the rate of ascent appears to be slowing. The federal program which pays for medical care for patients with end stage renal disease strikes me as a fine example of providing excellent benefits to all regardless of their ability to pay, but its costs have far exceeded any estimates, and it is growing at the rate of 10% per year. The annual cost for one wonderful drug (erythropoietin) used in this program is $500 million and the total program cost exceeds $5 billion.

Surely no one should expect that the rapid commercialization of the medical insurance system will result in increased patient satisfaction, though it might bring modest slowing in the rate of increase in spending. The for-profit companies typically give very high compensation to executives and return a smaller fraction of premium dollars to patient care than the non-profit groups do. There are abundant opportunities for good return for services rendered under the umbrella of medical care: Last year one taxicab company in Palm Beach billed Medicare/Medicaid $4 million (not quite 11 thousand dollars each day!) for transporting eligible consumers to medical facilities in the county. South Florida has been called the Medicare fraud capitol of the country, with a rate estimated at 20% of all billings. The rate of fraudulent billing for the rest of the country is estimated at about 10%.

We will have to learn to accept the concept that the basic insurance provided everyone as a fundamental right is going to be a standard Ford, rather than a luxury Lincoln.

If the cost of medical care were transferred from employer paid insurance and personal expenditures to the general tax base there will probably be some unexpected and some unwanted results. Dr. Faith Fitzgerald, professor of medicine at the University of California–Davis, notes that we already have some censure of persons with illness perceived to be the result of self-indulgence. I was astonished to see an estimate that smoking related illness accounted for 10% of all medical care expenditures.

The three most powerful forces changing the face of medical care are demography (aging of the population), scientific research, and economic considerations. A fourth force, with much less effect to date, is our social conscience.

What I have written should convince you that it is highly unlikely that we will reduce the cost of medical care unless there is some increase in rationing. I am not advocating more rationing; I am saying it is inevitable IF our national policy is to control medical expenditures now paid by taxes and third party insurance. Anyone who still thinks rationing is not a part of HMO, PPO, and Managed Care has not been a patient or a doctor or a reader of a newspaper in the last 3 years. The number of dollars available for medical care in a universal coverage/access system will never be adequate to satisfy all desires, unless our attitudes as patients and doctors change significantly. Hence, some form of rationing will be a feature of such a plan. Will it be rational and fair?

There are numerous hurdles and barricades to be removed before we have reasonable medical insurance coverage for all of our citizens. Two examples will suffice to illustrate the difficulties ahead: We will have to learn to accept the concept that the basic insurance provided everyone as a fundamental right is going to be a standard Ford, rather than a luxury Lincoln. And we need to develop fair and efficient methods of evaluating the utility of new technologies to be used in medicine for diagnosis and therapy, before they are turned loose in the market place.

We should not expect research in the physical and biological sciences to reduce the cost of medical care. However, there are types of investigation which have potential for reducing costs: outcome research is relatively new. When it is developed, authenticated, utilized, and accepted for guidance it should lead to considerable savings.

In medicine we live in interesting times, and I predict, without fear of being wrong, that we will do so for at least another half-century. The young people who want to be physicians agree with me because the number of applicants to medical schools is at an all-time high.

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[1] An abridged version of a lecture given 12 March 1995 at the University of Wisconsin-Madison seminar series entitled "Eminence and Eloquence." The author is the Washburn Professor of Medicine-Emeritus and a member of the WMAA Editorial Board.



We are all faced with a series of great opportunities brilliantly disguised as impossible situations.
Author unknown



Philip Farrell

On August 21 I accepted the appointment as Dean of the University of Wisconsin Medical School with deep gratitude for all the valuable advice and encouragement I have received from people such as the Medical Alumni, the Chancellor and Provost, the faculty, and department chairs. I am most enthusiastic and optimistic that our school will continue to progress as we work together.

The pathway along this journey into the future, however, won't be straightforward, it won't necessarily be obvious, and it certainly won't be easy. The all-important mission of the academic medical center has traditionally been to educate health professionals, conduct basic and clinical research that lays the foundation for medical advancements, and care for a wide range of patients. This mission, which is at the heart of the high quality of health care that Americans enjoy, makes the academic medical center particularly vulnerable at a time when the entire health care delivery system is being transformed and no one knows quite what to expect or how fast changes will occur.

Academic medical centers all over the country are running into difficulties and anticipate many more roadblocks in the near future. As managed-care organizations increase in popularity, medical schools and teaching hospitals are finding it harder to compete with non-academic institutions in attracting sufficient numbers of patient referrals and clinical income. Research funding from federal agencies such as the NIH promises to become even tighter than it is now, and federal aid in augmenting the costs of graduate medical education is in question. Fred Rapp, PhD summed up the precarious situation perhaps as succinctly as anyone when he wrote in *The Pharos* in Spring, 1992: "The problem that overrides all others at many medical schools is how to pay the bills." Medical schools and their departments must now pay close attention to business matters as well as education, research and patient care. This has become a novel but essential undertaking for academic medicine.

The practice of medicine in the 21st century will also be quite different from what we have become accustomed to. Although speculation runs high over the role of government and payment mechanisms, some changes seem predictable. For example, the practice of medicine will emphasize prevention of disease and education of the public, and patients will become more responsible for their own well-being; generalist physicians will assume a greater role; changes in health care delivery will be implemented regionally rather than by federal mandate (i.e., change by evolution instead of revolution); aggregations of health care providers and institutions will be inevitable and valuable; the role of technology will substantially increase; managed care will continue to expand, but with further development of incentives and disincentives; cost effectiveness will be viewed as a measure of success; and research in neuroscience will translate into new methods of diagnosis and treatment that will have the most significant medical impact on the nation's population.

Some of the changes we will probably see at successful academic medical centers include greater diversity in personnel and financial support, improvement in community cooperation, integration of physicians with teaching hospitals, a shift from inpatient to ambulatory care, development of patient care networks, and appropriate responses to all "customers" - referring physicians, patients and employers.

Here at the Medical School several challenges face us. We need to:

- develop stable, creative leadership
- continue to foster diversity at all levels
- encourage new research and educational initiatives
- ensure that the campus master plan coordinates with our facilities planning
- bring about integration/collaboration of our physicians with other University entities and beyond
- enhance the most efficient use of all our resources.

Our statewide Medical School and Hospital must do no less than meet the health needs of Wisconsin and beyond through comprehensive excellence in education, research, patient care and service, and we must be responsive to the evolving expectations of society.

The role of the Dean's Office, above all, is to facilitate these efforts. My philosophy as administrator is to enable our faculty and others to implement the vision and the mission of the Medical School, and I will do my best to assure that clear and thorough communication is given utmost priority.

With your help and input, we look forward to a new but different era in medicine and to the ongoing development of a Medical School that will be able to meet all the demands that will inevitably be thrust upon it.



THE ACORN DOES NOT FALL TOO FAR FROM THE TREE

James L. Basiliere,'62



We are forever students of medicine and as Osler put it in his farewell address to the American and Canadian medical students in 1905: "The education upon which we engage is not a college course, not a medical course but a life course for which the work of a few years under teachers is but a preparation." One only has to realize that the half-life of medical knowledge is approximately five years. As alumni we have to recognize that the University of Wisconsin Medical School has embarked us all on our medical career which is a noble, respected and highly satisfying profession. Not to mention, remunerative rewards that many of us enjoy. It is my opinion and experience that our basic medical education is second to none and we as the alumni association should continue to support the institution that has given us all an excellent start in our profession.

In the above context I would like to outline some of the programs and projects that the association is involved in and hopefully elicit your support. First and not the least, we are involved in developing a new strategic plan. This is certainly necessary in this day and age with the changing milieu of practice and education. The framework of this new strategic plan would be based on our mission statement which is first to stimulate among alumni a dedication to the University of Wisconsin Medical School. Secondly, to supply financial support to the University of Wisconsin Medical School faculty and students. Thirdly, to facilitate communication between alumni and the University of Wisconsin Medical School and fourthly, to promote free and friendly social and professional relations among the alumni, students and faculty. This project has been assigned to our long-range committee and the executive committee of the board.

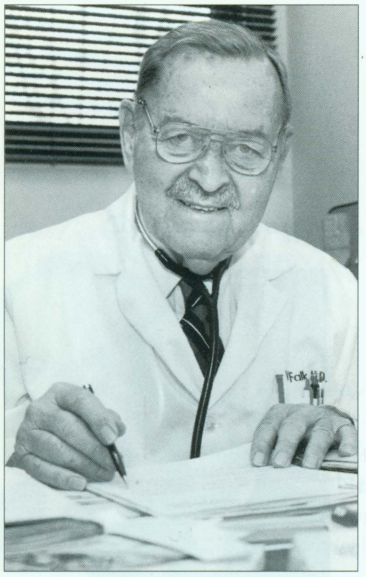
Another important project is fund raising and we have several projects some of which are ongoing. Along with the state medical society we are supporting the Dr. JD Kabler Mentor program. This is a program in which a faculty member becomes a member of each class. This has been extremely successful and a helpful program for our students and deserves our continued support. The medical student loan fund continues to grow and we need more funds. The present cost of one year of medical school tuition is about $12,000, certainly a far cry from $280 in my day. Also, this apparently only covers about a third of the cost of educating a medical student. The medical school needs a student lounge and the board has committed to give additional contributions to this project. Also, I would encourage you to support the Charles R. Bardeen, M.D. Founding Dean Memorial Fund. In addition, the medical school is planning an expansion at a considerable cost. Certainly we know this needs to be done in order to keep the University of Wisconsin Medical School one of the foremost schools. We, the practicing physicians, depend on the basic and clinical research done at the medical school and our continued financial support is essential.

We, the practicing physicians, depend on the basic and clinical research done at the medial school and our continued financial support is essential.

The alumni association also gives out many awards. We need more recommendations from the members of the alumni association in regard to candidates for these awards. We encourage your suggestions. There also will be a new award for the alumnus of the year. This will be given to an alumnus who has dedicated an enormous amount of time to the association.

We are also trying to encourage more faculty involvement in the alumni activities and in an attempt to form a closer relationship with faculty and alumni. We have been informed that Dr. Philip Farrell has been chosen as dean of the medical school. He has been working with the alumni association as interim dean for the last several months. We have found him to be quite knowledgeable, capable and an excellent communicator. We strongly endorse his selection and in fact had an alumni representative on the search committee. I see a long and very friendly relationship. Congratulations Dr. Farrell.

These are some of the projects in which we are involved. We encourage your continued support. Remember the acorn does not fall too far from the tree. Be involved, participate and support your association.



Victor S. Falk, '39

Farewell, 44th

The 44th General Hospital had its origin in March 1917 a long way from Wisconsin when it was organized as Base Hospital #44 at the Massachusetts Homeopathic Hospital in Boston. It was mobilized on March 10, 1918 and demobilized on May 2, 1919 and little is known of its World War I activity. The unit was reconstituted as the Army 44th General Hospital in 1936 and, through the efforts of Dean Middleton, finally

Staff of the 44th in Leyte, P.I.
1ST ROW (left to right): *Capt. HW Pohle; Maj. ER Daniels; Capt. Parks, chaplain; Lt. FR Headley; Capt. WE Jones; Maj. Vaughn; Maj. E. Birge; Capt. Kanzler; Maj. J Pessin; Lt. Silverman; Capt. JH Alli; Lt. IL Dunlap.*
2ND ROW (left to right): *Maj. JS Goldcamp; Capt. AP Bennett; Capt. SC Rogers; Capt. RR Meyer; Capt. WC Hastings; Maj. FD Week; Maj. RW Farnsworth; Capt. MH Hawk; Capt. HH Kohler; Maj. HH Shapiro; Lt. WD Arnquist; Lt. La Franci.*
3RD ROW (left to right): *Capt. Cotton; Capt. CA Gjertson; Maj. AA Holbrook; Capt. WS Hanni; Maj. MR Richter; Lt. Col. EF Westover; CFL Weston; Lt. Col. JW McRoberts;; Maj. KE Lemmer; Maj. WR Hochwalt; Mr Carhart; Maj. WJ Esser; Capt. B Meyer.*



reached Wisconsin in November 1940 when it was formed as an affiliated unit of the University of Wisconsin Medical School with the direction of Drs. Joe Gale and Frank Weston '23 who selected the professional personnel from the faculty and preceptors. Many of the staff members were assigned to numerous hospitals around the country until the 44th was finally activated at Fort Sill, Oklahoma on January 19, 1943.

Lt. Col. Weston and ten physician officers joined the unit and there followed nine months of intensive training at Fort Sill. Lt. Col. Gale was transferred out but the rest of the unit went on to Camp Stoneman, California which was the Port of Embarkation. The 98 nurses attached to the 44th departed Camp Stoneman on September 24 and the remainder of the unit departed October 26. The main body of the 44th consisted of 54 officers, one warrant officer, two nurses, two dieticians, one physical therapist, five Red Cross workers and 500 enlisted men. The group debarked at Sydney, Australia and about a month later went aboard another ship which ran into a reef off of New Guinea. The disabled ship put in at Cairns, Australia and the rest traveled by train to Townsville. The bulk of the personnel were transferred to temporary quarters of the proposed hospital where they assisted in its construction. The remainder of the personnel were assigned to temporary duty at station hospitals and dispensaries. The capacity of the new hospital was established at 628 beds with an emergency capacity of 860. By mid April 1944 the detached personnel were returned to the permanent unit.

