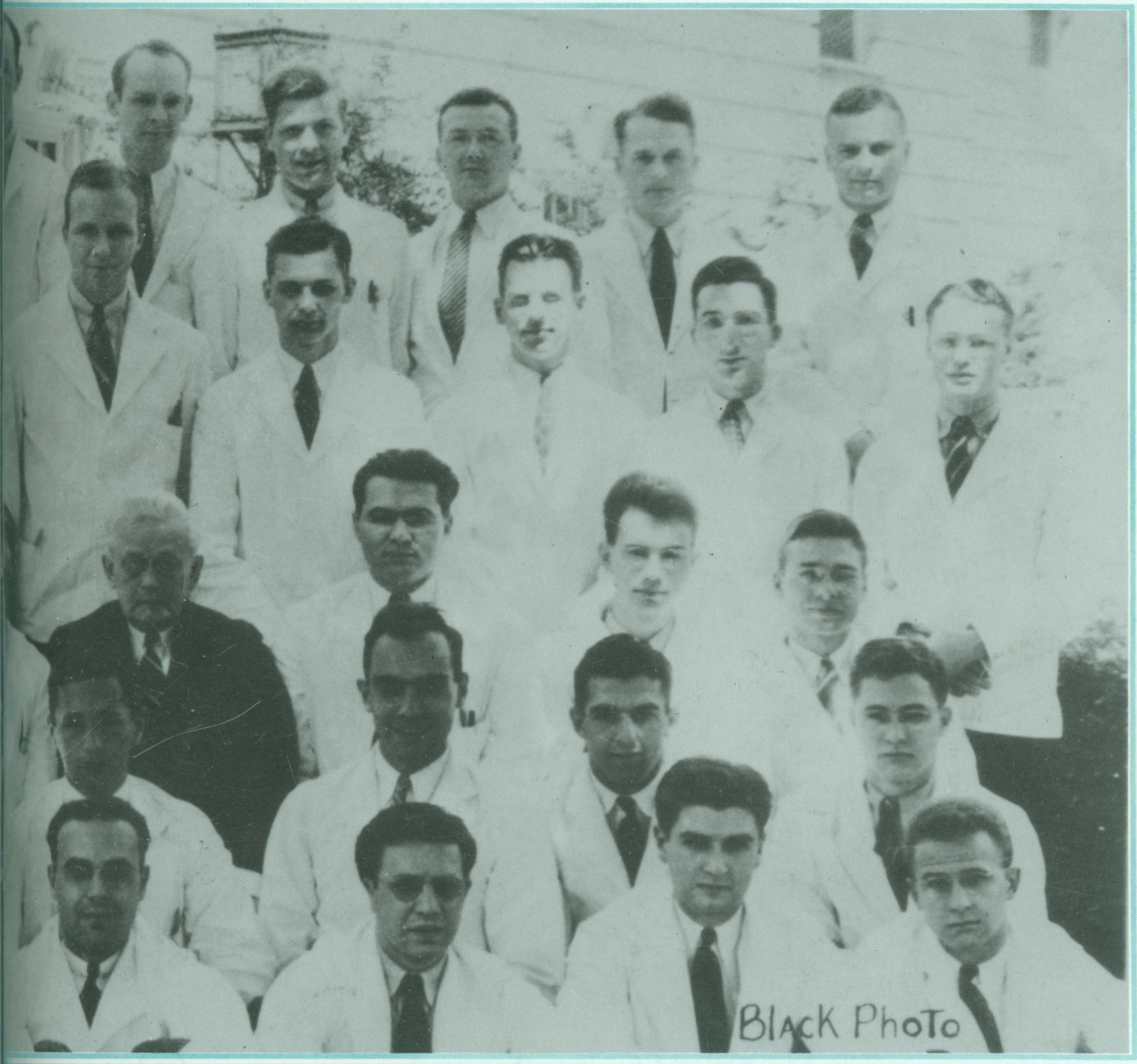


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Wisconsin Medical Alumni
Quarterly
volume 30 – number two – spring 1990

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MEDICAL ALUMNI DAY-1990

Pre-Alumni Day • May 17

Post-50th Reunion Dinner

6:00 pm Reception

7:00 pm Dinner

Madison Club

5 East Wilson Street

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

Alumni Day • May 18

Morning

8:00 **Registration-**

Continental Breakfast

Medical Science Center

1300 University Avenue

NOTE: Spouses' Reception

Susan B. Anthony Room 260

Union South

227 North Randall Street

10 -12 noon

9:30 **Welcome**

Medical Alumni Hall

Room 227 SMI

Recognition of Student Award Winners

9:45 **Annual Business Meeting**

10:00 **President's Report**

10:15 **Dean's Report**

10:30 **Scientific Program**

Medical Ethics

Norman Fost, MD, Director of the Medical Ethics Program will moderate the program and discussion.

Afternoon

Noon **Wine Reception**

Union South Room 246

12:30 **Luncheon**

Union South

Carousel Room

Presentation of 50 Year Medallions

Awards for Annual Fund Leadership

2:00 **Special Tours**

- Tandem Press
- Madison Boat Ride
- Library Computer Lab
- Arboretum Walk
- Campus Tour

Evening

6:30 **Reception**

Inn on the Park

7:30 **Alumni Banquet**

8:30 **Presentation of Awards**

- Recognition of Graduating Seniors
- Teaching Awards
- Ralph Hawley Distinguished Service Award
- Emeritus Faculty Award
 - John R. Cameron, PhD*
 - William P. Young, MD*
- Alumni Citations
 - John R. Lilly, MD, '54*
 - Robert G. Parker, MD, '48*

For class reunion plans see inside back cover

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FRONT COVER:(left to right)

Class of 1939

Bottom Row—Marcus, Bell, Batzel, Joyce, Schmidt, Twohig, Mueller. *Second Row*—Lauson, Chudnoff, Schoenenberger, Dubois, Feinberg, Eckardt, Kregel, Winsauer. *Third Row*—Bachhuber, Robert, Beattie, Tyner, Goodlad, Gilson, Bachhuber, Wilkie. *Fourth Row*—Peterson, Paulson, Bandell, Kjervik, Gallett, Caygill, Hogan, Radewan, Golden, Waisman, Grorud. *Fifth Row*—Reitman, Prassor, Peters, Gaenslen, Steiner, Barter, Addison, Mautz, Siebecker, Norton, Vandreuil. Elmer Steiger not on picture.

Design and Layout by Rhonda Dix
Medical Illustration, University of Wisconsin—Madison

Using Animals in Medical Research

“What we all share – the animal-rights people, the researchers, the public – is our compassion, our profound discomfort with suffering. It’s the same impulse, to want to protect animals and to protect people. But the question we’re all faced with is which emotion to act on when we have to make a choice. And we do, in the end, have to choose.” *Anna Fried*

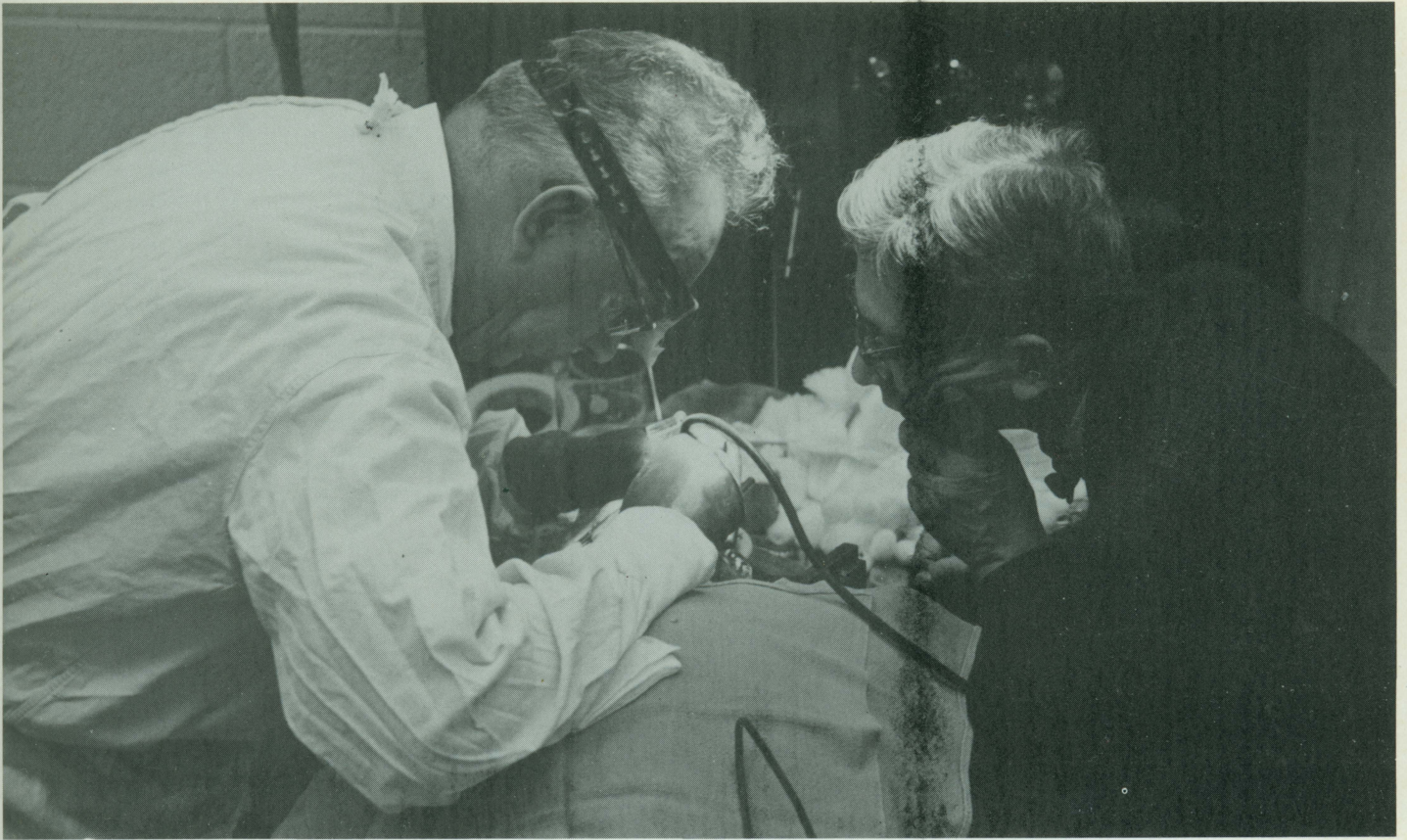


In an attempt to transform the healing art into a more scientific discipline, medical investigators began using animals in their experiments in the latter half of the 19th century, just as physiologists had been doing for some time. Many physicians as well as laypersons dismissed or discredited such animal experimentation as a useful tool in studying human afflictions.