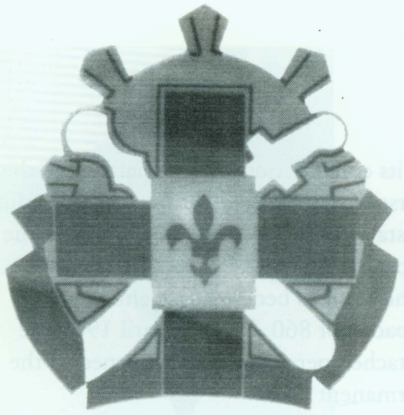
In October Lt. Col. Frank Weston assumed command of the hospital and the unit was moved to Hollandia, New Guinea and after a brief stopover continued on to Leyte in the Phillipines. The unit arrived in San Pedro Bay, Gulf of Leyte on the 18th of November. All personnel and facilities were housed in tents.

The following information is copied from a paper that Lt. Col. Herman (Murph) Shapiro wrote at my request for the Wisconsin Medical Journal in



Lt. Col. Walter Teague, Chester Gjertson, DDS, and Eda Stalson Teague just after the 44th Hospital 's reunion in September, 1995.







Jack Pyre '37 and Mrs Pyre.

November of 1976. "On Leyte the 44th General Hospital had one of the most unique experiences of any general hospital in any theater. Under ordinary circumstances, a general hospital serves as a base quite removed from the scene of battle where the more serious casualties can be brought for more complete treatment than can be given at field or station hospitals. The 44th was located at the foot of the mountains near the center of the island. It bordered on three partially completed Japanese air strips which in the original invasion plans were to be the main points of air activities on Leyte. The hospital was serving the entire 5th Air Force and air evacuees being brought from all combat areas in the Phillipines. With little or no equipment and without security service from combat troops, the 44th General Hospital functioned both as a hospital and combat outfit from mid-November to mid-December 1944. During this period, the Japanese made a successful parachute invasion of Leyte and effected the complete isolation of troops in the center of the island. Tropical downpours and seemingly bottomless pools of mud brought land vehicular transportation to a standstill and increased the isolation. The Japanese airborne infantry came out of the sky one night in December 1944. An Air Corps engineer unit near the hospital was the first to be invaded. Outposts of the 44th General Hospital joined the fray and contributed immeasurably to the repulsion of the first attack. The engineer unit withdrew immediately to a position about one-quarter of a mile behind the hospital defense line. Without aid the 44th hospital officers and corpsman kept their defenses intact throughout the night. By dawn, American casualties consisted of one paratrooper killed and Lt. Col. E.A. Birge (pathology resident '38 and grandson of the University president E.A. Birge) and Major James Bingham '37 of the 44th wounded. Twenty-three dead Japanese soldiers were found around the hospital defenses and no one knows how many wounded were moved back by the enemy before morning."

For seven months the 44th General Hospital operated with 1,500 beds under tents in central Leyte. Col. Einar Daniels, Col. Peter Midelfart, Major Jackman Pyre and Capt. Harold Tausend (resident in medicine) were on detached service in Luzon. Because of their outstanding work each was awarded the Bronze Star medal.

In June 1945 the hospital moved to a site on the Leyte Gulf where prefabricated buildings were made into a 1,500 bed hospital.

After VJ Day (a term recently declared unacceptable by President Clinton) there was rapid return to the States. On April 15, 1946 the 44th General Hospital was officially deactivated. However, General Middleton became concerned about turbulence in the world and instigated the reactivation of the 44th in 1948. The nucleus for the new unit consisted of Drs. Einar Daniels, C.A. Gjertson, (a dental officer in Madison), J. L. Sims, and H. H. Shapiro all of whom became colonels and commanding officers of the unit over the years. The unit continued to have weekly drills and two- week active duty periods of training at Army hospitals across the country. However the unit was not called to active duty during the Korean or Viet Nam eras.

In 1991, the 44th was reactivated during Operation Desert Storm when the hospital cared for casualties in Europe. Col. Steven Babcock '63 was the commanding officer and Col. James Brandenburg '56 was Chief of Personnel Services.

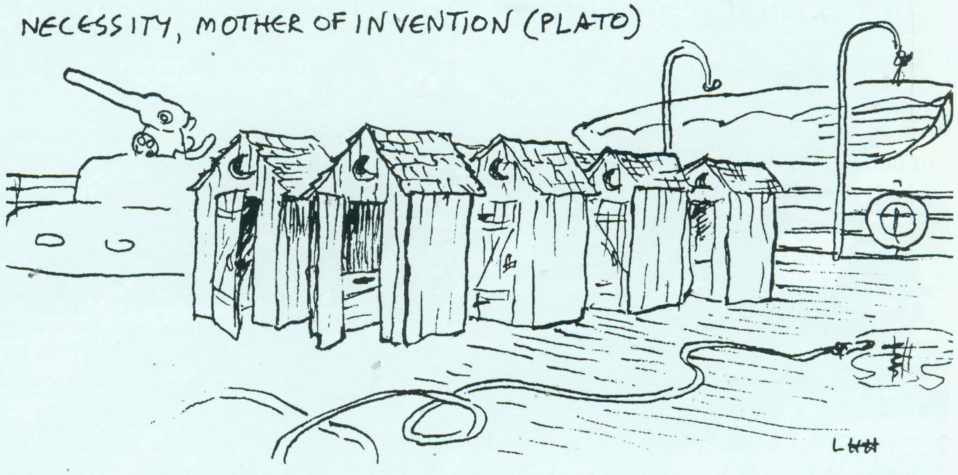
Other familiar names on the WW II roster included: Frank Weeks '28 a preceptor; John Bentley '17 remembered from Student Health and Physical Diagnosis; Edgar Gordon '32, Professor of Medicine; Ken Lemmer '30, Professor of Surgery and first president of the Medical Alumni Association; Sion Rogers '37, orthopedic surgeon at the VA Hospital; Herbert Pohle '38, an internist from Milwaukee; two of my 1939 classmates, Roy Larsen and Myron Meyers, both recruited from residencies and both deceased. J. L. Sims, a '42 resident in medicine and Herman Shapiro '32 went on to become Professors of Medicine. Dr. Chester Gjertson, Madison dentist, has been very helpful in providing me with many records from the 44th. He always reminds me that when he was growing up in Stoughton, he detached two of the fingers on his right hand and my father had sewed them back on for him, which has been helpful in his dental career.

Now on September 10, 1995, the surviving Alumni of the 44th General Hospital will be having a reunion in Madison and will attend a "striking of the colors" when the unit is once again deactivated. That event should stir many memories and thoughts of absent comrades.

McHale's Navy

Victor S. Falk, MD '39

What happened to the 44th (as the hospital unit was enroute to the war zone) was a genuine Janfu that was more typical of McHale's Navy.



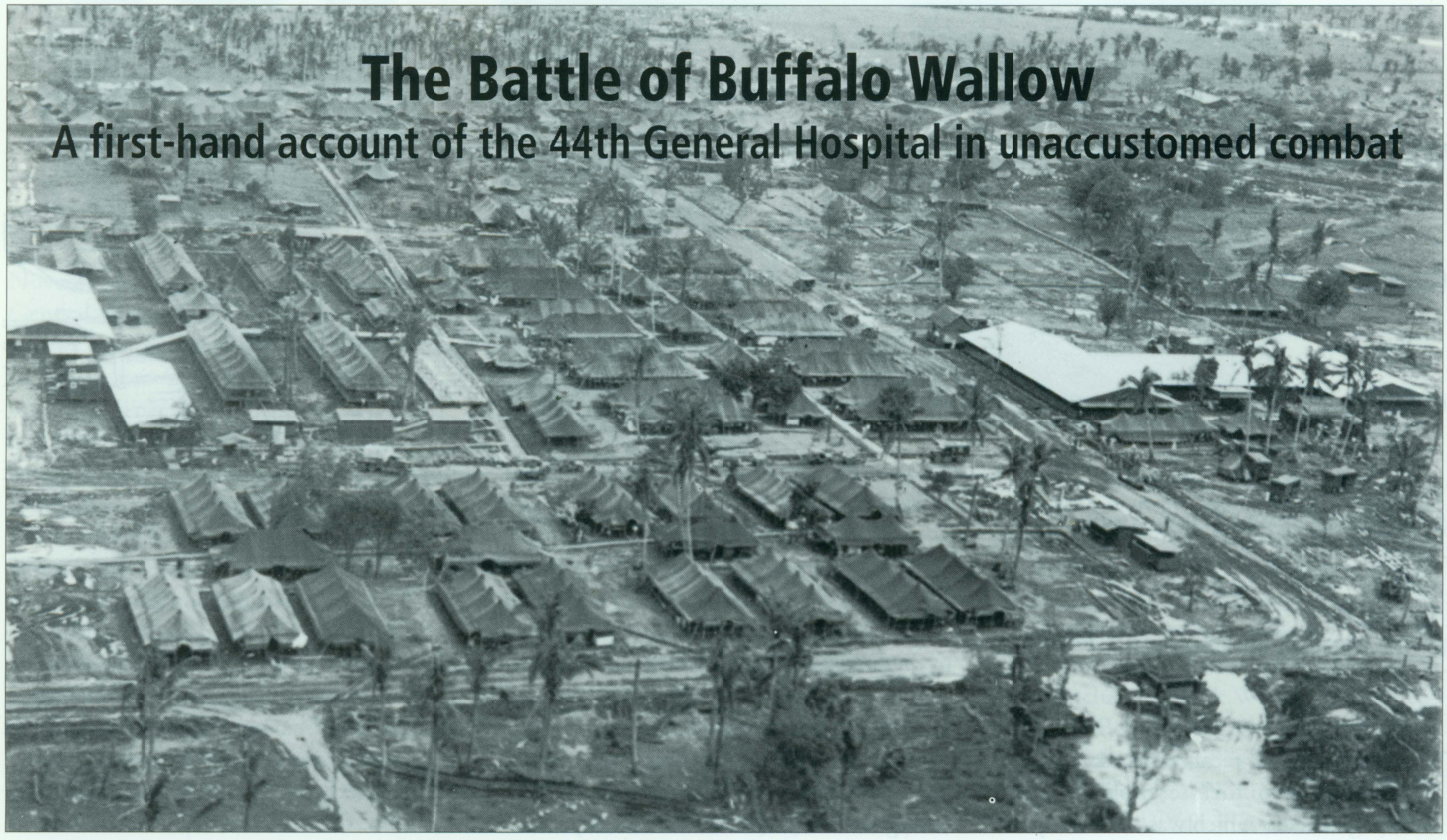
Veterans will recall some esoteric terms from their service days. One was Snafu which was the acronym for situation normal-all "fouled" up. Fertile minds conceived refinements such as Fubar ("fouled" up beyond all reason) and Janfu which was the ultimate and stood for joint Army Navy "foul" up. McHale's Navy was an old t.v. series in which an inept Navy unit was based at a backwater Pacific island. What happened to the 44th (as the hospital unit was enroute to the war zone) was a genuine Janfu that was more typical of McHale's Navy.

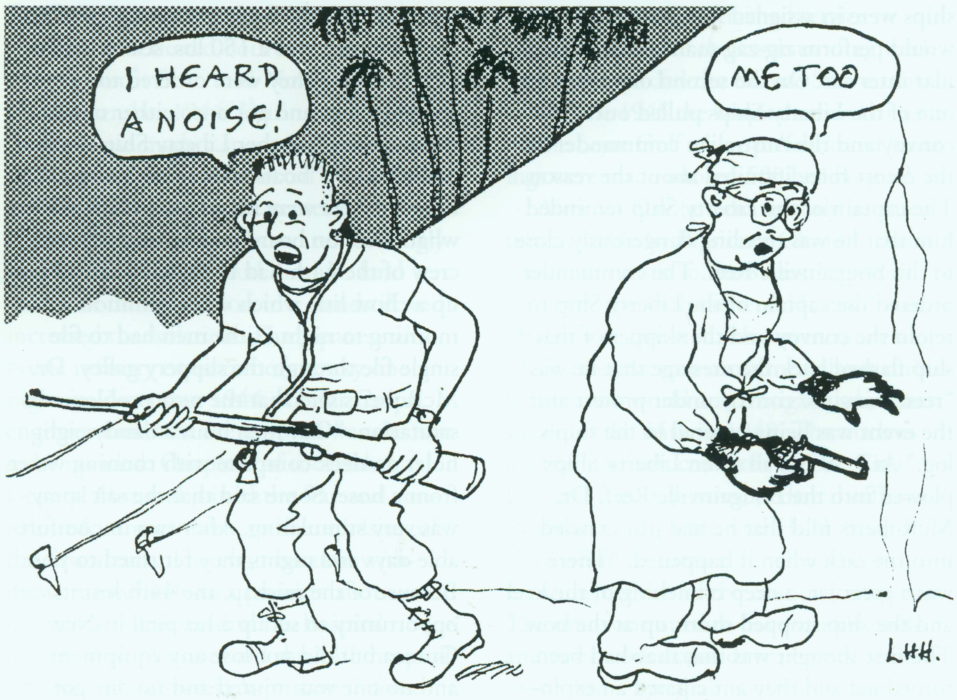
Dr. Jerry McRoberts, a Sheboygan surgeon who replaced Dr. Joe Gale, recorded that the trip from the States was not particularly exciting but he recalled the long nights of the blackout, soldiers packed like sardines, submarine scares and the eternal question as to where they were going to land. They did disembark at Sydney and were scheduled to set up a hospital in New Guinea. For that voyage they boarded a Liberty Ship which had supposedly been converted to accommodate troops. The conversion meant the presence of two wooden kitchens and two latrines tacked onto the top deck. The "state rooms" were in the holds over barrels of high octane gas and ammunition. They were joined by four Australian corvettes and rendezvoused with six other Liberty Ships and were to be escorted to Port Morsby. Since they were sailing in hostile waters, strict convoy rules were observed which meant that all of the ships were in assigned formation and would perform zig-zag maneuvers at irregular intervals. On the second day at sea, one of the Liberty Ships pulled out of the convoy and the Australian commander of the escort force inquired about the reason. The captain of the Liberty Ship reminded him that he was treading dangerously close to the Bougainville Reef. The commander ordered the captain of the Liberty Ship to rejoin the convoy and the skipper of that ship flashed back the message that he was "reentering the convoy under protest and the event was being entered in the ship's log." At 9:30 pm all seven Liberty Ships plowed into the Bougainville Reef. Dr. McRoberts told that he had just crawled into the sack when it happened. "There was a great jar, a deep crunching of the keel and the ship stopped short, up at the bow." The first thought was that they had been torpedoed and they anticipated an explosion. He continued: "As we looked around we saw something few had ever seen. Seven ships in a line were piled up on the reef just like toy ships on a mud bank. The old salts remarked that we had made history. They couldn't recall having heard of so many ships run aground at the same time." Two of the Liberty Ships were able to free themselves but the one with the 44th was stuck. So men and officers started fishing. They reported that the fishing was very good and the best catch was a 150 lbs. sea bass. The next morning they were ordered to abandon ship and got onto either one of the corvettes, another Liberty Ship or onto one of the PT boats which was being towed. There were no accommodations whatsoever on board and fortunately the crew of the 44th had brought food and set up a chow line which was continuous from morning to night as the men had to file single file through the slippery galley. Dr. McRoberts said that the next problem was sanitation. "Our men built a dandy eight holer on deck complete with running water from a hose. Some said that the salt spray was very stimulating. After two uncomfortable days and nights they returned to port. Because of the mishap, the 44th lost its opportunity to set up a hospital in New Guinea but did not lose any equipment and no one was injured and no one got their feet wet."

It was after this misadventure that the 44th was sent to Leyte instead.

The Battle of Buffalo Wallow

A first-hand account of the 44th General Hospital in unaccustomed combat





Cartoons by Larry Hogan'44

FOREWORD

By Walter E. Teague Lt. Col., MSC, USA Ret.

The long night of maximum peril for the 44th came on December 10, 1944. For a period of nine hours the hospital came under direct attack by Japanese ground troops. With uncommon valor, the Officers and Enlisted Men manned the fox-holes and foiled every attempt to overrun the hospital. Captains and Corporals, Majors and Cooks, Lieutenants and motor Sergeants, Colonels and ward Attendants, side by side stood their ground, answering every round with a volley. Every flanking move was met by small reserve groups bringing added fire powers to areas of the perimeter. The size of the attacking force remains unknown, but it is significant to note, that when dawn came and the fighting broke off, twenty three dead Japanese soldiers were found around the hospital defenses and no one knows how many wounded were moved back by the enemy before morning. Our losses were one Lieutenant killed and two medical officers wounded.

Several things contributed to the hospital's ability to repulse such an attack. From the middle of November it had become apparent that all defensive ground troops had been prematurely removed from west of Burauen leaving the 44th on the western fringe of the combat zone unprotected. Several villages in the area had been attacked by small raiding parties that we assumed were after food. In addition, the hospital had come under sniper fire during darkness since the middle of November. With this knowledge of scattered hit and run activity, efforts were being made to obtain arms and ammunition for all hospital personnel. Our Filipino labor force became our "eyes and ears." Each morning brought news of enemy activity observed by them in their many villages. On December the 6th a large number of MI rifles were obtained from an ordinance unit at white beach. With the aid of our Filipino labor crew of approximately 100 men, we had begun primary perimeter defense procedures by digging individual as well as large foxholes. Since repeated calls by Col. Waddel to the base Surgeon at 8th Army Headquarters for combat ground support went unanswered, we realized that we were on our own...

Dr. Pyre's vivid account of the events of December 10 had been "pretty much filed away" until a "few letters and phone calls" revived them. What is so remarkable about his letter is the stunning accuracy and clarity of the events. After fifty one years we are privileged to relive those nine hours as one person saw them. The only thing missing is the sound and fury. We were able to provide the Wallow.

It has been great fun and a real privilege to participate in this effort to celebrate our 50th year. In remembering our years of service we always return to the 44th. Eda and I still believe that it was *"one of the finest medical units to serve during WWII."* From all that I have read in letters and phone calls from other charter members, that seems to be the prevailing thought. You will find that in what follows.

With tears and laughter, The Battle of Buffalo Wallow.

❖❖❖

Jack Pyre's Memories about **The Battle of Buffalo Wallow** *as written in a letter to Walter Teague:*

I think it was before the night festivities were to begin that in the dusk several Jap planes flew over our camp. I noted blue lights (gun flashes) on the planes which were quite low and mentioned them to someone nearby. The answer was "Hell–those blue lights are Jap guns and they are shooting at us." I think that is when I jumped into what I thought was a foxhole but which turned out to be the garbage dump and was full of ants. Anyway, I guess it was a few hours later, I was wakened by all hell breaking loose in the form of gunfire and the sound of Japanese calling to each other or to us. I wriggled out thru the rain and the mud to my assigned foxhole, which was on the left corner of the perimeter facing the wallow, with the signal corps on my left. On the way to the foxhole the rain made me shiver with cold and fear, but I was nicely warmed by pissing in my pants. There I stood watch with an enlisted man. I think suddenly during a flash of lightning or of a star shell (a flare), to my horror I saw a dozen or so mud covered bodies crawling thru the rain more or less toward my hole. In my greatest moment of fear I managed to get out a PIGGLY–the challenge pass word for the night, of course, because the





MIDNIGHT REQUISITION

Japs can't pronounce our English letter L. To my great relief I was answered by a barrage of Piggly - Wiggly's from thankful signal corps GI's who quickly entered the relative safety of our camp. They were from the signal corps, which had apparently been overrun by the Nips. (1) It was rather desperate for them because we were all instructed not to move about and to fire on anything that moved.

Later on that night–for what reason I don't know–Pyre and Gjertson walked about camp answering loudly and repeating Piggly - Wiggly, –that we in truth were Pyre and Gjertson and please to not shoot us. I suppose we thought we were helping morale.

One of the episodes during that wet night–when some Japanese officers, I guess were singing out instructions and encouragement to their men or maybe Banzai talk to frighten us–which it did–was caused by the screams from one of the Italian mess boys. He was stationed in a foxhole which for some reason was positioned out in the wallow a little further than most and he had hit the panic button. Anyway–as told me later by Herbert Pohle, Col Weston asked for a volunteer–Herb was it–and the two of them walked thru the dark and the rain down to that hole and got the poor kid out. As I remember the episode left him a psychic casualty - he eventually was C.P.D. out and sent home.

About the Bronze Star, which you mentioned in your letter. Some time about VJ day Hoodie (Col. Weston) apparently was ordered to send 4 Medical Officers to Manila to care for the very recently liberated internees in the University of Santo Tomas. Then at any rate, Harold Tausend (a resident in medicine) and I and Peter Middelfart and perhaps Einar Daniels were sent by plane along with some Army Nurses. We had a good view of Clark field where we landed. Literally hundreds of disabled Jap planes riddled by machine gun fire were lined up on that field. We were trucked to the University of Santa Tomas - Manila and at first billeted on the ground floor of a two story university bldg. The nurses were put on the second floor which was quite interesting because part of Manila was not yet free of Japs and they were throwing shells at Santo Tomas. These shells came from across the river, whatever that meant. One shell, and I will never forget the sound of an incoming missile, burst thru the window of a large "Hospital Ward" where I was attending the sick, recently liberated internees. The bulk of the charge demolished an army chaplain at the other side of the big room. His brains and scalp smeared the ceiling. Part of it remained stuck. Incidentally –I did get my Bronze Star somewhere along the line. I really didn't deserve it anymore than anybody else in the 44th, but it did help me getting home, because we went home on "points" and the award automatically added 5 points to your record.

Harold Tausend and I were eventually billeted just outside of the university with a civilian Filipino family and we attended only the recently freed civilian war prisoners. Apparently during their cruel incarceration they were heroic and stood together against their Jap guards, but the moment they were freed human interest and selfishness and self preservation took over and I wished I was back taking care of GI's. In the compound where they all lived in grass shacks most everyone had a cat or two. They lived mostly on garden produce and food smuggled in by Filipino natives and the meager allotment of rice. One way to get some meat, I was told, was to go forth at night with a hammer wrapped in a paper bag. You killed and ate your neighbor s cat, but never your own.

I was assigned to an outpatient clinic. Among patients I encountered was a gentleman with some skin lesions which were anesthetic. I did not recognize them but one of the medical officers who had been a dermatologist back home did. The man had Leprosy. We were told to keep the diagnosis secret from the other internees to prevent a panic. Later in civilian life I saw his picture in a news report. He was in a leprosarium in Louisiana.

Sincerely, Jackman Pyre, M.D., '37
Tucson, Arizona

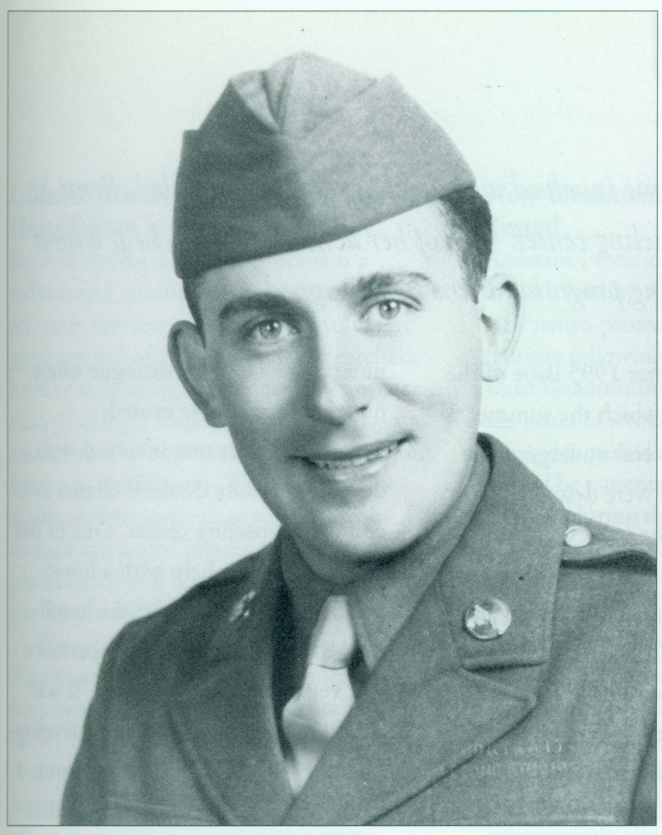
(1) A platoon (18 to 20 men) from a combat Signal company arrived on foot at our hospital during the late afternoon of December 10. They were fed and given an area to store their packs. The Lt. was asked to set up their 30 caliber machine gun in a ravine at the lower left corner of the west perimeter. They were at the point of attack that began at 10:00 PM. The machine gun was knocked out at about 11:30 PM. The Lt. was killed and the remainder of the platoon retreated to our line.

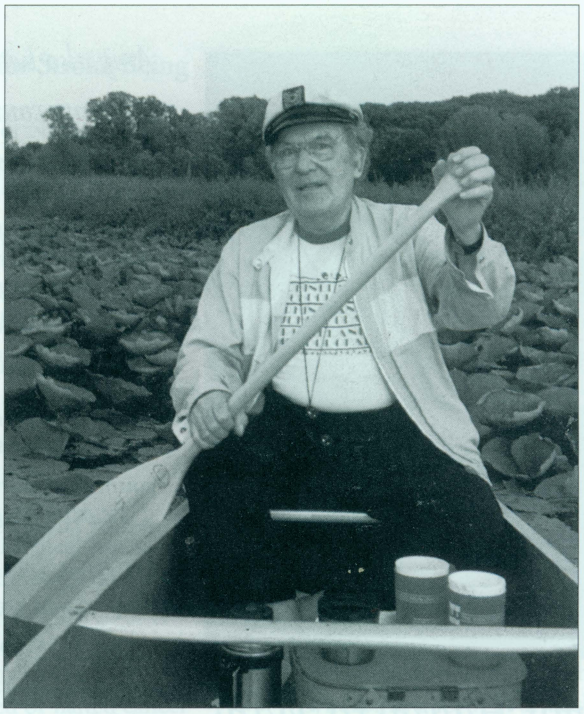
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Joe Benforado, during the war and now.

THE COMMON THREAD

By Joseph M. Benforado, MD
Emeritus Professor of Medicine

I wasn't always a doctor. In World War II I was a soldier. My basic training late in 1942 had been with the Military Police and in the next year I served with an MP company assigned to prisoner of war duty in the United States.