The evidence gradually mounted, however, that research with animals had been indispensable in producing breakthroughs such as diphtheria anti-toxin and vaccination, insulin treatment for diabetes, and Louis Pasteur’s vaccines. Later successes included the development of penicillin and other antibiotics as well as drugs to treat hypertension and heart disease, the polio vaccine, the heart-lung machine and open-heart surgery, chemosurgery and therapeutic radiation, organ and bone marrow transplantation, and anti-rejection drugs. Most medical therapies that we rely upon today as well as the basic research that preceded them, in fact, have evolved from a succession of experiments in which animals played crucial and necessary roles.

One need look no further than the University of Wisconsin-Madison, the largest extramurally-funded biological research institution in the world, to document the essential and unavoidable use of laboratory animals. Researchers in the Departments of Oncology and Human Oncology, for example, have earned a world-wide reputation for their work on the etiology of cancer as well as innovative therapy. Much of that work demanded experimentation with animals; it still does.

No listing of benefits to the health and welfare of humans, however, would convince a growing number of animal advocates that using animals in medical research is necessary, ethical or permissible — and therein lies a dilemma of our times.



Clinton Woolsey (left) operates on a chimpanzee while Jerzy Rose looks on during the 1960s. The scientists, now Emeritus Professors of Neurophysiology, laid the foundation for much of today's work on the nervous system.

The Debate

Animals have rights essentially equal to those of humans. There is, therefore, no justification to deprive animals of their freedom and use them in any kind of experimentation even though it can be shown that human beings or animals might benefit.

On the other hand – animals have no rights, as ruled by the U.S. Supreme Court. As intrinsically amoral creatures, they do not respect the rights of others nor do they understand their fate. They are non-thinking creatures destined to serve the needs and desires of humans.

These are the opposite ends of a wide spectrum of convictions concerning the relative roles of man

and animal. Most persuasions lie somewhere in between.

With a few notable exceptions, such diverse viewpoints historically engendered little interest among the American public. Today's torrid atmosphere, however, is different. Animal rights and animal welfare activists are highly visible, and some scientists fear that the resolution of the conflict between activists and the investigators they criticize could force such severe restrictions upon the use of laboratory animals that much medical research would end.

Here we will examine both sides of the issue and discuss the current treatment of laboratory animals and their contribution to our health and well being.

The Origins of the Animal Rights Movement

There has long been an undercurrent of concern in the United States for the way in which humans treat animals. More or less following the pattern of the anti-vivisection movement in Victorian England and on the European continent during the 19th century and even before, U.S. animal protectionists formed organizations such as the American Humane Association and the American Society for the Prevention of Cruelty to Animals.

In 1897 the first group to focus entirely on animal experimentation – the

American Anti-Vivisection Society – was founded in this country. It was followed by the formation of several similar organizations such as the New England Anti-Vivisection Society, the Anti-Vivisection Society of Maryland, the Vivisection Reform Society, the

active part in, acquiesce in, and allow their taxes to pay for practices that require the sacrifice of the most important interests of members of other species in order to promote the most trivial interests of their own species.

“...It should be obvious that the

of animals evolved as our own did, and in fact the evolutionary history of humans and other animals, especially mammals, did not diverge until the central features of our nervous systems were already in existence... It is surely unreasonable to suppose that nervous systems which are virtually identical physiologically, have a common origin and a common evolutionary function (avoidance of injury), and result in similar forms of behavior in similar circumstances should actually operate in an entirely different manner on the level of subjective feelings.”

“The struggle of this tyranny (of human over nonhuman animals) is a struggle as important as any of the moral and social issues that have been fought over in recent years.”

Vivisection Investigation League and others. Many of their members were active in leafleting, letter writing, attending meetings of all sorts, and promoting legislation.



The passionate animal rights movement that we see today stems in large part from the writings of Peter Singer, especially his influential book *Animal Liberation* (Avon Books, 1975) in which he argues that all animals – human and nonhuman – are equal.

“This book,” he explained in the preface, “is about the tyranny of human over nonhuman animals. This tyranny has caused and today is still causing an amount of pain and suffering that can only be compared with that which resulted from the centuries of tyranny by white humans over black humans. The struggle against this tyranny is a struggle as important as any of the moral and social issues that have been fought over in recent years.”

Most human beings are not only racists and sexists, Singer continued, they are also speciesists who “take an

fundamental objections to racism and sexism made by Thomas Jefferson and Sojourner Truth apply equally to speciesism. If possessing a higher degree of intelligence does not entitle one human to use another for his own ends, how can it entitle humans to exploit nonhumans for the same purpose?”

Animals have interests and therefore rights because they can suffer pain, Singer believes. “The nervous system

In other words, animals suffer pain just as humans do and therefore have similar moral standing. Hence we should not imprison them and use them for experimentation, especially in view of the existence of alternative methods such as computer modeling and tissue culturing that, adroitly manipulated, can divulge the answers the investigator seeks.

Using many examples from the scientific literature, Singer asserts that

World Medical Association Affirms Animal Research

At the 41st World Medical Assembly in Hong Kong, the World Medical Association (WHA) adopted a statement concerning animal use in biomedical research. The delegates affirmed that:

- ✓ Animal use in biomedical research is essential for continued medical progress.
- ✓ Biomedical research on humans must be based on animal experiments.

✓ The welfare of research animals must be respected and their humane treatment is essential; research facilities should be required to comply with all such guides.

✓ Medical societies should resist attempts to curtail appropriate use of laboratory animals because this would compromise patient care.

✓ The anarchistic and violent elements among animal rights activists should be condemned.

✓ International law enforcement agencies should be asked to protect researchers and research facilities from terrorist activities.

many experiments involving animals are unnecessarily repeated and have no prospect of benefitting man or animal. Furthermore, animal testing is unreliable because of species differences – results can't reliably be transferred from animal to man.

reasoning is advised to consult the book, which has galvanized the present-day animal rights movement.

Many in the movement, including Singer, also believe we should not wear animal hides or eat animals, and they are incensed about factory-type

products, drugs and medical techniques on human beings without using animals."

The Doris Day League and other like-minded groups, however, generally take a more lenient approach towards what they consider responsible, truly needed, humane medical research than the animal rights advocates, who tolerate no laboratory use of animals and who occasionally use strong-arm tactics against laboratory facilities.

"Some day we may not need animals for research, but I am certain that this will not occur within the lifetime of my grandchildren. The alternatives that people talk about are not really alternatives but adjuncts."

"Finally," Singer stated, "it is important to realize that the major health problems of the world largely continue to exist, not because we do not know how to prevent disease and keep people healthy, but because no one is putting the manpower and money into doing what we already know how to do."

These are some of the main points that Peter Singer makes in *Animal Liberation*, a fairly detailed and intellectual account of how man exploits nonhuman animals. The *Quarterly* reader interested in a more complete and satisfying explanation of Singer's

farming in which animals are converted into food in the most efficient way possible and often inhumanely, they say.

Although Singer owns no pets and is not particularly interested in or fond of animals, other animal protectionists assume a more emotional approach rooted in man's historical attachment to companion animals. The Doris Day Animal League, for example, asks people to imagine their pet dog being terrorized in a laboratory and solicits them to urge their Congressman to pass legislation to stop pounds from selling household pets to laboratories and to ban certain kinds of testing.

"Even in the area of medical research," the League's literature states, "some doctors and researchers have stepped beyond reasonable testing to solve medical problems and are now engaged in irresponsible and needlessly agonizing testing... This cannot be allowed to continue... Recent advances in computer modeling and cell culture techniques make it possible for scientists to predict the effect of new

The Other Side



Because of their high visibility and pervasive propaganda, the animal rights activists are fast gaining adherents. "But these people represent a minority opinion," said John Brugge, Chairman of Neurophysiology. "In any poll taken on the subject there is overwhelming support for the responsible use of animals in research.

"The responsible ground is found under the heading of 'animal welfare,' and it is fair to say that biomedical scientists using animals in research are right in the mainstream of that. Animal welfare is good science. One cannot obtain reliable results from unhealthy or mistreated animals.

"Furthermore, animal welfare depends on good animal research. We tend to forget that advances in veterinary medicine have depended at least as much on animal research as human medicine, maybe even more."

Nevertheless, many medical and biological researchers are apprehensive; some live under a cloud of intimidation and worry about their personal safety and that of their families. They fear physical measures such as destruction of laboratory property and release of experimental animals that well

A Quiet Death

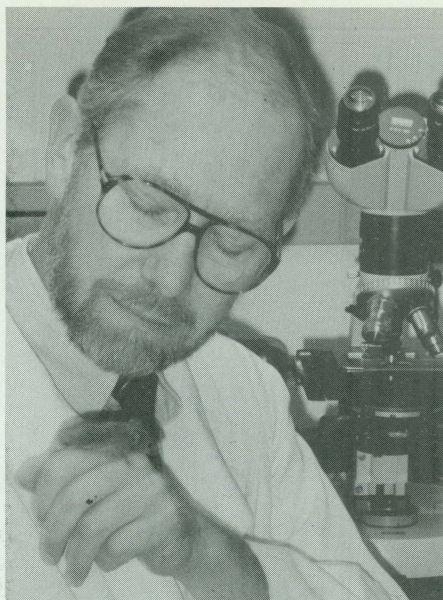
"My people speak more and more of fear and demoralization... If you stop funding or drive up costs by layers of regulation, nobody on the outside knows it's happening. Research just quietly dies." *Frederick Goodwin, National Institute of Mental Health*

funded, organized and highly motivated animal rights advocates have espoused and carried out with a "whatever it takes" justification.

Perhaps the greater fear, however, concerns local and national legislation that in the extreme could abolish the use of animals in research, a most unlikely event. More likely is legislation that would impose so many restrictions that animal research would become overly burdensome and expensive. Biological research is already among the most highly regulated enterprises in the country.

A pattern of ever-increasing regulations and their attendant costs has already stopped some lines of research. Harvard Medical School, for instance, had to discontinue its work on inducing tolerance in organ grafts because Massachusetts law made the cost of acquiring dogs prohibitive. Laboratories across the country have had to be remodeled and restructured, often at great expense, at a time when federal funding is being cut to accommodate the budget deficit. Many scientists claim, furthermore, that changes they must make are not always in the interest of good animal care.