Successes in the African campaign which led to Rommel's defeat had brought German and Italian war prisoners to the states for confinement. Our first task was collecting trainloads of POWs who had been landed in New York and moving them across the United States by rail to POW camps at various locations. Compared to countries such as Germany and Italy, the United States is huge. This was a never-ending source of amazement for the POWs as the trains moved across the countryside. And whole grapefruits served with breakfast were consumed in their entirety, skins and all. Those of us on breakfast detail, without knowledge of the language spoken, could sense the impact of these experiences as we gazed at the faces. It was not a party, but neither was it a sorrow-laden affair.

Ultimately, my company was assigned to an Italian war prisoners camp in Como, Mississippi. We had lots of free time and I remember organizing and running a circulating library for the staff with the USO books which were available. At Thanksgiving I even decorated the shelves with autumn leaves.

But I also recall coming down with pneumonia which required hospitalization. I must have had a fever high enough to have affected my mind because I have no recollection of what transpired during my hospital stay. Shortly after returning to MP duty, my long-standing request for transfer took place, and the final year of the war, 1945, saw me a combat infantry officer in the Philippine campaign.

Recently, while my wife and I were visiting a war buddy during a trip to Washington, D. C., I learned something which I had not known about my hospitalization at the Como camp. My friend Bill, the company clerk, had been a newspaper reporter before the war and had managed to keep daily records of his army experiences. At the time of our visit, these were being transcribed. He asked Sally if she had heard the story about my being in the prisoner of war hospital with pneumonia and how the doctor who took care of me was an officer of the Italian Medical Corps. Unbelievable! Had the Army Manual of Regulations made any provision for such a contingency?

It was army service which gave me the opportunity to attend medical school, and in 1951 I became a physician. Retired since 1986, I now know that circumstances over 50 years ago had deprived me at the time of an awareness of that common thread of professional obligation that underlies the moral aspects of being a doctor—friend or foe of no concern. I also wonder now if I had ever expressed my appreciation to that exemplar of the healing arts.

POSTSCRIPT

Following the MP experience I had a brief sojourn in the air force. Then I transferred to the 70th Infantry Division, got accepted for officer training at Fort Benning GA, received my commission, and in February 1945 sailed out of San Francisco headed for the Philippine Islands. On landing at Leyte I was assigned to the 132nd Infantry (Americal Division) and shortly crossed the waters to the island of Cebu. There, as a platoon commander, I was part of the northward sweep that eventually secured the island. When the Pacific war ended I was enthused about becoming a physician, and in 1947, under the GI Bill, I started medical school at Syracuse University.



Amy Haavisto Wins **Truman Scholarship**

She was able to install the Wisconsin Mad Vacs computer program in a county that previously had only note cards on file and she helped office personnel begin the necessary data entry. Furthermore, she urged private physicians in the area to receive the program for their own computers so that they could contribute to the central data base.

Amy also became involved with developmentally disabled clients at a county counseling center. One of her activities was to help with a horseback riding program for the handicapped.

From the Winter 1995 issue of the *Quarterly* in which the summer experiences of several undergraduate Medical Scholars were described, you may remember the work of a student who spent her summer (1994) in rural counties of northeast Wisconsin and nearby counties in Michigan's Upper Peninsula. She found that record keeping was erratic among these counties and that communications were sparse to non-existent. Babies born in a Michigan hospital to Wisconsin parents, for example, were not reported to the proper Wisconsin public health agencies and therefore not entered into the Wisconsin system for informing parents of the appropriate time for their babies' immunization. As a result, many children were not receiving timely immunizations.

The student, Amy Haavisto, a senior UW undergraduate from Niagara, Wisconsin, put her organizing and computer skills to work. She was able to install the Wisconsin Mad Vacs computer program in a county that previously had only note cards on file and she helped office personnel begin the necessary data entry. Furthermore, she urged private physicians in the area to receive the program for their own computers so that they could contribute to the central data base. And at her request, area health officials met to discuss better record keeping and communication, a first step into the age of computers. She ignited a dialogue where none had previously existed.

Amy also became involved with developmentally disabled clients at a county counseling center. One of her activities was to help with a horseback riding program for the handicapped. She said that the experience was very rewarding and that "it was exciting and gratifying to see developmentally disabled men and women gain a sense of independence and confidence," attributes often lacking in this population.

For these accomplishments and others, in conjunction with her goal of becoming a physician in public health service, Amy Haavisto has won a prestigious $30,000 scholarship from the Harry S. Truman Scholarship Foundation established by Congress in 1975 for students who have outstanding leadership potential, plan to pursue careers in government or elsewhere in public service, and who wish to attend graduate school to help prepare for their careers. Truman Scholars participate in leadership development programs and have special opportunities for internships and employment with the federal government.

Becoming a Truman Scholar is considered one of the highest honors granted to a student in the U.S.

Congratulations Amy Haavisto!

Glucose-Sensing Device Promises to Help Tight Control in Diabetics

Because testing for blood glucose is a tedious and painful task that many diabetics carry out several times a day to insure good control of glucose levels, researchers have been investigating approaches other than pricking a finger, putting blood on a treated strip of paper, and noting a readout from a portable tester. The various approaches to increase proper control include implanted insulin pumps, transplanted cells and inserted genes to direct insulin production.

For more than 20 years, Professor of Medicine Stuart Updike and colleagues have been developing an implantable device to give diabetics fast information on their glucose levels. The monitor, no bigger than a matchbox and weighing about an ounce, is coupled to a tiny battery-driven radio transmitter that relays data to a receiver outside the body. The monitor shows the patient real-time glucose levels, whether the levels are stable, falling or rising, and how fast the levels are changing. Unlike a pacemaker, the device can be affixed in an office visit.

At its current stage of development, the main technical difficulty is that the enzyme-active membrane that fits over the sensor tip can biodegrade with time. Therefore the Updike team is searching the field of biomaterials science for a material that will remain active longer. They would like to come up with something that would extend the lifespan of the sensor to at least six months for patient acceptability.

The device was described in the August '94 issue of *Diabetes Care.*

New Treatment for Stroke Being Tested

Assistant Professor of Neurology Douglas Dulli is leading a double-blind study of a new neuro-protective drug to reduce brain damage following a stroke. The drug, which must be administered within six hours of the onset of stroke symptoms, is given over a five-day period while patients are hospitalized. The patients are then routinely assessed during the following three months.

The international study is sponsored by Janssen Research Foundation.

Gene Gun Thwarts Tumors

Researchers at the Medical School and Agracetus, a biotechnology company in Middleton, WI, used a new gene gun to swiftly deliver DNA to tumors in mice and surrounding healthy tissue. The process subsequently slowed or halted cancer growth by rallying the mice's immune systems. The gun injected genes for the cytokines interferon gamma and interleukin 2 and 6, which remained at the target site and seemed to cause no systemic toxicity. Professor of Medicine William Ershler, Director of the UW Center on Aging, predicted that human clinical trials may begin as early as next year.

The gun, developed by Agracetus engineers to genetically improve cotton, is a hand-held, compressed-gas-driven device that blasts microscopic gold beads coated with DNA through skin and into cells. The mouse experiment described above was the first use of this process in tumor-bearing animals, and it was the first indication that delivering cytokine DNA with the gene gun can translate into cytokines with therapeutic biological activity in a living organism. If it continues to show good results, the gene-gun method would be cheaper, healthier, and simpler than other methods of gene transfer that depend upon viral vectors and cell-surface receptors.

The study was reported in April at the annual meeting of the American Association for Cancer Research and can be read in the March 28 issue of the *Proceedings of the National Academy of Sciences.*

Fruit-Fly Gene Provides Explanation for Mechanism of Cardiac Arrhythmias

Assistant Professor of Physiology Gail Robertson, a neurobiologist, had been a post-doctoral fellow in the genetics laboratory of Professor Barry Ganetsky, where she and her colleagues isolated and cloned several of the first genes linked to potassium channels. Their work with fruit-fly genes established the existence of extended gene families with similar properties and functions.

Now Robertson is pursuing similar studies in the Department of Physiology and the Medical School's Center for Cardiovascular Research (see Medical School News). She and PhD student Matt Trudeau, as they looked into the HERG gene linked to patients with long-QT syndrome, a form of arrhythmia, found that the gene is responsible for making a potassium channel previously shown to be crucial to normal progression of the action potential caused by the heart's natural pacemaker. They confirmed their finding by showing that the channel is the target for antiarrhymic drugs. Their new insights into heart arrhythmias may prove to be very relevant to treating patients.

The researchers explained that the upstroke of the electrical wave begins when channels in heart cells open to let sodium and calcium enter. The downstroke is caused in part by the opening of other channels that allow potassium to exit. Proper timing of these events is critical to a normal heartbeat. With long-QT syndrome, a defective gene or certain drugs can cause the potassium channel to malfunction, destabilizing the heart and potentially throwing it into hazardous uncoordinated beating.

Robertson said that their findings once again emphasize the value of basic research in lower organisms, which sometimes can pave the way to understanding and treating clinical syndromes in humans.

The work is described in the July 7 issue of *Science.*

Folkert O. Belzer



Folkert Belzer was what sports fans would call a triple threat. He was a master surgeon, a pioneering investigator with more than 500 publications, and an outstanding administrator who built Surgery into an internationally renowned department and the third largest transplantation center in the country.

Dr. Folkert Belzer died of colon cancer on August 6, 1995 at age 64.

Born in Surabaia, Indonesia of Dutch parents, he came to the U.S.after World War II. He earned a chemistry degree from Colby College, Maine as well as a master's degree in biology and a medical degree from Boston University. After serving his residency at Yale, New Haven Hospital and the University of Oregon Medical School, he spent a year as Senior Lecturer at Guy's Hospital in London. In 1966 he joined the faculty at the University of California-San Francisco, where he became chief of the transplant service. He came to the UW Medical School in 1974 as Professor and Chair of the Department of Surgery, a position he held for 21 years.

Folkert Belzer was what sports fans would call a triple threat. He was a master surgeon, a pioneering investigator with more than 500 publications, and an outstanding administrator who built Surgery into an internationally renowned department and the third largest transplantation center in the country. He was also valued as an outstanding teacher, having received 8 teaching awards from medical students and residents.

Two of his major contributions to transplantation surgery included building the Kidney Perfusion Machine while he was at UC-San Francisco in 1967 and developing the UW Solution for Multi-Organ Preservation in 1987. Until these innovations were put into use, transplantation was a very hurried affair that demanded a minimum amount of time between harvesting an organ from a donor and grafting it into a recipient, for there were no good means for preservation. With the advent of the perfusion machine, he was able to transport a kidney from San Francisco to Holland in 1971, the first transcontinental, transatlantic organ sharing. The UW solution, developed by Dr. Belzer and UW biochemist James Southard, can keep donor organs in good health for up to 30 hours or more. The solution has revolutionized liver transplantation, according to Professor of Surgery and current head of transplantation Hans Sollinger.

Dr. Belzer's honors are legion. Most recently he received one of the highest honors given a surgeon, the Medallion for Scientific Achievement from the American Surgical Association, only the 12th such award in the association's 117-year history, and the first Pioneer Award from the American Society of Transplant Surgeons.

Folkert Belzer is survived by his wife Marion and four children. John is an orthopedic surgeon in San Francisco, Eric is a fellow in bowel surgery in Cincinnati, Ingrid is an attorney in Keytsone, Colorado, and Paul is entering graduate school in education at the UW-Madison.

Notice to Medical Alumni

The Wisconsin Medical Alumni Association needs your help. Every year, in response to nominations sent to the Medical Alumni Office by WMAA members, the Board of Directors chooses an alumnus to receive the **Medical Alumni Citation Award** and an alumnus to receive the **Ralph Hawley Distinguished Service Award.**

The Citation Award honors a graduate who has established an outstanding record in his/her field and is recognized nationally for pioneering research and other accomplishments.

The Ralph Hawley Distinguished Service Award honors a graduate who has manifested outstanding service to his/her community, charitable groups, educational or fraternal organizations, and so on.

If you know a Medical School graduate who qualifies in either category, please send your nomination along with a C.V., testimonials and other data, to the Medical Alumni Office. We depend upon individual alumni, who are our link to other graduates.

Thank you!

Below are the names of alumni who have received the Citation Award and the Distinguished Service Award.