Ellis Seavey, the veterinarian who oversees the animals used in the Medical School and Hospital, pointed to Part Three of the new Animal Welfare Act, which is working its way through the legislative process. "It calls for measures to insure the psychological well being of dogs and primates," he explained. "This would cost the UW millions; nationwide the cost would run about 500 million. And it wouldn't necessarily insure better care." He explained that caging dogs together, for example, as the Act requires, can result



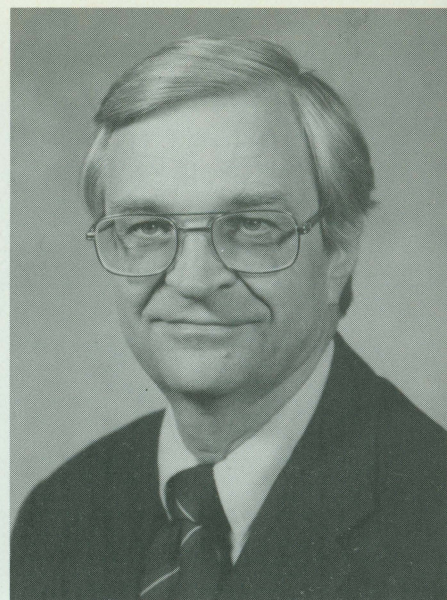
John Brugge, Chairman of Neurophysiology

in more trauma and negative effects – a step backwards.

In some cases funds meant for research must be shunted into security measures against violent protesters or into repairing damage. And some promising young researchers are being discouraged from entering the animal research field, an effect that may not be felt for many years.

A growing number of animal activists have more in mind than mere stringent restrictions. Groups such as People for Ethical Treatment of Animals (PETA), whose membership has increased from 8,000 to 250,000 in five years, want to stop all use of animals in biomedical research, claiming that the major infectious diseases which used to plague man have been conquered. Hence further research with experimental animals is unnecessary as well as unethical.

James Will, Director of the UW Research Animal Resources Center and Professor of Veterinary Science, disagrees. "Much of what we do in research today doesn't concern disease

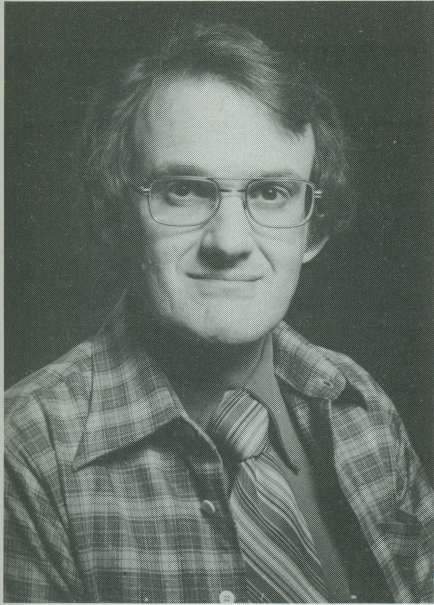


James A. Will, director of the Research Animals Resource Center

entities we find in the U.S., but those in developing parts of the world. Probably 95% of NIH funds that go into parasitology, for example, are directed at parasitic diseases in third world countries." Laboratory animal models are essential in the study of such diseases and their remedies, just as they have been in past battles against infectious diseases.

The novel problem of emerging viruses particularly concerns Will, who said that a colony of 450 monkeys at a Washington research facility recently had to be destroyed when viruses never before found in non-human primates were discovered. The disease caused by these viruses is 100% fatal to man. Again, the answers must come from experimentation with laboratory animals.

"Some day we may not need animals for research," Will said, "but I am certain that this will not occur within the lifetime of my grandchildren. The alternatives that people talk about are not really alternatives but



Millard Susman, Associate Dean for Research

adjuncts. They can't accomplish what animals do, although they can provide some evidence and hopefully lead us in directions to insure that we don't have to use as many animals."

Will cited HeLa cells, initially established nearly 40 years ago, as well as other cell lines, as examples of adjuncts that can be very helpful in determining factors such as chemical toxicity. "But the cells tend to regress to a more primordial form," he explained, "and are not the same in character as cells from primary isolations. They cannot substitute for live, intact animals."

Millard Susman, Medical School Associate Dean for Research and Professor of Genetics and Medical Genetics, concurs that using animals is often necessary in his field. "If you're interested in understanding a genetic disease, you can study tissue cultures and to a certain extent determine what a mutation does to a cell isolated from other cells in a Petri dish - what proteins the cell can no longer make or



Charles Lobeck, Associate Dean for Academic Affairs and recent long-time chair of the Board of Trustees of the American Association for Accreditation of Laboratory Animal Care

makes abnormally. But when you want to find out what effect the mutation has on the overall function of the organism - what are the interactions between organs, what happens during development - that's the point at which animal models become absolutely invaluable. You can only understand these things by looking at the whole structure."

The idea that such phenomena can be studied in a computer model or a tissue culture is just dead wrong, Susman added. Other scientists echo similar sentiments - that no machine or model could begin to simulate the immense complexity and variability of an intact biological specimen. And how can one enter data into a computer if they have yet to be discovered?

Pediatric cardiologist Alan Goldblatt, a spokesperson for the Foundation for Biomedical Research, said that animals are equally needed for applied research. "It would be a disaster to stop animal use. If your child was facing transplant rejection, what would you choose - the

chance for a full and normal life by using a drug developed in animals, or probable death? Some of the drugs we use today are incredibly toxic, and if it takes experimentation on animals to be able to use them properly, then we must do that. And we must treat the animals humanely, respectfully and compassionately."

Goldblatt added that major afflictions such as cancer, Alzheimer's disease, stroke, heart disease and birth defects need a great deal more research, which will necessarily include some animal experimentation.



Who Looks After the Welfare of Laboratory Animals?

The American Association for Accreditation of Laboratory Animal Care developed in the early '60s as an organization to voluntarily accredit laboratory animal care facilities and programs to prevent abuse of animals in research," explained Charles Lobeck, Associate Dean for Academic Affairs and Professor of Pediatrics. He has served AAALAC in several capacities, including Chair of the Executive Committee from 1985-89 and Chair of the Board of Trustees from '81-'89.

Veterinarians, whose interests center around saving and protecting animals, were the backbone of the organization. They developed a peer review process whereby teams of veterinarians and other laboratory animal scientists visit a facility for two or three days before writing a report that decides accreditation. More than 500 units in the U.S. are now accredited; they include the

“Some of the drugs we use today are incredibly toxic, and if it takes experimentation on animals to be able to use them properly, then we must do that. And we must treat the animals humanely, respectfully and compassionately.”

vast majority of larger academic institutions, breeders of laboratory animals and pharmaceutical houses.

The criteria used in judging the laboratories can be found in a book developed by the National Institutes of Health: *Guide for the Care and Use of Laboratory Animals*, replete with strict standards for laboratory animal care, including pain relief and otherwise minimizing suffering. The guide prescribes essentially every aspect

of the laboratory animal's life, including hygienic living conditions, conditions of surgery and euthanasia, and how animals can be used for demonstration and teaching. Most accredited institutions support a coterie of veterinarians who specialize in laboratory animals and who strictly enforce the guidelines.

Also on the federal level, the Animal Welfare Act, passed by Congress in 1966 and most recently amended in

1985, stipulates how research animals should be cared for by all regulated research facilities. It is enforced by the USDA, which can actually prosecute and force a facility to close. The NIH's guidelines are enforceable by the removal of NIH funding.

At the UW-Madison, James Will directs the Research Animal Resources Center (RARC), which sees that all facilities that use animals adhere to AAALAC regulations. A total of six campus committees insure that research animals receive the highest quality care and comfort. Professor of Psychology Peter Spear chairs the UW all campus Animal Care Committee and sets the policies for animal care. Ellis Seavey, a research animal veterinarian, is in charge of animals used in the Medical School and Hospital.

The system seems to be working. “I know that animals we have in our facility and those in every reputable university – with some notable slips occasionally – are well cared for, spared pain, and serve humanity before they die; some actually live long and happy lives,” Lobeck said. “I can cite some perfectly horrible things that have happened to animals in research that should never have been carried out. Those things are pretty rare, but we all get a black eye when they happen.”

Director Will expressed similar

The AMA Begins Animal Research Effort



The AMA's Education and Research Foundation is seeking \$15 million during the next three years to combat the strong and growing movement of hardcore animal rights advocates, especially those who employ violence in their efforts to stop animal experimentation.

The AMA-ERF action plan aims to reduce public support by exposing the radical activists to be anti-science, physically and psychologically violent, and a threat to the public's freedom of choice. The plan also will emphasize the humane treatment of animals by the research community, which should address the legitimate concerns of animal welfare proponents and the majority

of the public.

AMA members and spokespersons, wanting to avoid the unpleasantness of joining the fray, have so far allowed the activists to define the issues, choose the arena, and set the agenda. Now, however, the AMA's new program will try hard to focus public attention on the value of biomedical research and expose the “real agenda of the animal activists, which is to impede biomedical research and prevent the ill and injured from receiving the benefits of that research.”

Members of the medical and research communities will be asked to help in the campaign.

views. "Laboratory animals are a special resource. We have a strong obligation to protect the animals and to use them wisely and responsibly, eliminating or ameliorating any pain that could result from our use. The animal advocate community has been very helpful in bringing about an understanding that there are ethical considerations beyond those we accord to tools in research or in teaching."

The philosophy of animal caregivers can be summed up by the three R's of animal welfare: replacement of animals by alternatives where possible, reduction of numbers where possible, and refinement of procedures to minimize pain. David Gilboe, Professor of Neurological surgery and Physiology, recalled that animals were used fairly indiscriminately at one time. "But that was also during a time when there was less consideration given to the rights of human patients. Much of what was done during studies involving patients would never pass today's human subjects committees. With the current awareness of rights the situation has improved for both man and animals.

"It is very naive to believe that we understand biological systems well enough to model them and predict responses to unique experimental conditions without use of animals."

Training Investigators and Animal Caretakers

The mandatory Wisconsin Certification Program, which includes an examination, is designed to help each person who uses, cares for, or supervises the use of animals in research and teaching become aware

of his or her responsibilities under current laws and regulations. The program, which deals with ethical and historical perspectives as well as the practical fine points of hygiene, feeding practices, etc., tries to ensure that abuses will not happen. To date, more than 5,000 people have been certified on the Madison campus.

The certification program – the largest in the world – has been adopted by many other institutions in the U.S. and abroad. Its message to University animal users is buttressed by periodic seminars and newsletters. Investigators are also confronted by large and frequently updated posters in all the animal-using areas of campus informing them of modifications in regulations and passing along new ideas.

The Research Animal Resources Center also produces videos about animal care as well as written material.

Reducing the Numbers

There are several ways to reduce the number of animals used in the laboratory and classroom, and thoughtful investigators and teachers are increasingly using such techniques.

One method, which should be obvious to all researchers but apparently is sometimes short-changed, is to use the protocol that best fits the question(s) under investigation. This includes selecting the most appropriate animal model and designing the experiment to wrest maximum significant information from the fewest possible animals.

Professor of Zoology Warren Porter, for example, has developed a mathematical tool called multi-variant analysis, designed in particular for biology, to allow a researcher to determine the significance of more than one variable in one experiment.



Mobilization for Animals protesters at the UW Memorial Library mall April 24, 1983.

“... advances in veterinary medicine have depended at least as much on animal research as human medicine ...”

With Porter's methodology or other input from biostatisticians, experimenters can generally avoid repetitious experimentation. They do it right the first time.

David DeMets, Professor of Statistics and Human Oncology, summed up the logic that he and his colleagues stress in designing research protocols: “If more animals are utilized in an experiment than is necessary to make the desired scientific inference, then animal resources have been wasted. If too few animals have been utilized, then it will be impossible to draw

meaningful conclusions from the experiment and the study will (at least in part) have been wasted...Bad design is bad ethics.”

Another way to minimize animal use is to employ only one animal for a teaching demonstration. Every year, for example, Professor of Physiology Larry Davis explains the intricacies of heart arrhythmias to second year medical students with the help of a fully anesthetized, fairly large dog whose exposed heart is fitted with electrodes and a catheter. TV monitors on either side of the lecturn show the

heart's reaction in exquisite detail while the traces on a recording device, magnified and projected onto a screen, monitor the animal's EKG and blood pressure. Each of the 100 or more students in the lecture hall is able to view the specimen as if it were two feet away, and students can pose questions which are immediately answered with the demonstration setup. Only one dog is sacrificed for an entire class yet the learning experience is vivid and memorable.

Demonstration tapes and slides also help diminish the use of animals. They are sometimes used in place of animals, and, when animals must be used by students in laboratory courses, they can learn the correct way to proceed from prior study of audio-visual materials.

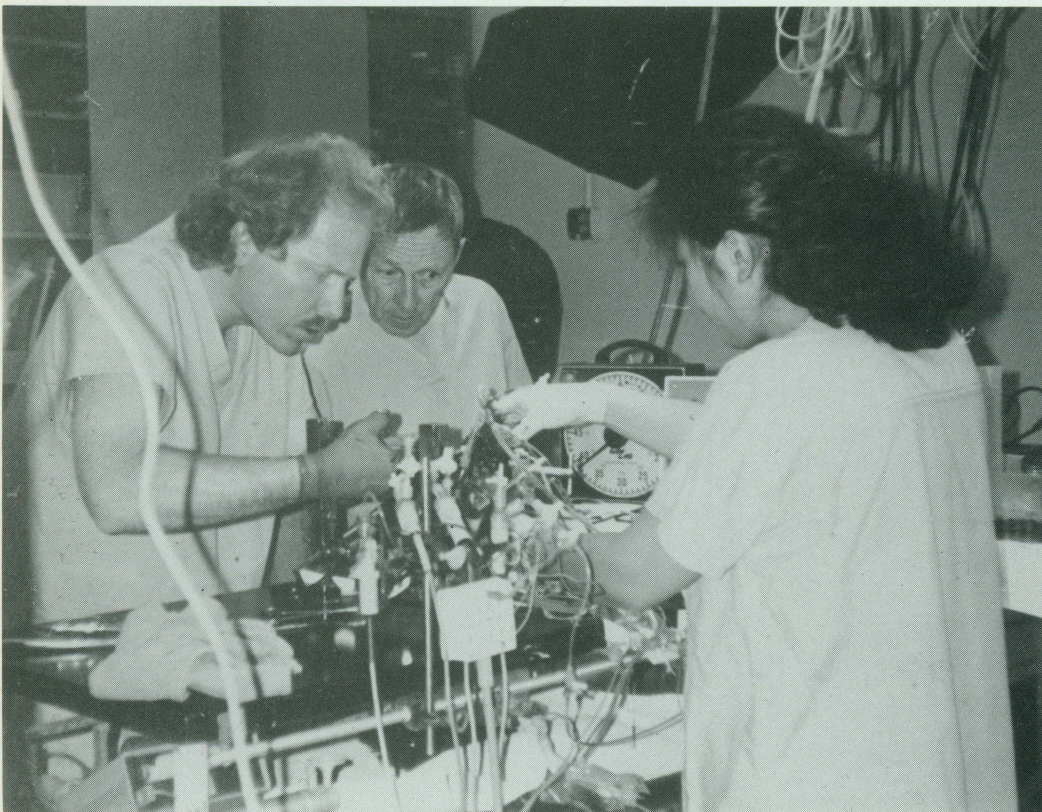
Another incentive to reduce the number of experimental animals is the NIH's limit of 15% of a grant for animal expenses.

The Captive Life

The caging – or imprisoning – of laboratory animals is an issue with little room for resolution. They must be confined if they are to be used.

Animal liberationists feel that all animals deserve freedom. Some even feel that people should not own pet cats and dogs. Surely mice, rats and rabbits, the most commonly used laboratory animals, should not be caged. Life in the wild is more natural and preferable.

Wildlife ecologists tell us,



Professor of Neurological Surgery David Gilboe (center) and Associate Researcher Douglas Kintner isolate and maintain a canine brain for testing a drug that reverses some of the changes due to ischemia.

however, that animals living in the wild are severely constrained by their environment. Beset by disease and often on the brink of starvation, they must escape predators and weather extremes. They exist under nearly constant stress, and their deaths are often excruciating.

Laboratory animals, on the other hand, are fed and housed with great care and forethought. Their uniformly good health, after all, is an essential beginning point for almost all experiments. And most laboratory animals are bred and raised for laboratory use; they wouldn't know how to behave in other circumstances.

In the past several years, experimenters and animal caretakers have been made abundantly aware of their stewardship – their responsibility to look after the animals' well being and to protect them from pain and discom-

A rat is a pig is a dog is a boy.

fort as much as possible. For those investigators who might wish to take short cuts, there is strict enforcement by on-campus as well as outside monitors.

The caging of animals, however humane, represents a trade-off that animal rights activists cannot accept.

What About the Benefits?

Many animal advocates are willing to allow the humane use of animals in experiments that will most likely improve the health of humans, although the trend in recent years is towards the no-use-of-animals camp.

Wisconsin Association for Biomedical Research and Education



Concerned leaders from Wisconsin hospitals, medical schools and the research community created the Wisconsin Association for Biomedical Research and Education (WABRE) to inform the public about the necessity of humane animal research in the belief that most people do not appreciate the link between specific research and

But what about the use of animals in more basic research, which may be many years or even decades removed from any practical results? Without painstaking groundwork that necessarily precedes the few much-applauded breakthroughs, the potential

for applied research would soon dry up. Such a concept is hard to explain to a legislator or a judge, who may be willing to curtail all animal research or restrict research to quick payoffs. The law, moreover, sometimes paints with an overly broad brush. But at least there is room for negotiation and compromise with the more moderate animal welfare advocates.

The controversy between those activists who condemn all use of animals in the laboratory and those researchers who espouse the humane use of animals seems unsolvable, for the philosophies that underlie each mindset are diametrically contrary.

As PETA co-director Ingrid

specific use of animals. Animal rights activists, on the other hand, aggressively grab the public's attention with strong emotional appeals and call for the abolition of animal research.

WABRE's ultimate goal is to improve the health and well being of both humans and animals. To this end, WABRE tries to broaden understanding of the goals, benefits, conduct and regulation of research activities in Wisconsin.

Please consult Dean Brown's column for more information and WABRE's address.

Newkirk said in a 1986 interview, "I don't believe human beings have the 'right to life.' That's a supremacist perversion. A rat is a pig is a dog is a boy." Newkirk was originally influenced by PETA founder Alex Pacheco, who believes that using animals in medical research is the moral equivalent of Nazism.

The viewpoint of those who consider animal research necessary is distilled in the words of Anna Fried, who watched her son suffer and die from transfusion-induced AIDS. "What we all share – the animal-rights people, the researchers, the public – is our compassion, our profound discomfort with suffering. It's the same impulse, to want to protect animals and to protect people. But the question we're all faced with is which emotion to act on when we have to make a choice. And we do, in the end, have to choose."

The conflict constitutes a genuine dilemma that seems to be gaining heat and momentum as we enter the '90s.



EMERITUS FACULTY AWARDS

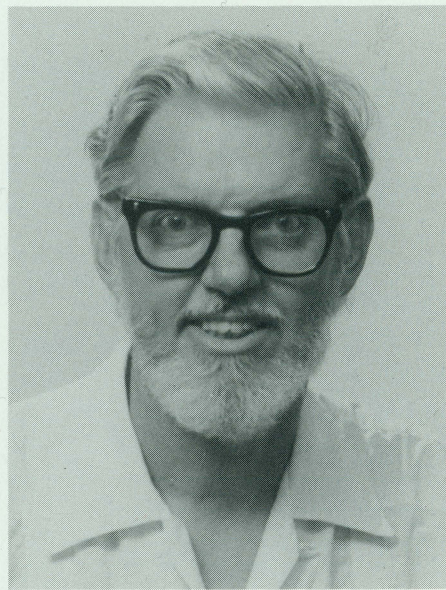
John R. Cameron

Suppose that human imagination results from random electrical noise in the brain — neural accidents, analogous to the genetic accidents we call mutations. Suppose further that pulsed magnetic fields could increase this noise and thereby improve the imagination, which, combined with prior knowledge, is the stuff of creativity.

Although the concept may sound far out to some, it is typical of the ideas that John Cameron, Emeritus Farrington Daniels Professor of Medical Physics, Physics and Radiology, is ready to tackle even in retirement. If it doesn't work out — well, it was worth a try.

technique that measures the cumulative doses of ionizing radiation received by anyone working near a radiation source or by a patient. John also developed a method of measuring bone mineral content non-invasively, a technique now used to detect osteoporosis.

Dr. Cameron's concern that the public should get the most benefit from x-rays led to his in-



private ownership; the profits from the sale led to formation of the Medical Physics Foundation.

Don't think, however, that John Cameron flatly opposes all exposure to radiation not necessary for medical diagnosis or therapy. "I see no reason why humans shouldn't benefit from small amounts of radiation," he said, refer-

ring to the increased lifespan of rats given low levels of radiation. "Nuclear shipyard workers have about 10% less cancer than workers on conventional ships, yet the public is convinced it's bad."

More than 40 years ago John came to Madison from the University of Chicago, where he majored in math, and received his MS and PhD degrees in nuclear physics. After serving as a UW project associate and as a faculty member at the University of Sao Paulo, Brazil, and the University of Pittsburgh, he was — to his delight — offered an assistant professorship in Radiology with a joint appointment in Physics at the University of Wisconsin in 1958.