DISTINGUISHED SERVICE AWARD

Robert Palm	'83
Robert M. Lotz	'84
Stephen Copps	'84
Francis Larme	'85
Thomas A. Leonard	'85
Thomas Beno	'86
John R. Petersen	'87
Gerald E. Porter	'87
John N. Richards	'88
Eric B. Wilson	'89
Victor S. Falk	'89
Everett H. Johnson	'89
Edward E. Tennant	'89
Michael K. Mikkelson	'90
Gertrude C. Luther	'90
Phillips T. Bland	'91
Frank H. Urban	'91
Reynold N. Nesemann	'92
James B. Kuplic	'93
William E. Gilmore	'93
Howard A. Engle	'93
Anne Gilfrey Schier	'94
James L. Esswein	'95

UNIVERSITY OF WISCONSIN MEDICAL ALUMNI CITATION

1959	Leland S. McKittrick, Class of '18
1960	Richard W. TeLinde, Class of '20
1961	Milton J. Senn, Class of '27
1962	Henry W. Brosin, Class of '33
1963	John L. Parks, Class of '34
1964	Roy Hertz, Class of '39
1965	Robin Buerki, Class of '17
1966	Frederick Madison, Class of '24
1967	Elmer Severinghaus, Class of '21
1968	Paul '18 and Fred Hodges '19
1969	Stuart C. Cullen, Class of '33
1970	K. K. Chen, Class of '27
1971	William H. Oatway, Jr., Class of '26
1972	Walter J. Urben, Class of '30
1973	Harold P. Rusch, Class of '33
1974	John W. Lawlah, Class of '31
1975	Richard Wasserburger, Class of '46
1976	Mischa J. Lustok, Class of '35
1977	Peter A. H. Midelfort, Former Resident (Gen. Surg.)
1978	Ben R. Lawton, Class of '46
1979	Philip S. Brachman, Class of '53
	A. R. Currieri, Class of '33, Posthumous
1980	Robert Turell, Class of '28
1981	Robert Schilling, Class of '43M
1982	Leon E. Rosenberg, Class of '57
	Philip P. Cohen, Class of '38
1983	Helen A. Dickie, Class of '37
	Leah M. Lowenstein, Class of '54
1984	George F. Crikelair, Class of '44
	Sherman P. Vinograd, Class of '46
1985	Judah Zizmor, Class of '34
	Fred Mohs, Class of '34
1986	Wallace McCrory, Class of '44
	I. Bernard Weinstein, Class of '55
1987	Karl H. Beyer, Jr., Class of '43N
	John A. Buesseler, Class of '44
1988	Alice McPherson, Class of '51
	E. Richard Stiehm, Class of '57
1989	Charles H. Hine, Class of '43N
	John M. Opitz, Former Resident (Pediatrics)
1990	Robert G. Parker, Class of '48
	John R. Lilly, Class of '54
1991	No Awards Given
1992	Richard P. Bunge, Class of '60
	William F. Enneking, Class of '49
1993	Sherman M. Holvey, Class of '49
1994	George E. Magnin, Class of '46
1995	Arlan L. Rosenbloom, Class of '58



"Recently I had the painful pleasure of updating my will! It generated reflections of the past. Pleasant memories of the University of Wisconsin Medical School days and the teachers and friends have often been obscured by daily practice concerns, college educations for my kids and building a retirement fund. In reflection now, it seems appropriate to remember my roots in medicine through an estate bequest; giving IN the future, FOR the future. Sometimes the thank-yous are inadvertantly delayed. We might all give this a little thought."

Jan Erlandson, MD, '68
Monroe, WI

CORRECTION: In the announcement of the Charles Russell Bardeen, M.D., Founding Dean, Memorial Fund, the choice for the award will be made as follows: The Charles Russell Bardeen, M.D., Founding Dean, Memorial Fund Advisory Council shall make award recommendations to the Board of Directors of the Wisconsin Medical Alumni Association. This Board then will make the final designation of the award(s) and the recipient(s).

by Eileen Murphy

PLANNED GIVING CAN BENEFIT BOTH YOU AND THE UNIVERSITY

In the next several issues of the *Quarterly,* this column will focus on information and answer questions about Taxes and Charitable Giving. The Department of Planned Giving at the University of Wisconsin Foundation can furnish you with information on different ways of giving, ways that could offer substantial tax benefits to you while providing private support to the Medical School. It is always suggested that you seek the advice of your attorney when making decisions on charitable giving.

TODAY'S TOPIC: SO YOU'VE GOT A GREAT RETIREMENT PLAN. By Russell Howes, Vice President and Director of Planned Giving, University of Wisconsin Foundation

Retirement plans are great–no question about it. The ability to accumulate pretax dollars and have them invested for you so that they continue to grow over time results in dramatic appreciation in value.

However, as you reach a certain stage in life, you must start considering how you will deal with these assets.

There are lots of strategies for dealing with these dollars and you, along with your advisors, should carefully consider them all. Some of the options involve qualified charities such as the University of Wisconsin Foundation. Over the next few issues, we will examine some of the charitable opportunities available by looking at some frequently asked questions:

Q. Can I give some or all of my plan to the University during my lifetime?

A. Anything you do during your lifetime with plan assets generally results in a taxable distribution. However, some individuals in danger of over funding their plans will begin taking distributions before age $70^{1/2}$ and using the distributions to make charitable gifts to the University of Wisconsin Foundation for the benefit of Medical School programs.

While this means they receive taxable income from the plan, they also get a charitable deduction for their gift. The one usually offsets the other, so there is no actual tax liability. By doing this, they can help the University and lessen or avoid over funding penalties at the same time.

Q. Giving to the Foundation is fine, but can't I get something back for myself and my family?

A. There is a possibility, but it does involve some taxes. You would take the distributions from the plan as in the previous question, but instead of donating them to charity outright, you would donate them to a charitable remainder unitrust naming yourself and your spouse as lifetime beneficiaries.

The contributions to the trust are partially deductible, so you would get some charitable deduction for each gift to the trust. You would also receive income back from the trust for you and your spouse.

Here you end up paying some tax on the distributions because the charitable deduction will be less than the amount you take out of the plan. The tax you pay now is offset by the income you receive from the charitable trust over time.

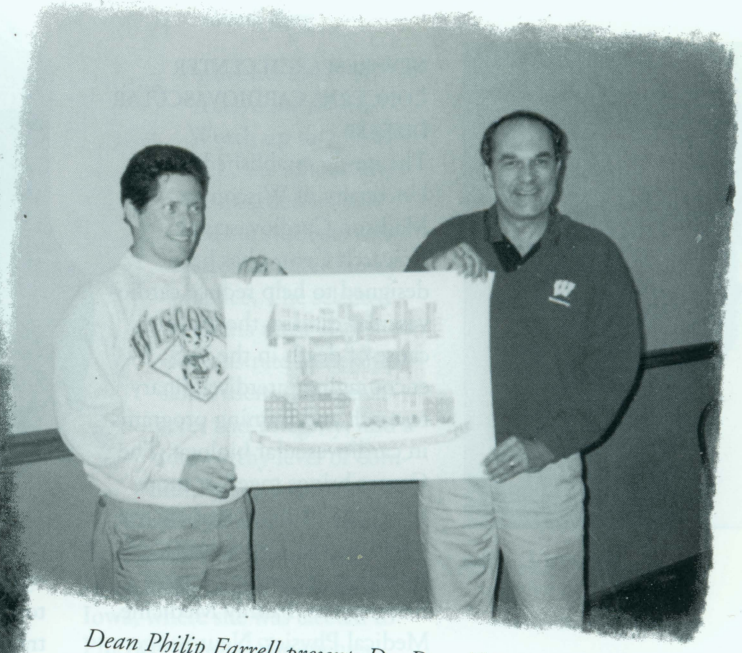
I recently saw a cartoon that referred to reading the estate tax code as "holistic anesthesia". That may be true, but if you can keep from passing out long enough, you stumble on some interesting tax saving ideas.

Next time, we will look at why, if you intend to make a charitable gift in your estate plan, you might want to consider using your retirement plan to do it instead of your will or trust.

For more information, please contact Eileen Murphy or Russell Howes at the University of Wisconsin Foundation (608) 263-4545.



Dean and Mrs. Philip Farrell (right) joined Dr. and Mrs. Richard Botham for "An Afternoon at the Vineyard," hosted by the Botham s at their Barneveld, Wisconsin Winery. Over 75 Madison area Medical Alumni enjoyed the August 20, 1995 event.



Dean Philip Farrell presents Dr. Donald Dafoe, MD, '75, Chief of Transplant Surgery at Stanford Medical School, with a signed lithograph by Robin Lauersdorf, depicting past and present UW Medical School facilities. Nearly Seventy Medical Alumni and their families enjoyed a bratfest, hosted by Dr. Dafoe, in Palo Alto prior to the September 16th football game.

Planned Giving Seminar for Milwaukee Medical Alumni • December 6, 1995 at the University Club • Milwaukee, Wisconsin

1995 MAJOR DONORS

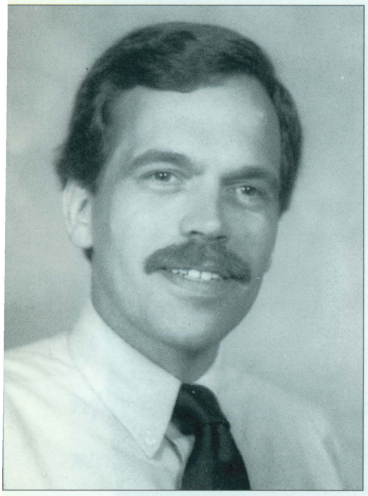
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Julia O. Holmes Estate
Nellie McFetridge Estate
D. B. Reinhart Family Foundation
Sinai Samaritan Medical Center
Irma M. Spettel Estate
Florence E. Veatch

$50,000 +
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Cynthia A. Crawford
Hedberg Foundation Inc.
Mildred S. Kuebler

$25,000 +
Abbott Laboratories-Ross Products
Donald E. Cheney
Cremer Foundation Inc.
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Oscar and Elsa Mayer Charitable Trust
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Jane R. Perlman
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Nelson M. Hagan
Ann Bardeen-Henschel, M.D. '44
Beatrice R. Kiesling
Oscar G. and Rosalie H. Mayer
Medical Protective Company
Ocular Physiology Research Foundation
David T. Uehling, M.D.



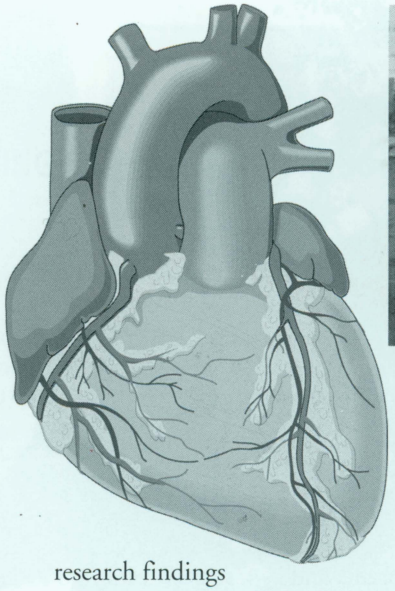
Richard L. Moss

NEW RESEARCH CENTER CONCERNS CARDIOVASCULAR DISEASE

The newly established University of Wisconsin-Madison Cardiovascular Research Center has been designed to help reduce cardiovascular disease, the leading cause of death in the U.S., by encouraging interdisciplinary research and training programs in cardiovascular biology. The Center brings together more than 100 faculty members representing the Departments of Anatomy, Anesthesiology, Biostatistics, Family Medicine, Medical Physics, Neurosurgery, Pathology, Pediatrics, Pharmacology, Physiology, Preventive Medicine, Rehabilitation Medicine and Surgery. The Divisions of Cardiology, Hematology, Nephrology and Nuclear Medicine from the Department of Medicine and also represented, as well as faculty from the Waisman Center, the College of Agriculture and Life Sciences, and the Schools of Education and Pharmacy.

Center Director Richard Moss, Chair of the Department of Physiology, said that cardiovascular research has been historically important at the University. Much of our present understanding of the electrical activity and rhythmicity of the heart, for instance, developed from studies by UW faculty.

In addition to research, faculty will teach cardiovascular science and clinical practice to medical students and residents and help train graduate and post-graduate students through already established programs in various departments. The Center also will encourage

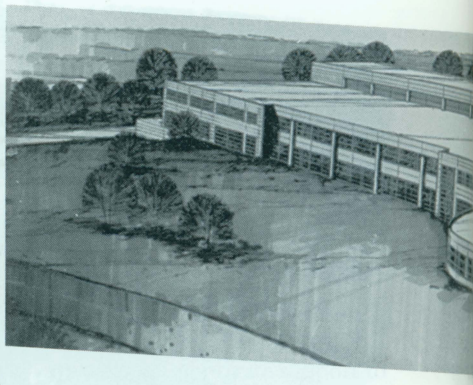


research findings to be quickly and efficiently translated into improved therapies and clinical care.

For an example of recent research from the Center, please see Research Notes in this issue concerning the work of Assistant Professor of Physiology Gail Robertson, who has established a genetic basis for a form of arrhythmia.

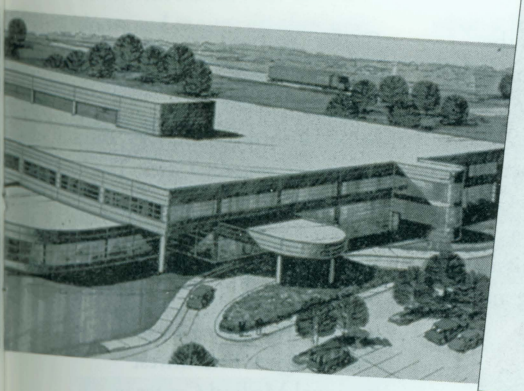
GRANT SUPPORTS INTERNATIONAL TRAINING

The Department of Family Medicine was awarded a two-year grant from the National Security Education Program for support of International Education in Medicine. The grant will underwrite development of international health preparatory courses at the University of Wisconsin, Rochester and Colorado as well as provide financial support for students to participate in clinical rotations in Africa, Asia and Latin America. Faculty at the participating schools will work with the American Medical Student Association to recruit students and develop curricula. The first course started August 21 at the UW Medical School.