Thus began a fertile association that

venting and building test tools to check the quality and safety of dental X-ray equipment. The enterprise soon evolved into Radiation Measurements Incorporated, a not-for-profit company (1974-1987) that manufactured devices to test diagnostic imaging equipment. Its test tools insured the use of the least amount of radiation consistent with producing adequate images. RMI continues to make testing devices under

"I'm happy to be alive, in reasonably good health and with most of my marbles."

He recently helped found the UW Biomagnetism Laboratory to measure the very subtle but important magnetism produced by the brain. (See fall '89 *Quarterly*.)

This innovative mentality seems to have underlain John's thinking processes throughout his career. He developed thermoluminescent dosimetry (TLD), for example, into a

brought forth, among many other accomplishments, the Department of Medical Physics with John Cameron as the founder and first chairperson. The Department — one of the very few to emphasize the physics of diagnostic radiology more than radiation therapy — has earned an enviable world-wide reputation and has trained more than 200 scientists in the area.

John has spread his discipline of medical physics well beyond the confines of Madison. He often returns to Sao Paulo to teach and consult, and when invited to lecture before 300 participants at the first meeting of China's new Medical Physics Society, he was doubly surprised: the meeting lasted 18 days and he was the only speaker for all sessions. "I went through my whole Medical Physics book," he said, which has been translated into Chinese.

Since retiring in 1985 John Cameron, ever upbeat and ebullient, has continued his travels. One may find him at home in Lone Rock or in Madison but since he's still much in demand, he's just as likely to be found in California, Michigan, Malaysia, Brazil, France, Spain, Portugal, Ireland or, most recently, Costa Rica, Venezuela and the Dominican Republic.

He also continues his interest in the not-for-profit company which he founded a few years ago, the Medical Physics Publishing Corporation. It publishes books concerning medical physics as well as books for the public about science and medicine.

His many honors and positions have included the William D. Coolidge Award from the American Association of Physics in Medicine; Director, Midwest Center for Radiological Physics;

Director, Biomedical Engineering Center; Consultant to U.S. Atomic Energy Commission and the International Atomic Energy Agency; President and/or board member of several professional societies.

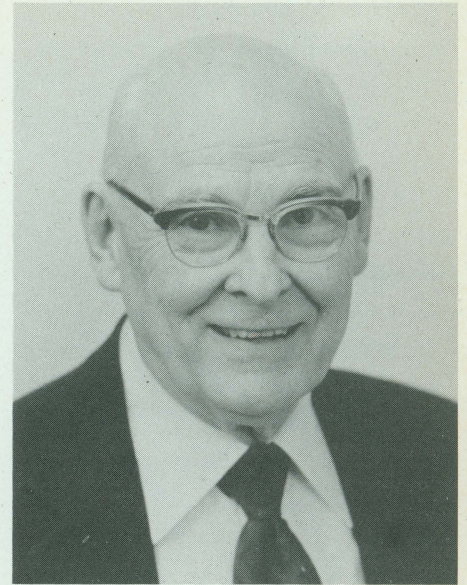
The indomitable spirit of John R. Cameron speaks for itself: "I'm happy to be alive, in reasonably good health and with most of my marbles. I'm happily married after 40 years and have two grown daughters who are my good friends. And I'm happy to have discovered medical physics and had the chance to contribute to it."

William P. Young

Emeritus Professor of Surgery William Young is best remembered for his role on the front lines of open heart surgery when the field was in its pioneer days. The techniques we now consider routine and even somewhat commonplace were being developed, tested and fine tuned in those days — stimulating times indeed for a surgeon in the thick of the action.

"I couldn't have picked a better time in the whole period of mankind to work and teach in the field of medicine," is the way Bill Young expressed his enthusiasm. "This was very exciting, very satisfying. All of us in heart surgery met frequently, and there was free exchange of ideas and experience. We were all trying our best to develop heart surgery."

Today's techniques of heart surgery began with children. "Many young patients with congenital heart disease would die," Bill recounted. "But with surgery, many of the patients were given a normal life span and could even get the same life insurance rates as other people."



At the beginning of open heart surgery, when there was no such device as a pump oxygenator, Bill was among the first to use hypothermia to slow body metabolism. The chilling procedure, wherein the child was placed in a tub of ice cubes and ice packs surrounded the head to prevent brain damage, bought a precious few minutes with the heart open in which to make the critical repairs. Whole-body hypothermia gradually gave way to cooling just the heart.

His earlier days were often very long, according to a colleague of Dr. Young. "He would arrange to have donors arrive at the hospital by 5 a.m. and he'd bleed perhaps a dozen donors. He did all this before he could even begin surgery."

Bill also was involved in the very early work with the heart-lung machine, artificial valves, and coronary artery surgery. His patients did exceedingly well, according to another colleague, who remembered Bill Young as "a splendid surgeon, a very good technician. And the patients and nurses loved him!" His reputation as a first-rate cardiac surgeon was re-

sponsible for lengthy lists of patients waiting for open heart surgery at the Wisconsin General Hospital.

He successfully adapted heart-lung supported surgery to adults before most other centers, and early on he trained physicians and support personnel to work closely together—the team approach, taken for granted today but an innovation then. Nurses in particular appreciated surgeon Young, who made them integral team members. In fact, the critical care nurse may well have originated with the postoperative care of his open-heart surgery patients.

Dr. Young served as Chief of Cardiovascular Surgery from 1956 to 1971. He also played an instrumental role in developing the clinical curriculum for the Physician Assistant Program and

an orderly at Wisconsin General Hospital and as a telephone operator at Methodist Hospital. He claims that training in biochemistry and the hospital experience were good preparation for medical school and later. "I learned a great deal by working with patients and associating with doctors and nurses. Hands-on patient care is not directly taught in our medical schools," he added.

In the Medical School, student Young maintained a formidable schedule as he continued his job as an orderly and worked as a lab technician. He also was a graduate assistant in Pathology and Bacteriology, in which he received a master's degree under Charles Bunting and Paul Clark, an endeavor that extended his first two years of medical school into a planned three years. He

"a compassionate, dedicated surgeon with special skills who has provided excellent training to residents and ... who developed many of the procedures and devices which were used nationally in cardiac surgery."

frequently consulted with various state health planning agencies.

Although born in Washington state, Bill grew up in Racine County (Wisconsin) and received his college and medical degrees at the University of Wisconsin—Madison. He began as a student of mechanical engineering but was soon persuaded to transfer to something else; it seems that engineering graduates weren't getting jobs at the time. "Something else" turned out to be biochemistry.

As an undergraduate, Bill worked as

fondly remembers many of his professors, especially Drs. Middleton, Schmidt, Gale and Curreri, as well as Emeritus Professors Harland Mossman and Kenneth Lemmer.

And Dr. William Young is fondly remembered by his patients and colleagues as, according to Dean Arnold Brown, "a compassionate, dedicated surgeon with special skills who has provided excellent training to residents and ... who developed many of the procedures and devices which were used nationally in cardiac surgery."

John R. Lilly

It was a golden year, 1954. There was Warren Otterson, Richard Thurrell, Hank Urban, Bill Rabeen in the Medical School graduating class—and John R. Lilly, now Professor and Chief of Pediatric Surgery at the University of Colorado Health Sciences Center in Denver.

"I still keep in touch with Warren Otterson and Dick Thurrell whenever I'm getting bogged down in the routine of life," he said. "Warren is a brilliant, highly virtuous and idealistic individual; Dick is somewhat staid with dogged determination and has always remained young at heart. I was also influenced in my professional career by "Hank" Urban and "Bill" Rabeen. Hank's high standards of behavior and irrepressible enthusiasm for life set an example for me and Bill taught me the value of maintaining strict ethical and moral standards in all aspects of medicine.

"Carol Rumack (a '69 graduate of the Medical School and member of the *Quarterly* Editorial Board) and Bernard





MEDICAL ALUMNI CITATIONS

Nelson, the University of Colorado's radiologist and Chancellor, respectively, are other bright people from the UW whom I currently work with quite a bit and am privileged to know."

John is likewise energized by his interest in pediatric liver disease, a pas-

surgery," a colleague said. "Anything less than technical perfection results in operative failure." He also takes great care in the follow-up of these very complicated patients; some require many years of ongoing care. He has probably operated upon more such

Who in Frontier Science and Technology. John has served as editorial consultant and in other editorial capacities to the leading journals in his field and has participated in a great many committees at the University, State and national level.

His publications total nearly 200.

A Wisconsin native, John received his B.S. and M.D. degrees at the University of Wisconsin-Madison and did his surgical training in Hawaii and California. Later he served pediatric surgery fellowships at the Children's Hospital, Washington, D.C. and the Hospital for Sick Children in London, England.

"I found an open attitude toward questioning of accepted medical and surgical standards — is there a better way?"

sion that has earned him a national and international reputation. He is particularly known for performing the Kasai operation for biliary atresia.

"I got started in this area 15 years ago," he said. "At that time hardly anyone wanted to take care of babies with biliary atresia because the condition was uniformly lethal, but a Japanese surgeon—Dr. Kasai—developed a surgical technique which I thought should be tried here. It worked. It's been totally successful in 25-30% of infants and in another 50% it allows the child time to grow until he reaches a safer age for a liver transplant."

Dr. John Lilly has been praised as a technical surgical virtuoso. "Perhaps other than liver transplantation, the Kasai is the most exquisitely demanding procedure we do in pediatric

cases than any other surgeon in the U.S. and is referred patients from around the world.

Also known as an uncommonly effective teacher, he recently received the Outstanding Teacher Award from the surgical house staff — the people who have most benefitted from his lifetime attraction to teaching and academic life. The Alumni at the University of Colorado School of Medicine bestowed its Distinguished Faculty Award upon Professor Lilly in April of 1988.

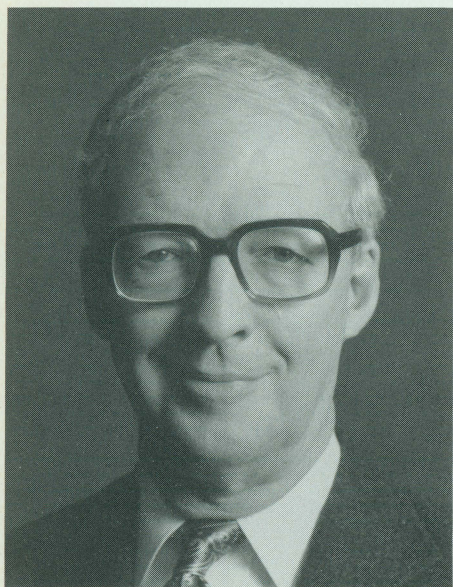
Other honors include the NIH Citation for Accomplishment in Clinical Research; Distinguished Surgeon Award from the Hodgen Society; and inclusion in The Best Doctors in the United States, Who's Who in America, Who's Who in the World, and Who's

The attitudes and approaches he encountered at the UW Medical School also helped to formulate his career. "Not only did I benefit from the contacts with my creative classmates but also from the UW faculty—particularly Dr. Middleton, our Dean, Dr. Schmidt in Surgery, Dr. Sullivan in Anatomy and Dr. Cohen in Biochemistry," he reminisced. "I found an open attitude toward questioning of accepted medical and surgical standards — is there a better way? This invigorating faculty approach was enhanced, of course, by our imaginative and inquisitory class."

Besides being Professor and Chief of Pediatric Surgery and a faculty mem-

ber of the Section of Cardiothoracic Surgery at the University of Colorado School of Medicine, John Lilly also directs the Department of Surgery at the Denver Children's Hospital and is affiliated with Denver General Hospital, National Jewish Hospital and Rose Medical Center, Denver.

John takes time out to enjoy skiing excursions in the majestic mountains just a one hour drive from home.



Robert G. Parker

Born in Detroit, Robert G. Parker majored in math and physics while an undergraduate at the University of Michigan, a useful preparation for a man who would become a leader in radiation therapy.

After graduating from the Medical School in 1948, he interned at the University of Nebraska (Omaha) as one of Dean Middleton's "representatives." Those were the days when there was no complex computerized match-making system. Instead, graduates had to arrange their own internships and residencies— unless they were favored

by the Dean, who was adept at making arrangements behind the scenes.

"The Dean was very unusual," Parker said. "He was Dean, Professor of Medicine, and kept track of all the students. Without my requesting it, he intervened in several steps in my career. I have positive feelings about Dean Middleton and Wisconsin."

Dr. Parker's training continued with a year of studying tumor pathology at the Institute of Pathology, Western Reserve University in Cleveland, followed by a residency in Radiology at the University of Michigan, which was interrupted by service in the U.S. Navy. He returned to Ann Arbor to complete his residency in 1955.

After being certified by the American Board of Radiology in 1955, he was awarded a National Cancer Institute Fellowship at the Tumor Institute of Swedish Hospital in Seattle to study supervoltage radiation treatment with pioneer physicians Simeon Cantril and Franz Buschke.

was asked to design the facility and develop the Division of Radiation Therapy. While there he was awarded the first grants in the United States to study hyperbaric oxygen as a radiotherapeutic adjuvant and fast neutron teletherapy, using the university's cyclotron.

In 1977 Dr. Parker was recruited to the University of California at Los Angeles to found and chair the Department of Radiation Oncology, where he can be found today in the same position.

Robert Parker is a busy man indeed. His national activities have included: chairmanship of the NIH Radiation Study Section; member of the initial NCI Cancer Research Centers Review Committee; member of the Committee for Radiation Therapy Studies, advisory to the Director of the NCI; founding member of the Radiation Therapy Oncology Group, a national research organization funded by the NCI;

Robert Parker is well known for his wide-ranging studies, including fast neutron teletherapy for a variety of advanced carcinomas.

"Somehow," Parker said, "Dean Middleton knew that I was interested in Washington, and when I went for an interview, the Chairman of Medicine said that Middleton had already notified him that he'd be silly not to hire young Robert Parker." Middleton's advice was heeded and a distinguished career was launched.

When the University of Washington built its teaching hospital in 1958, he

founding member of the NCI sponsored Patterns of Care Studies; member of the Veteran's Administration Merit Review Board.

He has also been President and Chairman of the Board of the American Society for Therapeutic Radiology and Oncology, receiving its prestigious Gold medal Award in 1989. Currently he is President of the American Board of Radiology, Chairman of the

Board of the Radiological Society of North America and President-Elect of the American Radium Society. He has served on the Residency Review Committee for Radiology for the past 12 years. A fellow of The American College of Radiology, he serves as Chairman of its Committee on Education of the Commission on Cancer. He has maintained ties with his alma mater as a member and chairman of the External Advisory Committee of the University of Wisconsin Clinical Cancer Center.

Dr. Parker has been visiting professor at many institutions, including the University of Wisconsin, and he has presented six honorary lectures, including the first William Caldwell Lecture at the UW in 1984.

Author of more than 120 papers, a textbook—*Radiation Therapy in Cancer Management*, co-written with F.J. Buschke—and 23 book chapters, Robert Parker is well known for his wide-ranging studies, including fast neutron teletherapy for a variety of advanced carcinomas.

His professional and administrative activities have not stopped him from teaching duties. He has directed residency programs that have graduated more than 80 physicians certified by the American Board of Radiology.

He currently lives in Encino, California, with his wife Diana. His two sons and their families live in Seattle.

The prodigious professional activities of Robert Parker still leave enough time for him to squeeze in some enthusiastic swimming, growing roses and playing jazz piano. "I cook, too," he added. "In fact, I'm now taking cooking classes thanks to a Christmas gift from my wife."

Kay Prisbe Joins Medical Alumni Staff



When you call the Medical Alumni office and hear a pleasant new voice, you have contacted Kay Prisbe, who took the place of long-time staff member Jean Froland late last fall.

Kay has worked at the UW-Madison for 11 years and definitely prefers the university atmosphere to that of private industry. As for the Alumni office — it's the busiest workplace she has come across, but she's not complaining. "I like it here and the people are great," she said. Kay coordinates meetings, records members' dues and annual giving deposits, and rides herd on the intricacies of Medical Alumni Day and other Alumni business.

Husband Gary is travel coordinator for the UW System, arranging trips for his UW clients and

problem-solving his way through all the details that can go wrong or not quite fit the standard situation.

Off duty, Kay enjoys reading novels and participating in the cultural and educational activities of her national sorority, Beta Sigma Phi. Sometimes she plays golf with Gary and son Brian, a high school senior who plans to become a golf pro after college. The team of Gary and Brian Prisbe have placed first and second in Wisconsin tournaments in recent years.

Daughter Heather, a high school sophomore, is interested in eventually joining the medical field.

Kay and Gary, who both hail from South Dakota, also like to travel, especially to the east coast and the southwest. "We usually fly to our destination and then rent a car"—arrangements courtesy of G. Prisbe.

ALUMNI DONORS *Please take notice!*

If you address your donation check to the UW Foundation with the intent of giving to the Medical Alumni Association, be sure to write "*Medical Alumni*" on the memo line of your check.

DEAN'S COLUMN

Arnold L. Brown



Have you ordered a blood transfusion for a patient lately? Or written a prescription? Put in a hip prosthesis? Recommended a coronary by-pass graft? Given measles vaccine? In other words, have you been practicing medicine of late? Or for the past fifty years?

If you have, your patients have benefited greatly from the fact that the research that resulted in blood transfusions, drug and vaccine development, surgical procedures, and so much more that can be offered to patients is the result of experiments that use animals. I realize that just about all of you understand and appreciate this, but a growing number of people, probably including some of your patients, do not. Most of these people have been influenced by the well-organized, well-funded, and highly energetic organizations that oppose the use of animals in research. Their rhetoric runs the spectrum from the demand for full animal rights, meaning the proscription of any use of animals for food or even as pets, to those who simply urge biomedical

scientists to seek other means of doing their studies.

What is difficult to get across to those who believe so fiercely in the exclusion of animals from research is the fact of our appalling lack of knowledge about so much of what causes disease, how to prevent it, and what can be done about it if it occurs. Physicians live with this every day. While incredible advances in our knowledge are the stuff of the nightly news, our progress is agonizingly slow. But whatever the progress

describes the seriousness of scientists in providing humane care and proper living conditions to animals used in research. You should discuss your views with anyone who will listen, and some won't. Students, members of service clubs, your legislators—local, state and congressional—and your patients should know how you feel about this subject. You are in good company. The AMA, the Association of American Medical Colleges, and a host of other medical groups have clearly

What is difficult to get across to those who believe so fiercely in the exclusion of animals from research is the fact of our appalling lack of knowledge about so much of what causes disease, how to prevent it, and what can be done about it if it occurs.

is that is made in our understanding of disease, will, at some point, require the use of animals. No computer program, however sophisticated, can come near, now or in the foreseeable future, to simulating the complexities of animal or human organisms, a notion that is not understood or acknowledged by those who would bar animals from our laboratories.

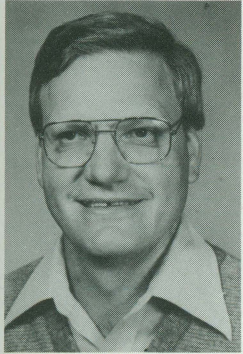
There is much that you can do to keep medical research going. First, you should read Jackie Kelley's article elsewhere in this issue of the *Quarterly*. She summarizes the situation well and

stated their position in support of the responsible use of animals in research. Those of you who live in Wisconsin should join the Wisconsin Association for Biomedical Research and Education. The address is P.O. Box 26509, Milwaukee, WI 53226. Many other states have similar organizations. If you don't know what or where they are, let me know; I'll find out for you.

Medical research depends on the use of animals. Your patients, present and future, need your help in assuring that it continues.

PRESIDENT'S COLUMN

Herbert F. Sandmire, M.D.



In my second presidential column, many former WMAA presidents recounted the past, in historical comments regarding our emeritus Executive Director Ralph Hawley. My third column, describing the life-long commitment of Jacob Kaufman, highlighted some of the very early times of our Medical School. Presently, since this is my last chance, I will review some of our Association's current projects designed to fulfill the proper role of a Medical Alumni Association.

Recent activities include the development of the Low-Interest Student Loan Fund, the formalization of eligibility requirements for membership in the Middleton Society and exploring the possibility of underwriting a Middleton biography with a significant infusion of Medical School historical data. The Student Loan Fund was conceived by our immediate past president, Sam Perlson. He and others spent well over one hundred hours of meetings and other activities in its formation. The first applications for

assistance will be from students in the 1990-91 freshman class. This fund is your association's response to the increasing economic burden placed on today's medical students.

The Middleton Society serves the dual purpose of preserving our medical school's heritage and raising funds for our association. A Middleton book could have a salutary effect on the achievement of both objectives. Our long-ranging planning committee is doing a feasibility study regarding its underwriting.

Changing needs have necessitated changes in your association's financial priorities. It is unfortunate that the Student Loan Fund, annual faculty teaching awards, the *Quarterly* expenses and other needs have required a moratorium on alumni professorships. The professorships recognized, honored and rewarded faculty members demonstrating outstanding teaching ability. They accomplished their intended purpose – the stimulation of the pursuit of excellence in medical student teaching. We hope the moratorium period is brief. Your association encourages your contributions for specific purposes, especially the Student Loan Fund, but we are also dependent on unrestricted funds for meeting the expenses of mailings, staff salaries and the *Quarterly*.