CONSORTIUM PLANS FOR PRIMARY CARE IN WISCONSIN

The Consortium for Primary Care in Wisconsin, chaired by Vivian Littlefield, Dean of the UW School of Nursing, has established an interdisciplinary planning group to address issues of supply, demand and distribution of primary health care providers. A statewide alliance of 95 organizations with responsibilities for primary care, the Consortium was formed two years ago to address the health care needs of underserved areas of the state where there was shortage and maldistribution of physicians and other health professionals. The Consortium's Work Force Initiative will bring together provider educators (the suppliers) and primary provider employers (the utilizers) to share their needs and problems. Planners include CHS faculty, faculty from other UW System campuses, private universities and organizations such as the Wisconsin Primary Health Care Association and the Wisconsin Hospital Association as well as representatives from employer networks such as the Rural Wisconsin Health Cooperative.





Randi Berg

NEWLY BUILT FACILITY OPENS OFF-CAMPUS

A new two-story, 82,000 square-foot clinic recently opened in Research Park on Madison's west side. It hosts sports medicine, spine care, preventive cardiology, occupational medicine and family medicine programs. Programs at UW Clinics-Research Park provide medical evaluation and treatment, emphasizing prevention of illness and injury, and activities to promote good health.

The facility also provides classroom space to support expanded educational activities. Medical students and residents, as well as students in physical therapy, athletic training and exercise science will rotate through the clinic. It also includes facilities such as an indoor walking track, a lap pool, a warm-water therapy pool, and fitness equipment to serve patients and members of fitness programs.

INFERTILITY FORUM INFORMS PUBLIC

Infertility experts at the UW Hospital and Clinics presented a free public forum in June on the various causes and treatments for infertility. Topics included the common reasons couples have difficulty getting pregnant; the appropriate time for an infertility evaluation and what it involves; whether in-vitro technologies are appropriate; and how to cope with the emotional aspects of infertility.

Speakers included Professor of Ob/Gyn Sander Shapiro, Director of the Women's Endocrine Service; Associate Professor of Medicine Wolfram Nolten, male infertility expert; Associate Clinical Nurse Specialist Stacey Noyer, reproductive nurse specialist; Assistant Professor of Psychiatry Roseanne Clark, psychologist; and Assistant Scientist in Ob/Gyn Jeffrey M. Jones, Director of the *In-Vitro* Fertilization and Andrology Laboratories.

The Women's Endocrine Service, established in 1974, has adopted new technologies to serve infertile couples. Besides *in-vitro* fertilization, it provides medical and laser therapy for endometriosis, microsurgery, artificial insemination and gamete intrafallopian transfer.

MEDICAL STUDENT WINS PISACANO SCHOLARSHIP

The Board of Directors of the Nicholas J. Pisacano, M.D. Memorial Foundation, Inc. have awarded a 1995 Pisacano Scholarship to 4th-year medical student Randi Berg, one of six students nationally to receive the award. Worth up to $50,000 each, the scholarships are awarded to U.S. medical students committed to enter family practice. The selected students must also demonstrate leadership skills, identifiable character and integrity, and a noteworthy level of community service.

A native of South Dakota, Berg graduated summa cum laude from Luther College in Iowa, where she was elected to Phi Beta Kappa. She spent a year in Norway before beginning graduate study in the UW Medical School Anatomy Department. As a grad student, she received a University Fellowship and served as a teaching assistant for physical therapy, occupational therapy and physician assistant courses. Berg then spent a year of research in gene therapy and a year teaching at Luther College before returning to the Medical School to complete her medical education. While maintaining a 4.0 grade point average, she served as co-president of the Family Medicine Interest Group, co-coordinator of the First Annual Clinical Skills Workshop, speaker to area high school students, recorder of literature for the blind through the EARS program, and volunteer at Computers to Help People Inc. She hopes to practice in an underserved area, particularly one that would allow her to pursue her interest in medical outreach in the Amish community.



Roland R. Liebenow

48 Roland and Martha Liebenow served as the Lake Mills (WI) Festival Days Parade Marshalls in recognition of their long history of community service and involvement with the city. Roland says that the local fame was fleeting, for by 12:30 on parade day, he was in the Legion Hamburger Tent working as a hamburger fryer's helper for a four-hour stint.

Roland, 1948 Class Representative, was born in Lake Mills. He and Martha have lived there since they were married in 1950. Roland's 40-year involvement with the American Legion made the city's designation as Marshalls particularly appropriate. He has also been an active Boy Scout leader, even Troop Committee Chairman on an army post in Japan. He has received Scouting's Award of Merit and Silver Beaver Award and was on the Board of Directors of Four Lakes Council. He has been active in the Rotary Club, the Masonic Lodge, the Wisconsin Heart Association, and currently he is on the Board of Directors of Marquardt Manor Nursing Home in Watertown. He also serves as local historian, library booster, video maker, photograhper of round barns, and stamp collecter.

Martha Liebenow has likewise been an active participant in church activities and with the American Red Cross Blood Bank.

57 E. Richard Stiehm, Professor and Vice Chair of Pediatrics and Chief of the Division of Immunology and Allergy at the UCLA School of Medicine, Los Angeles, is the co-recipient (with Dr. Richard Hong, formerly Professor of Pediatrics at the UW) of the 1995 life-time Achievement Award of the Immune Deficiency Foundation of Ellicott City, Maryland. The 4th Edition of Stiehm's text, *Immunologic Disorders in Infants and Children,* has just been published by W.B. Saunders Company, and is dedicated to Dr. Hong and two of Stiehm's UW Medical School mentors, Drs. Harold F. Deutsch and Robert F. Schilling. Dick Stiehm, a WMAA Citation Awardee in 1988, received the American Academy of Pediatrics E. Mead Johnson Award for Research in Pediatrics in 1974.

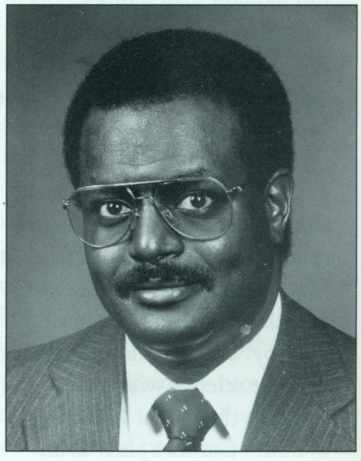
65 Charles V. Ihle, who practices orthopedics in Eau Claire, Wisconsin was elected a Director of the State Medical Society of Wisconsin from District 7. He interned at St. Mary's hospital in San Francisco and completed his residency in orthopedics at UW Hospital. He served in the U.S. Navy as chief of orthopedics at the Naval Hospital in Taipei, Taiwan from 1970-1973. He has been practicing at the Ihle Orthopedic Clinic since July 1973 and is a member of the Commission on Health Care Financing and Delivery.

71 Bruce L. Thomas, a Huntingdom, Pennsylvania internist and rheumatologist affiliated with J.C. Blair Memorial Hospital, has been elected Governor-elect for the Western Pennsylvania chapter of the American College of Physicians and will become Governor in April 1996.

74 Mary K. Spraker, Associate Professor of Dermatology and Pediatrics at Emory University in Atlanta and President of the Society for Pediatric Dermatology, has been nominated to serve on the Board of Directors of the American Academy of Dermatology. She has been at Emory University for the past 12 years.

Mary expected to deliver triplets in July! The Alumni wish her the very best!

76 Richard R. Heuser spoke at the 6th Annual Course on Complex Coronary Angioplasty and New Techniques in Interventional Cardiology in Toulouse, France in May, where he addressed "New Devices to Treat Old Saphenous Vein Grafts." In June, he spoke at the 4th Annual Meeting of the Japanese Society on Interventional Cardiology, discussing "Complex Cases: The Role of PTCA vs. Stents." Dick is Director of Research and Education at the Arizona Heart Institute and Foundation and Director of Invasive Cardiology at Healthwest Regional Medical Center in Phoenix. He also trains physicians in interventional cardiology techniques in sites such as France, Germany, Hong Kong, Japan and Turkey. He serves as Clinical Associate Professor of Medicine at the University of Louisville.



Allen D. Kemp

Anesthesiologist Allen D. Kemp of Madison, Wisconsin has been elected to a five-year term as Chief Executive Officer of Dean Health Systems, SC, a holding company recently created to oversee all Dean corporations. Dr. Kemp joined Dean Medical Center in 1985.

85 David J. Rhude has combined his medical skills with his love for the outdoors and mountain climbing to beget hair-raising adventures in far flung parts of the world. Partly because of his training in internal medicine and emergency medicine, he was invited to be expedition physician to the 1990 New Zealand International Everett Expedition. The group



succeeded in putting six of the team members on the summit of Mount Everest, the world's highest peak that has claimed many climbers' lives. And as team physician and mountain climber on the 1990 American Pamir Expedition in the Tadzhikistan Republic of the former Soviet Union, he traversed icy peaks in excess of 7,000 meters high (23,304 feet). He refers to an article from the *American Journal of Emergency Medicine* to explain his fascination for risky business: "Part of the attraction of mountaineering and other high-risk recreational activities is the occasional near-intersection of demand and performance curves." Well, that's one way to put it! However, he adds, if your performance skills are a lot more proficient than what is demanded of you, then you usually end up with a favorable outcome.

After these two trips, Dave completed a fellowship in rheumatology and was appointed Assistant Professor of Medicine at the University of Minnesota Medical School. He also directs the Rheumatology Rotation for the Internal Medicine and Family Practice programs at the University. His research interests include the natural history/immunology of rheumatoid arthritis, the clinical utility of Acute Phase Reactants and the AntiPhospholipid Antibody Syndrome. Active in the Wilderness Medical Society, he hopes to develop a curriculum for students and residents concerning wilderness and outdoor medical issues. He is particularly interested in high altitude medicine and physiology.

If you are in the Twin Cities area, Dave invites you to contact him.

Michael M. Vigoda has been appointed Assistant Professor of Anesthesiology in the Division of Surgery at the Medical College of Wisconsin. He is based at Children's Hospital of Wisconsin, a major teaching affiliate of the Medical College. He completed a pediatrics residency at Strong Memorial Hospital in Rochester, N.Y. in 1988 and a year later served a neonatal fellowship at the University of California-San Francisco. Then he practiced general pediatrics at Kaiser-Permanente HMO in San Francisco and served as a medical consultant to the American Joint Distribution Committee in Ethiopia, supervising daily activities at a rural health clinic and organizing immunization outreach clinics.

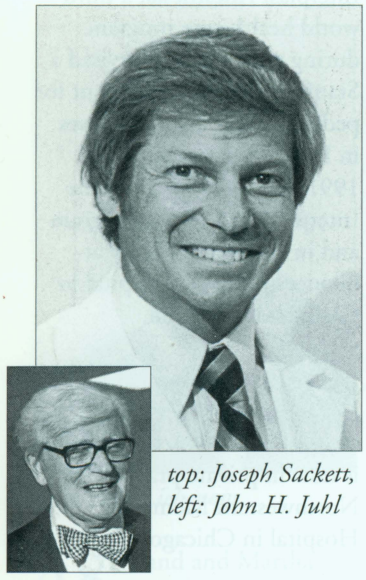
87 Lynn M. Rusy has been appointed Assistant Professor of Anesthesiology and Emergency Medicine at the Medical College of Wisconsin. She is based at Children's Hospital of Wisconsin. After completing her anesthesiology residency at the UW, she served a pediatric anesthesiology fellowship and a research fellowship at Boston Children's Hospital in 1993. Most recently, she served as staff anesthesiologist for Interplast Anesthesia, a third world health care program during which she supervised a Stanford anesthesia resident for pediatric plastic surgery cases in Portoveijo, Ecuador. In 1991, she served in both the Interplast Anesthisea program and in a similar capacity at Gloucester Royal Hospital in Gloucester, England.

91 Julie Ericson has finished her residency in obstetrics and gynecology and is now in private practice at Northwestern Memorial Hospital in Chicago.

Victoria Viegut has joined the staff of the Marshfield Clinic in Marshfield, Wisconsin. She served her residency in Pediatrics at the Marshfield Clinic and St. Joseph's Hospital.

House Staff

Terry L. Hankey, who graduated from Duke University Medical College, served his residency in Family Practice in Madison. He has practiced in Waupaca, Wisconsin for 20 years. For two years he was Residency Director at the UW Family Practice Residency in Wausau. A past President of the Wisconsin Academy of Family Physicians and alternate delegate to the AAFP, he was elected Director, District 5 of the State Medical Society of Wisconsin. He also is a board member of the Wisconsin Institute of Family Medicine, chair of the AAFP Committee on Health Education, and former chair of the WAFP Task Force on Access to Care.



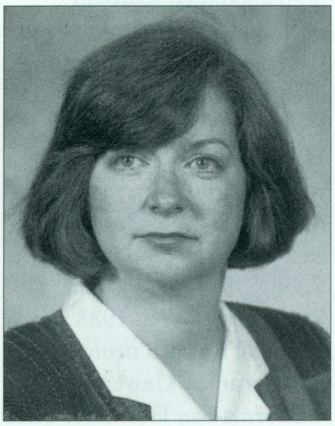
top: Joseph Sackett, left: John H. Juhl

Professor and Chair of the Department of Radiology **Joseph Sackett** is the first recipient of the **John H. Juhl** Professorship in Radiology, effective July 1.