The opportunity to serve as your president is appreciated. The year has been interesting, enlightening and enjoyable. I continue to be humbled by

my awareness of the outstanding past and current contributions of many association members. Current stalwarts with their continuing efforts deserve recognition. They include but are not limited to Board members, officers, and the members of the following committees:

Awards – Co-chair. Roland Liebienow and Patrick McBride

Long-range planning – Co-chr. Loron Thurwachter and Louis Bernhardt

Fund Raising – Chair Sam Perlson

Quarterly Editorial Bd. – Editor Vic Falk

M.A.S.H. Operations – Co-chr. Sig Sivertson and Al Schultz

Live-in and Learn – Chr. Betty Bamforth

Alumni Host – Chr. George Kindschi

Pres. Elect – Barry Usow

Secretary - Treasurer – Sig Sivertson

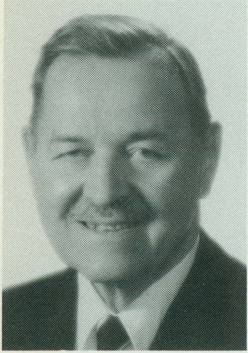
Last but not least, **office staff** – James Griffith, Glendolan Rassmusen, Vicki McDonald and Jacky Kelley.

The Association continues to depend on all Class and Specialty Representatives as the linkage to its members. Limited space preventing their identification here does not diminish the importance of their contributions.

I look forward to seeing many of you at our Alumni Day, May 18, 1990. Class reunions include 1940, '45, '50, '55, '60, '65, '70, '75, '80, and '85. Members of all other classes are also encouraged to attend the many activities of this annual three-day event. See you there.

EDITOR'S COLUMN

Victor S. Falk, M.D. '39



They Were Stacked Up Like Cord-Wood

Veterans of World War I universally used the same words to describe the rows of coffins at Army camps and nearby railroad stations: "They were stacked up like cord-wood". These were victims of the flu pandemic that killed 20 million people of 200 million cases worldwide and an estimated 548,000 Americans. The "Spanish" flu epidemic extended over a period of several years and 349 Wisconsin residents died in 1917 of influenza, 7,066 in 1918, 2,230 in 1919 and 2,107 in 1920.

The late Dr. Karver Puestow, Professor of Medicine, recalled that in 1918 he was a medical student at Wisconsin and was inducted into the Student Army Training Corps. Students in the SATC were in uniform, lived in barracks and attended classes while getting military training. When the University Club at the corner of Murray and State Streets was taken over as an infirmary, he was assigned to that facility as an orderly. He said the epidemic struck fast and hard resulting in much confusion, frustration and helplessness. The rooms in the infirmary were divided by suspended curtains and treatment was

only in the nature of nursing care. Most of the workers were volunteers and one of the chief functions was to carry out the dead.

Dr. Robert Van Valzah was the only physician from the Student Health Department in attendance as Dr. William S. Middleton, the only other permanent staff member, was in Europe, first with the British and then with U.S. Army Medical Corps (*deja vu*)!!

The late Dr. Warner Bump, long time preceptor at Rhinelander, was also a student at the University of Wisconsin at the time of the epidemic and developed influenza himself. He saw many acquaintances in the barracks of the SATC effected with many deaths resulting. He was ill for about three weeks and recalled one family where the father, mother and two children all died. He noted that influenza was no respecter of age as young vigorous people succumbed just as often as the old people.

The late Dr. H. Kent Tenney, Jr., who was later Clinical Professor of Pediatrics at the University, said that he had missed the first year of the epidemic as he had developed acute

pleuropericarditis on the first day of his senior year at Northwestern and was sent to Arizona for the winter. However, when he returned to school in the fall of 1918, he did develop the flu and was promptly hospitalized. The first day of his illness was a blank. He said many people died in the first hours and he remembered seeing many people walking to and from work wearing gauze masks.

The late Dr. Paul S. Clark reported on the flu epidemic in his history of the medical school. He quoted an article by Dr. Van Valzah who reported that students coming from rural areas had a higher incidence of whatever communicable disease was prevalent in that year. This was particularly noticeable among the short course students in the College of Agriculture. Dr. Van Valzah's report to the Regents indicated that sporadic cases of influenza began to appear in October of 1918 in one of the military sections and spread rapidly through the campus. It was then that the University Club was leased as an infirmary. Additional temporary infirmaries were set up on the top floors of Barnard and Lathrop Halls and the lower floors were used as barracks. President Birge, in his report to the Regents, stated that the University went through two severe epidemics of influenza, the first in 1918 involving nearly 1,600 cases in addition to those in the military, and 48 deaths. The second was in 1920 with over 1,600 cases and only 11 deaths.

Dr. Cornelius Harper (father of Sam Harper '37), the first state health officer for Wisconsin, ordered closed all churches, theaters, and schools and prohibited any and all types of public meetings.

About every ten years there are extensive outbreaks of influenza. There was the pandemic of Asian flu in 1957 and Hong Kong flu in 1968. In 1957, there were an estimated 45 million cases and 70,000 deaths from influenza, primarily among the aged and chronically ill. Approximately 50 million persons in this country were affected by the Hong Kong flu with an estimated 28,000 deaths in 1968-1969. In 1976, an epidemic of swine flu was predicted and widespread immunization was advised. The epidemic did not materialize but the immunizations resulted in many cases of Guillain-Barre syndrome.

The virus causing influenza is constantly changing. Consequently mutations are seen almost yearly. This year's vaccine is designated to protect against the flu virus A-Taiwan, S-Shanghai, and B-Yamagata. The Department of Medicine at the University of Wisconsin has found that flu vaccinations effectively protect younger people but are not nearly as effective for the elderly. Researchers are exploring ways to help the elderly respond like the younger recipients. It is believed that the thymus gland does not produce enough thymic hormone, as the thymus is known to be most effected by aging. Consequently, the Department of Medicine is giving groups of elderly people thymic hormone along with the flu vaccinations and it has been found that they are less likely to get the flu.

Although amantadine can modify the severity and duration of the flu, there is no other specific treatment for this disease. One wonders how a pandemic of the extent of that in 1918-1920 would be handled by the present medical community, given the rapidity and severity of the disease.

Dermatology Update

By Donald S. Schuster, MD
Dermatology Representative



Frank W. Crowe, M.D. made a lasting contribution to medicine and led a fascinating life, including one period he would have preferred not to experience. He was one of Dr. Sture Johnson's first residents in Dermatology, from 1950 to 1951. In those years, the Dermatology residency at Wisconsin was approved for only one year, due to the small size of the Derm faculty. Those of us who spent our first year with Dr. Johnson feel that we received outstanding training and that it served as an excellent foundation for our subsequent years of residency and practice. The U.W. residents then continued their training elsewhere, primarily at the University of Michigan in Ann Arbor.

Frank Crowe died on April 29, 1987, while hiking in the Grand Canyon. He had practiced in Boise, Idaho for 33 years. His obituary appeared in the December 18, 1987 issue of JAMA, which permitted us to use his photo. In 1941 he was sent to Wake Island on a construction job, but after only a few months he was captured by the Japanese and sent to a prisoner of war camp where he spent the next 44 months. While there he lost 50 pounds and developed a life-long aversion to rice.

After World War II ended, he was accepted at the University of Utah Medical School, entering in 1946. Following Frank's year of residency in

Madison, he had his second and third years in Ann Arbor. At Michigan he became interested in von Recklinghausen's disease (neurofibromatosis), on which he wrote a monograph. While studying patients with this condition he noted that many of them had numerous cafe-au-lait spots. Thus was developed "Crowe's sign" - 6 or more macular areas of pigmentation measuring 1.5 cm. or larger. He later described axillary freckling as a pathognomonic sign of von Recklinghausen's disease.

While practicing in Boise, Dr. Crowe was a member of the clinical faculty at the University of Oregon Medical School, flying to Portland once a month to teach there. He was president of his county medical society and in 1984 was honored in Boise as "Physician of the Year."

He was an active skier, hunter, and fisherman, and was the father of three children. He was an artistic individual, with one of his specialties being woodcarving. He was so highly regarded by his first chief, Dr. Johnson, that he was invited to join the Medical School faculty at the U.W. This offer was not accepted, however, as he wanted to return to Idaho. He was a modest person, admired by all who knew him. He achieved distinction by having his "sign" immortalized, and we are proud that his career in Dermatology began at the University of Wisconsin.

IN MEMORIAM



Phillip Randolph Hamilton

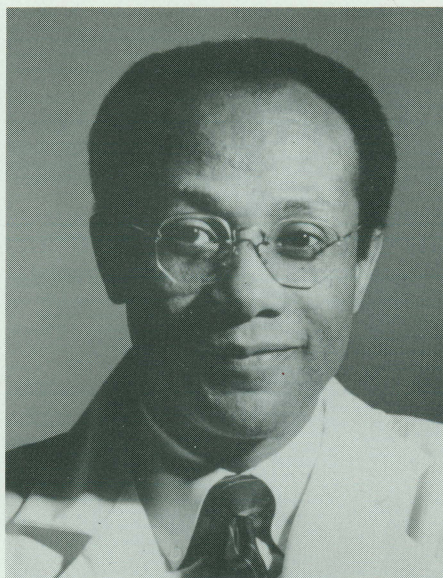
Phillip R. Hamilton died of a stroke at a Philadelphia hospital February 3. He was Professor and Chairman of the Department of Obstetrics and Gynecology at Temple University.

A native of Birmingham, Alabama, Dr. Hamilton graduated from the Medical School in 1973; he also served his residency in OB/GYN as well as a fellowship in Maternal-Fetal Medicine at UW-Madison. Later he served as Professor and Chairman of the Department of Obstetrics and Gynecology at the Medical School's Milwaukee Clinical Campus (now Sinai Samaritan), where he was Director of Maternal and Fetal Medicine. When he became a maternal and fetal specialist, Dr. Hamilton was one of five blacks nationally with that certification.

His interests extended into community activities. He was on the front

lines in the struggle to educate teenagers and others, for example, when teenage pregnancy began to reach critical levels in Milwaukee, and he helped establish Wisconsin's only school-based clinic at North Division High School in Milwaukee. While an undergraduate at Alabama State University, he participated in the civil rights movement.

Recognized for his teaching excellence by several Medical School teaching awards, Dr. Hamilton also served as a member of the WMAA Board of Directors.



Daniel Douglas Savage

Daniel Savage died January 19 in Bethesda, Maryland following a brief illness.

The youngest of 10 children, Dr. Savage received his B.S. in Chemistry as well as his Ph.D. in Physiology/Pathology and his M.D. from the University of Wisconsin-Madison. He served his internship and residency in Inter-

nal Medicine at Peter Bent Brigham Hospital in Boston.