UW faculty, friends and former radiology residents contributed more than $1 million in donations and pledges to create the professorship in honor of Juhl, who served as Chair of Radiology from 1964 to 1974. The endowment fund yields an annual income to support teaching and research in both radiology and physics and is administered by the UW Foundation.

Susan Skochelak, Associate Professor of Family Medicine and Associate Dean for Primary Care and Outreach, has been named an Executive Leadership in Academic Medicine (ELAM) fellow. She joins an elite group of 25 women faculty in academic medicine who are preparing for senior leadership roles in an in-depth national program.

The ELAM project, sponsored by the Institute for Women's Health at Medical College of Pennsylvania and Hahnemann University, was designed to address the nation's shortage of female medical leaders. Among the country's 125 medical schools, only two women serve as deans, and just 4% of medical school departments are chaired by women.



Susan Skochelak

The group will complete a total of three weeks of intensive study and interaction and will work on independent projects throughout the year.

Skochelak earned B.S. and M.S. degrees in biology from Michigan Technological University and an M.D. from the University of Michigan as well as an M.P.H. from the University of North Carolina, Chapel Hill. She practices at the Northeast Clinic, Madison, and has been deeply involved in teaching and curriculum reform at the Medical School, serving as Project Director of the new Generalist Physician Partners Program, Course Director of the required third-year Primary Care Clerkship, and Course Director for UW-Madison's sophomore undergraduate seminar called "Ways of Knowing."
Associate Professor of Family Medicine and Medicine (Cardiology) **Patrick McBride** received the Baldwin E. Lloyd Clinical Teacher Award from the Madison Family Practice Residents. The award is given to one faculty member each year in recognition of teaching excellence. McBride also was recently named to an American College of Cardiology Bethesda Conference Expert Panel on Cardiovascular Disease Risk Factor Management. In July, he visited Romania to assist the government with the development of heart disease prevention services.

A six-volume text on the basic science and clinical practice of ophthalmology co-edited by **Daniel Albert,** Professor and Chair of the Department of Ophthalmology and Visual Sciences, has been named the outstanding text of 1994 in the medical sciences by the Association of American Publishers. *Principles and Practices of Ophthalmology* comprises 5,237 pages, 6,000 illustrations and more than 400 contributing authors, including a number from UW-Madison. It offers the general ophthalmologist a comprehensive, up-to-date review of ophthalmology and also provides ophthalmic subspecialists accessible information on topics outside their area of expertise. The text, which is being translated into several languages, is available on CD-ROM. It is also available through the W.B. Saunders Company, Boston.

Assistant Professor of Psychiatry **Michael J. Bohn** was among 59 psychiatrists nationwide awarded the 1995 Exemplary Psychiatrist Award from the National Alliance for the Mentally Ill (NAMI). The award recognizing psychiatric service to the community is NAMI's highest honor. Bohn, who was nominated by the Alliance for the Mentally Ill of Dane County, is a pioneer in jointly treating chronic mental illness and the substance abuse that often accompanies it. About half of those with mental illness such as depression, anxiety disorders and schizophrenia have substance abuse problems, usually alcohol related, though the diseases are often treated separately for financial and administrative reasons; thus many in need of comprehensive treatment do not receive it.

Bohn is a psychiatrist at the UW Hospital and Clinics and Medical Director of the Substance Abuse Treatment Program at the William S. Middleton VA Hospital.

Daniel Kurtycz, Assistant Professor of Pathology and Laboratory Medicine and Chief of the Cytology Laboratories at the State Laboratory of Hygiene, recently received a two-year appointment to the Division of Laboratory Systems at the Centers for Disease Control in Atlanta. He has an IPA grant to investigate areas of laboratory quality practice as it pertains to cytopathology and to help the CDC produce educational materials for the National Laboratory Training Network. Kurtycz and colleagues are part of the effort to improve the

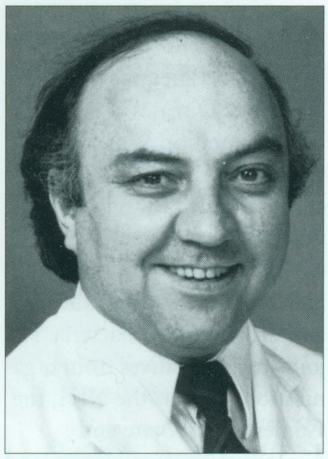
quality of Papanicolaou smears in accordance with the Clinical Laboratory Improvement Act of 1988. He will continue his teaching as Chair of the first-year course in pathology.



Linda Farley

Linda Farley, Assistant Professor Emeritus of Family Medicine, was awarded the 1995 State Medical Society's Physician Citizen of the Year Award. The award, based on nominations from the public, honors physicians for volunteer, non-compensated contributions to the state of Wisconsin. She was presented the award at the Madison Community Health Center, which serves people who don't have health insurance or are underinsured. Farley also is Medical Director of Leader Nursing and Rehabilitation Center in Madison and is an active member of Physicians for a National Health Program.

Lee Marie Vogel, Director of the Appleton Family Practice Residency, has been named the 1995 recipient of the Marc Hansen Lectureship Award. The award honors a junior faculty member from the Department of Family Medicine who has made a substantial contribution to the education of students and residents. The Medical Director of two area nursing homes, the Franciscan Care Center and Outagamie County Health Center, she is credited with enhancing the geriatrics curriculum at the Appleton Residency Program by improved classroom sessions and more "hands on" education related to older adult care. She also speaks to various audiences in the community.



Hans W. Sollinger

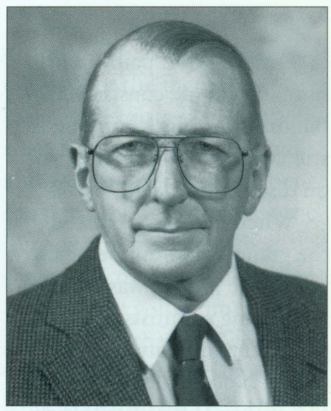
Professor of Surgery and Pathology and Laboratory Medicine **Hans W. Sollinger** has been named Chair of the Division of Transplant Surgery at the UW Hospital and Clinics.

A native of Munich, Germany, Sollinger came to the UW Hospital in 1980 and performed his first transplant surgery that same year. Since then, he has become known as an international leader in advancing transplant technology and education. He initiated a pancreas transplant service at the hospital in 1982 and remains Director of that service. He has completed more than 1,500 transplants in the U.S. and pioneered the development of a new anti-rejection drug that may be the single most important advance for transplant patients since the introduction of cyclosporine. The drug, CellCept, reduces acute rejection by more than 50% with virtually no major side effects.

Professor of Preventive Medicine and founding Director of UW Programs in Health Management **Rocky I. Schulz** recently retired. A symposium and reception was held in his honor on June 9 at UW Hospital and Clinics.

Anjan Kowluru, Senior Scientist in the Department of Medicine (Section of Endocrinology), has been awarded a Merit Review Grant by the Department of Veterans Affairs. The four-year, $480,000 award will fund his research project, "GTP-Binding Proteins in Islet Signal Transduction."

Assistant Professor of Family Medicine **Richard L. Brown** has been elected President of the Association for Medical Education and Research in Substance Abuse, an organization of more than 400 health care professionals dedicated to improving education about alcohol, tobacco and other drugs. The association is responsible for, among other things, many substance abuse curricula at health professional schools and mandatory questions on substance abuse on National Board exams.



Thomas C. Meyer

Thomas C. Meyer, Emeritus Professor of Pediatrics and former Associate Dean of the Medical School, is the new Medical Editor of the Wisconsin Medical Journal. He chaired both the Medical School's Medical Education Committee and its Educational Improvement Grant Committee and he continues to direct Continuing Medical Education.

Charles C. Canver, Associate Professor of Surgery, and **Patrick L. Remington,** Adjunct Associate Professor of Medicine and Chief Medical Officer for the Wisconsin Division of Health, were both elected to the American Heart Association's Board of Directors.

Associate Professor of Medicine **Peter S. Rahko** was elected to the American Heart Association's Executive Board.

The National Institutes of Health renewed a grant to fund Professor of Medical Genetics **Frederick Blattner** and members of his laboratory to continue to determine the genetic code of *E. coli.* The two-year, $2 million grant should allow the lab's researchers to finish sequencing the bacterium's 5,000 genes, which consist

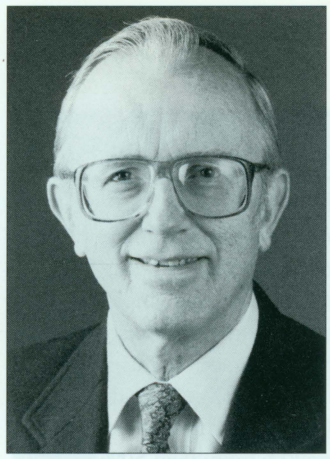
of 5 million base pairs. (The human genome consists of 3 billion base pairs.) Funding is still lacking for additional work on disease-producing *E. coli*.

When it was announced that the grant would not be renewed before the project was completed, leading scientists firmly objected and petitions from several Nobel Laureates praised the quality of Blattner's work, considered a centerpiece of the Human Genome Project.

Assistant Professor of Radiology **J. Shannon Swan** received a $100,000 research fellowship to conduct a project in clinical diagnostic imaging as it relates to technology assessment and outcomes. It was one of five fellowships awarded in 1995 by GE Medical Systems and the Association of University Radiologists to assist and encourage young physicians to conduct radiology research.

Associate Professor of Psychiatry **Ruth Benca,** an expert in sleep disorders, was awarded two research grants totaling nearly $1 million to study the psychobiology and other aspects of sleep disorders. One grant, from the National Institute of Mental Health, is for her study of the neuromechanisms by which light changes behavior, work that could lead to better understanding of how light therapy works and improve treatment for those with sleep disorders including shift workers and people who suffer depression.

Benca's other grant, a Research Scientist Development Award, supports her sleep-related research over a five-year period.

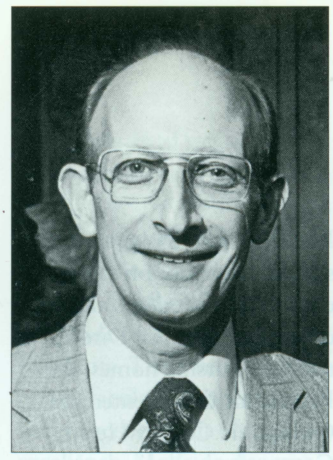


Henry C. Pitot

Henry C. Pitot, Professor of Oncology and Pathology and Laboratory Medicine, received an honorary Doctor of Science degree from the Tulane University School of Medicine on June 3 for his work on the cellular and molecular analysis of neoplastic development of the liver. Internationally renowned, he is considered a pioneer investigator in the mechanisms of carcinogenesis and the function of substances that stimulate cancer development.

More than $100,000 of the funds raised nationwide by the 1995 March of Dimes Walk America campaign were awarded to Assistant Professor of Microbiology and Immunology **Teresa Compton** for her work on cytomegalovirus, the leading cause of birth defects in this country, and to Assistant Professor of Biochemisty **Joel Rothman** to study genes affecting the development of lung, intestine, liver and pancreas.

Cytomegalovirus is a human herpes virus that affects growing fetuses and people with weakened immune systems.



Stanley I. Inhorn

Stanley L. Inhorn, Professor of Pathology and Laboratory Medicine and Preventive Medicine as well as Medical Director of the State Laboratory of Hygiene, was appointed to the Centers for Disease Control and Prevention Emerging Infectious Diseases Implementation Working Group for his expertise in successful public health laboratory practices to detect and monitor emerging infections, including hantavirus, cryptosporidium and drug-resistant bacteria. He joins representatives from organizations such as the NIH, the Conference of State and Territorial Epidemiologists and the World Health Organization. Inhorn represents the Association of State and Territorial Public Laboratory Representatives.

Clinical Professor of Surgery (ENT) **John K. Scott** is the 1995 recipient of the SMS Director's Award, the highest honor bestowed by the State Medical Society of Wisconsin and only granted on occasion to those who have served with outstanding distinction the science of medicine and the residents of Wisconsin. He is a former President of the SMS, a past President of the Dane



Paul Carbone

County Medical Society, American Cancer Society Wisconsin Division, and the Wisconsin Chapter of the American Society of Surgeons.

Dr. Scott earned his medical degree from the Ohio State College of Medicine and is affiliated with Physicians Plus. He has represented Wisconsin physicians at the AMA since 1976, served on the AMA Council for Long Range Planning and Development, and chaired the Wisconsin College of Surgeons Commission on Cancer. He has been a delegate to the American Cancer Society since 1972 and he served as the sole U.S. delegate to the International Society of Doctors for the Environment.

Professor of Human Oncology and Director of the UW Comprehensive Cancer Center **Paul Carbone** has been elected chair of the Wisconsin Cancer Council, a coalition of 24 organizations dedicated to developing and coordinating a comprehensive, statewide cancer control program. He succeeds Associate Professor of Human Oncology Polly Newcomb.



Our Readers Write

Dear Classmates:
Thanks for your good news letter of "late May." It inspires me to send a paragraph of information. We midwesterners are still so shy we don't communicate unless someone asks.

Peg and I celebrated our 40th anniversary 18 June. We have three children and four grandchildren, all living close by. One son died 10 years ago, which colors life a bit. I continue in Pathology and have a couple of side jobs. One as Chairman of the Board of our two small hospitals. The other as Medical Director of a large renal dialysis chemistry testing laboratory. We have just gone through a CEO transition in the hospitals, a curse I would not put on my worst enemy. It's probably similar to getting a new Dean. Peggy does bookkeeping for our church, and participates in master's swimming. In her spare time she manages some farm property. We raise oranges, grapes and almonds.

Your comment that no one knew any songs brings back memories of Medichoir. We were insufficiently rehearsed, but every once in a while we got off a great performance. I particularly remember that we did well at an alumni meeting in 1954, which I believe was in Milwaukee. I have joined the Chamber Singers of our local junior college (Ohlone). We have toured Central Europe and Western Canada, and next year will do Italy. It is proposed that we sing a mass at Saint Marks in Venice. I see George Bogumill on a regular basis because my elderly dad also lives in Arlington. George is a big cheese in the Orthopedic community, and I took an Orthopedic Pathology course from him through the AFIP in March.

That's all the news about us. Please continue to provide newsy notes about the school. For example, not living in the area, we haven't any idea what you meant with your phrase "the trying times of Dr. Marton's resignation." The capsules provided about John Z. Bowers and our classmates were well done and greatly appreciated.

I would like to make a suggestion about the big 40th reunion. I went to the 30th, and although I loved meeting former classmates, the reunion was held off campus, and it was difficult to access the school itself. I would have liked to wander the halls with a chaperon, and perhaps to have seen the Path department. Med school was a very intense environment, and it would be interesting to see the changes.

Sincerely,
Claude O. Burdick, MD '55
Pleasanton, CA

Dear Jim,
I want to again thank you for your efforts in arranging a wonderful experience for Edith and me. Particularly enjoyable was meeting new people such as Arvin Weinstein and Herb Bandell ...

Thank you again for coordinating this experience of a lifetime.

With best personal regards,
Sincerely,
Arlan L Rosenbloom, MD

Dear Jim,
Receiving the Emeritus Faculty Award from the Medical Alumni Association was quite an honor for me.

It was a special pleasure to visit with former colleagues and students. As I mentioned the night of the banquet, I have never regretted my decision to come to Wisconsin. The opportunities afforded me were both rewarding and fulfilling.

Please extend my sincere appreciation to the members of the Association. It was an evening I will never forget.

Most sincerely,
Richard C. Wolf

Dear Dr. Rahr:
I am writing to express to you our entire institution's pride and pleasure over the selection of Thomas N. Roberts, M.D. to receive the Medical Alumni Association Distinguished Teaching Award for 1995. The medical students have chosen wisely because Dr. Roberts is an incredibly dedicated and talented teacher.

As you well know, this is the second consecutive year that one of our Pediatric staff has won this award. It is, I believe, a true testament to the caliber of education that exists at this institution. Furthermore, it represents, I believe, a very compelling argument for looking upon the University of Wisconsin Medical School as having a "statewide" campus as was proposed at Dean Farrell's recent leadership retreat. Without question, medical students can and do receive educational experiences of the highest caliber and quality at sites outside of the Madison campus. Dr. Roberts is another example of the incredible talent that exists at institutions such as Gundersen/Lutheran and we are most excited about the prospect of further enhancing educational ties such as these with the Medical School.

We echo your comment to Dr. Roberts that his "dedicated commitment to teaching excellence is richly deserved and will be applauded by your students and colleagues." Please also know how greatly we appreciate the high privilege of participating in the education of the Wisconsin medical students!

Respectfully yours,
Arthur J. Ross, III, MD
La Crosse, Wisconsin

To the Members of the Medical Student Association:
On behalf of the staff of the Wil-Mar Neighborhood Center and the families who participated in the Family Christmas Project, I would like to thank you for all of your efforts putting together food baskets and delivering food and gifts. This year, Wil-Mar's Family Christmas Project served 55 children from 16 families. The project simply would not have been possible without the Medical Student Association. The staff of Wil-Mar are looking forward to your continued assistance next year.

Personally, I have greatly appreciated your help over the last three years. The members of the Medical Student Association have always been very helpful, generous, and cheerful. They have made my work here at Wil-Mar so much easier. I will be leaving Wil-Mar after this coming summer and will not be coordinating



the Family Christmas Project next year. However, I will always look back on the Family Christmas Project as one of the best things in which I participated while at Wil-Mar. The food and gifts that were delivered were always needed and greatly appreciated by the families. It has been very gratifying to have been part of the project.

Please pass on my gratitude to the Alumni Association for their continued assistance.

Sincerely,
Anthony P. Cina

(Editor's note) Part of the above letter was printed in the last issue. It was cut short, so here is the entire letter.

Dear Dr. Rahr:
How thrilled was I today when I opened mail to discover that I had been selected to receive a Medical Alumni Association Distinguished Teaching Award by the medical students at the University of Wisconsin. This is certainly unexpected since my great reward has always been in the teaching itself. I would like to accept the cash award so that I can deposit it into the Internal Medicine Residency Program Educational Resources Fund.

I look forward to joining you at 4:00 p.m. on April 24, 1995.

Sincerely,
Norman A. Desbiens, MD
F.A.C.P.
University of Wisconsin

Editor's note: The following letter appeared recently in *American Medical News.*

Even medical school left off 'Dr.'

I read with interest the column by Susan Hershberg Adelman, MD, regarding physicians' use of the title "doctor" (Topics, Jan. 9). I agree that introducing oneself as a doctor is helpful to patients because it identifies clearly the physician's role and function.

A few patients—usually close to my own age—elect to call me by my first name. I've never objected to this because, over the years, I've been called a variety of things not suitable for print! Rarely, patients will call me mister, which I think stems from ignorance more than dysphemism.

When I graduated from medical school $7^{1/2}$ years ago, I made a conscious decision that I was not ashamed of what I did and felt no reason to conceal the nature of my work. I always listed myself as "Brian J. Bohlmann, MD" (in the signature block of personal business letters, for example). I was amazed at the amount of mail addressed to me as "Mr. Brian J. Bohlmann MD," with the salutation of "Dear Mr. Bohlmann." During the first year or so after graduation, this caused consternation more than amusement, although I was at a loss as how to deal with this apparently common error.

About 1 1/2 years after graduation, my medical school sent me a letter requesting contributions for a scholarship fund and contained a salutation of "Dear Mr. Bohlmann"! I was astounded that the very institution which awarded my MD degree made this mistake. I wrote back, pointing out the error and explaining that it left me ill disposed to making contributions—at least at that point.

I was recently elected to fellowship in the American College of Physicians. Now I also put "FACP" after my name. I can't wait to see what people will do to that!

Brian J. Bohlmann, MD
Madison, Wisconsin

NECROLOGY

Russell L. Baker
(Former Resident in Radiology)
Champaign, Illinois

James W. Bringe,'45
Sheboygan, Wisconsin
May 24, 1995

Milton J. Donkle, '31
(2 year)
Edgerton, Wisconsin
June 6, 1995

Robert W. Fuelleman, '60
Los Alamitos, California
May 25, 1995

Kempton L. German, '35
(2 year)
Trego, Wisconsin
August 26, 1992

Alvin E. Harris, '50
Sandy, Utah
July 16, 1995

Earl R. Miller, '36
San Rafael, California
June 24, 1995

Walter S. Polacheck, '35
(2 year)
Milwaukee, Wisconsin

Creighton C. Strick, '85
Forest Park, Illinois

Alice D. Watts, '31
Oregon, Wisconsin
June 24, 1995

Dorothy V. Whipple, '29
(2 year)
Washington, D.C.

COMING EVENTS

October 16 (tentative), 1995
American Academy of Pediatrics
Wisconsin Reception
6:00-7:30 p.m.
Place to be announced
San Francisco

October 22, 1995
American Society of Anesthesiologists
Wisconsin Reception
5:30 - 7:30 p.m.
Place to be announced
Atlanta

October 28, 1995
Homecoming
Tailgate and Game with Michigan State
Madison

October 31, 1995
Radiological Society of North America
Wisconsin Reception
6:30 - 9:00 p.m.
Chicago Yacht Club
Chicago

November 27, 1995
Wisconsin Medical Alumni Winter Meeting
Place to be announced
Milwaukee

February 4, 1996
Wisconsin Medical Alumni Winter Meeting
Place to be announced
Milwaukee

April 29, 1996
American College of Obstetricians and Gynecologists
Wisconsin Reception
Place and time to be announced
Denver

May 17, 1996
Medical Alumni Day
Madison

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CONTINUING MEDICAL EDUCATION

1995

November 10-11
Psychiatric Update 1995: The Cutting Edge, *Holiday Inn East Towne, Madison*

November 16-18
1995 Update in Infectious Diseases, *Holiday Inn Madison West, Middleton*

December 8-9
Headache and Seizure Update 1995, *University of Wisconsin Hospital and Clinics, Madison*

December 8-9
Stroke Rehabilitation: What Needs to be Done After Hospital Discharge, *The Edgewater, Madison*

December 15-16
Advances in Alcoholism Treatment *The Concourse Hotel, Madison*

December 28-30
9th Annual Clinical Cardiology Symposium, *Marriott's Orlando World Center, Orlando, Florida*

1996

January 14-17
New Therapeutics, Telemark Resort, *Cable, Wisconsin*

February 11-18
7th Annual Cruise the Caribbean: Advances in Clinical Medicine, *The Caribbean*

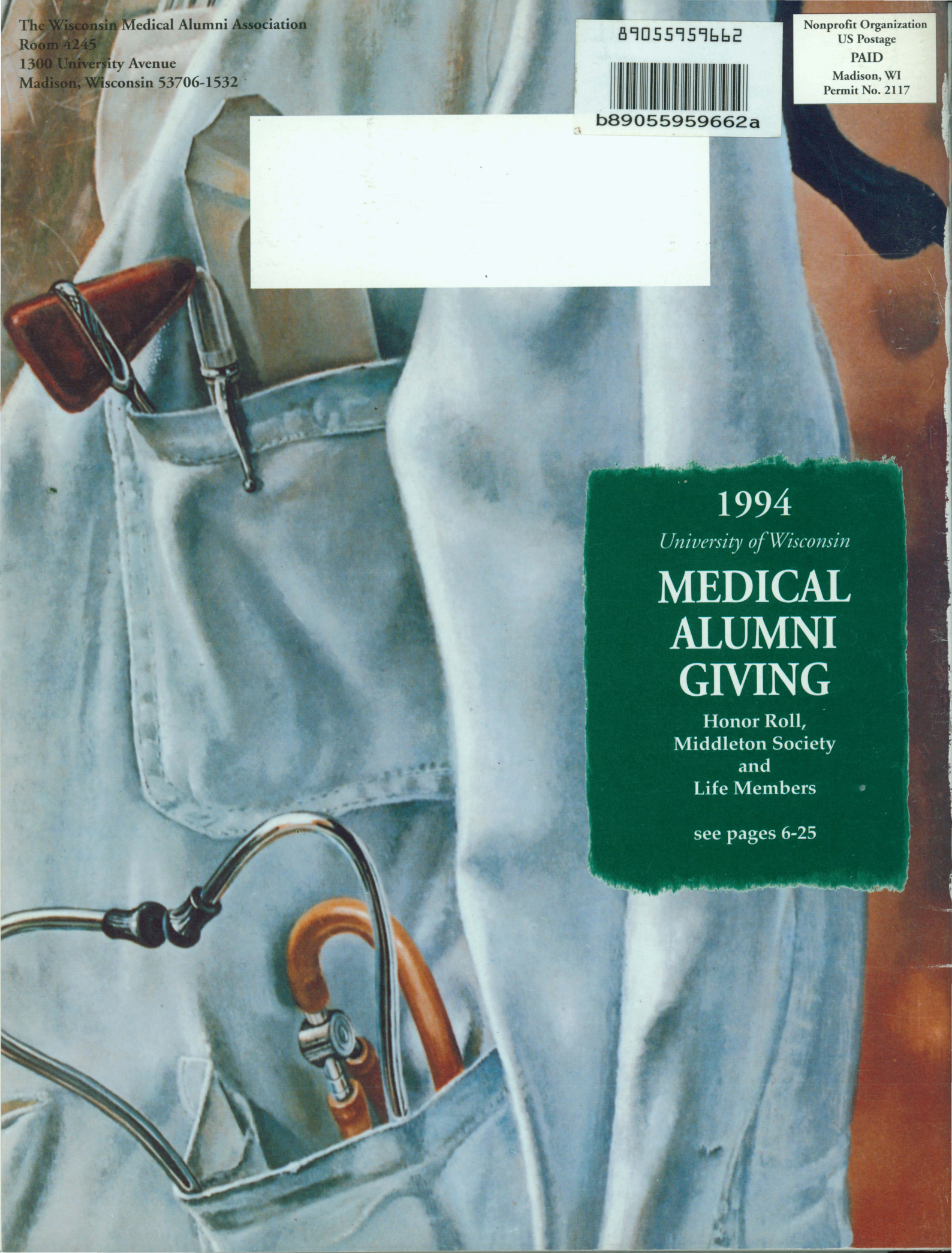
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For further information please contact Cathy Means, University of Wisconsin Continuing Medical Education, 2715 Marshall Court, Madison, WI 53705; phone 608/263-6637 or fax 608/262-8421.

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