Dr. Savage continued his career at the National Institutes of Health, first as Clinical Associate and subsequently as Chief of Service (Cardiology Branch) and Clinical Investigator in the Epidemiology and Biochemistry Program. He was the Clinic Director and Chief of the Non-Invasive Laboratories for the Framingham Heart study and Principal Investigator of the Framingham Minority Heart Study, where he was the first to strongly recognize Left Ventricular Hypertrophy as a risk factor. He documented for the first time the higher incidence of mitral valve prolapse in Blacks.

A founder of the Association of Black Cardiologists, Dr. Savage also was on the faculty of Morehouse Medical College and the Uniformed Services University of the Health Sciences. He authored numerous papers and book chapters, served on several NIH national panels and task forces, and frequently lectured at medical schools, hospitals and national meetings.

At the time of his death Daniel Savage was a Medical Advisor with the National Center for Health Statistics (Center for Disease Control) and a Medical Officer with the U.S. Public Health Services.

William Hanlan Oatway, Jr.

William H. Oatway, who died in January, received his bachelor's degree at the UW-Madison and spent his first two years of medical training at the Medical School before finishing his degree at the University of Pennsylvania. He then returned to Wisconsin for his residency in Internal Medicine.



Norman Otto Becker

Norman O. Becker died February 6 from cancer at University of Wisconsin Hospital in Madison.

A 1943 graduate of the Medical School who also earned his bachelor's degree at UW-Madison, Dr. Becker was a general surgeon in private practice in Fond du Lac, Wisconsin for many years. He also served as a clinical faculty member of the Medical School and as a preceptor. At the time of his death he was President of Associated Physicians of Fond du Lac.

Dr. Becker was an active alumnus. He was Chairman of the University of Wisconsin Foundation from 1983 to 1987 and President of the UW Alumni Association, which honored him with its Distinguished Service Award in

1967, in 1961-62. He also served six years as Wisconsin's representative on the Board of Governors of the American College of Surgeons, President of the Medical Staff and Chief of Surgery at St. Agnes Hospital, President of the Wisconsin Surgical Society, President of the Fond du Lac County Medical Society, and a Director of the First Wisconsin National Bank.

The family has requested that memorials be directed to the University of Wisconsin Foundation for the Clinical Cancer Center at the U.W. Hospital and Clinics. Over the last year and a half, he had directed most of his energy to helping the CCC's fund raising programs.

Dr. Becker's wife Millie can be contacted at 1022 Mary Hill Park, Fond du Lac, WI 54935.

After broadening his experience in a variety of institutions, including the Thorndike Laboratories at Harvard, he returned to Wisconsin and served as Chief of Thoracic Diseases on the 7th floor of the Wisconsin General Hospital, where there was an air-conditioned isolation unit for suspected cases of tuberculosis. In 1936 when he conducted one of the nation's early studies of TB in general hospitals, he found 2.3% of admissions had active disease and stressed the importance of routine chest X-raying of patients upon admission.

After World War II, Dr. Oatway left Wisconsin to become Director of the La Vina Sanatorium in Altadena, California.

A devotee of the fine arts, he sculpted a bust of Joseph Spragg Evans that was last on display at the University Health Service facility during its 75th anniversary in 1985. As Contributing Editor of the *Quarterly*, he wrote many lively columns under the heading "Badgers in the West."

Please see *Our Readers Write* for more details about William Oatway.



**Psssst!
Medical
Alumni Day
is May 18!**

NECROLOGY

Marie E. O. Alcorn
(Former Intern)
Mason City, Iowa

Gregory Artis, '77
Tigard, Oregon
February 24, 1988

Norman O. Becker, '43M
Fond du Lac, Wisconsin
February 6, 1990

Edward J. Dierolf, '40 (2 year)
Marco Island, Florida
September, 1989

William S. Elliott, '27 (2 year)
Evanston, Illinois

Oscar F. Foseid, '39 (2 year)
Black Earth, Wisconsin
December 3, 1989

Ralph W. Garens, '29 (2 year)
Milwaukee, Wisconsin
June 15, 1989

Phillip R. Hamilton, '73
Philadelphia, Pennsylvania
February 3, 1990

Glen W. Hartman, '61
Rochester, Minnesota
February 18, 1990

Lynn K. Hawkins
(Former Resident Internal
Medicine)
Scottsdale, Arizona
September 28, 1988

Louis Kagen, '44
Milwaukee, Wisconsin
October 9, 1989

Edward H. Kass, '47 (2 year)
Boston, Massachusetts
January 4, 1990

Everett L. Lochen, '31
El Paso, Texas
August 1, 1988

John P. Lynch
(Former Intern)
Richmond, Virginia

Gordon F. Madding, '37 (2 year)
Hillsborough, California
May 21, 1989

Frank Maresh, '41 (2 year)
Milwaukee, Wisconsin
October, 1989

Francis E. McDonough, '34
West Newton, Massachusetts
December 24, 1989

William H. Oatway, Jr., '26 (2 year)
South Laguna, California
December, 1989

Joseph Pessin, '36 (2 year)
Burbank, California

Heber H. Ryan, '42 (2 year)
Tulare, California

Daniel D. Savage, '72
Bethesda, Maryland
January 19, 1990

Walter D. Schwindt
(Former Resident Surgery)
Bellingham, Washington

William C. Sheehan, '33
Stevens Point, Wisconsin
August 30, 1989

Arthur S. Tucker
(Former Resident Internal Medicine)
Miami, Florida

William W. Vallotton
(Former Intern)
Charleston, South Carolina

David H. Wagner, '31 (2 year)
Chicago, Illinois
June 7, 1989

ANNUAL M

IN SPITE OF one of the season's worst storms the night before, about 140 alumni, spouses and others attended the annual winter gathering at the Sheraton Milwaukee North January 21. Activities included the board meeting, reception and brunch. Dean Arnold Brown reported on the state of the Medical School, WMAA President Herb Sandmire spoke about Medical Alumni affairs and UW-Madison Chancellor Donna Shalala presented the feature address.



Dean Arnold Brown and Chancellor Donna Shalala

WILWAUKEE WINTER MEETING



Old friends and new acquaintances socialize at the annual winter meeting.



ORDER FORM

True color *Aaron Bohrod Print of the Medical Center* (22z' x 29"). Emeritus Artist-in-Residence Aaron Bohrod presented the original oil to the Medical School and personally approved the production of the prints of exceptional quality. The painting includes numerous symbols of significance to the Medical School. (\$30.00 each or \$50.00 for an autographed copy)

Dr. Paul F. Clark's book *The University of Wisconsin Medical School: A Chronicle 1848-1948* (\$19.95 a copy). Only a limited quantity of this unique work remains. There are no plans for a second printing.

Dr. William Middleton's *Medical History Essays* (\$10.00)

Dr. William Middleton's book *Tangible and Intangible Values in Modern Medicine* (\$19.95 per copy)

Dr. Harold P. Rusch's book *Something Attempted, Something Done* (\$15.00 per copy)

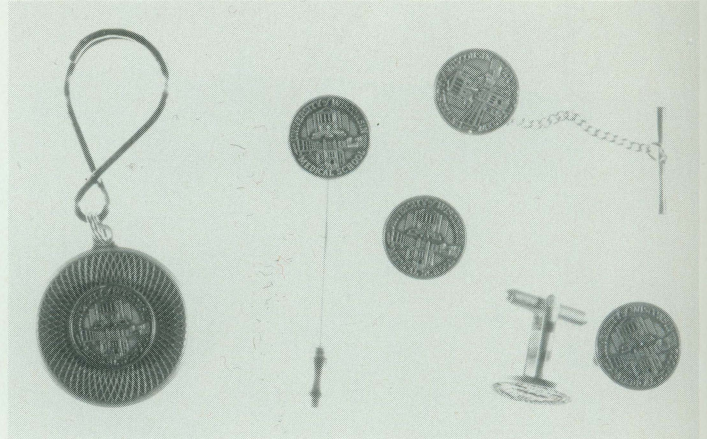
Tie: A distinctive Medical School-Medical Alumni tie has been manufactured to our specifications by one of the nation's leading manufacturers. (\$20.00 each)

_____ Medical Alumni logo
 Please specify color: Tan
 Wisconsin Cardinal Navy Blue
 _____ Medical School logo
 (only in Wisconsin Cardinal)

Jewelry Items incorporating unique Medical School Medallions (5/8 in.) gold filled.

1/2 PRICE

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



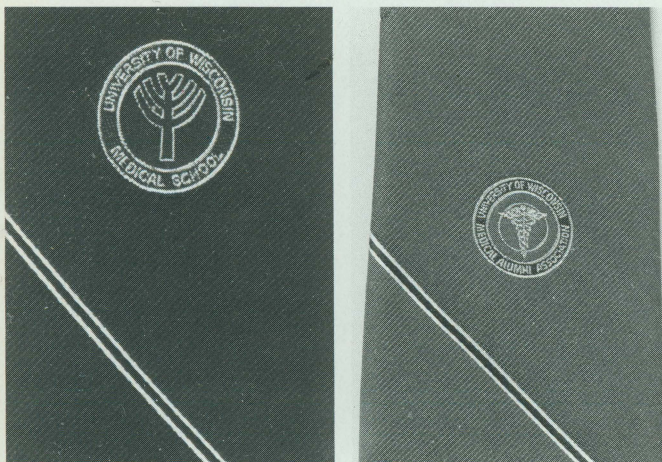
Coffee Mug incorporating Medical School medallion design—the mug is cobalt blue. (\$6.00 each)

Limited Edition Medical Alumni Mug (\$6.00 each)

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

Handling Charge \$ 3.00

TOTAL \$ _____



I wish to use my Visa MasterCard

My charge number is _____

Expiration date _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

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

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

WMAA Puzzle by Stanley Cupery, Director of the Preceptorship Program

Instructions: Read through the definitions. Pencil in those clue words that you are sure you know. Transpose the letters of those words to the appropriately numbered box in the quotation grid. Now look for clues in the quotation (single letter word must be A or I, the second letter of a two letter word beginning with T must be O, etc.). Transpose these letters back to the appropriately numbered and lettered clue word. By working back and forth you should be able to solve the puzzle. One last hint: when you are close to completion, you will note that the first letter of each clue word read vertically (A thru Z) will spell out the author and the title of the work from which the quotation was taken. The correct answer will appear in the next issue of the *Quarterly*. Good Luck! (Editor's note: the first correct answer to arrive at the Alumni Office will receive \$5,000,000 or a WMAA coffee mug, so go for it!)

		1 U	2 D	3 N	4 W	5 X	6 M	7 Z		8 P	9 T	10 K		11 L	12 G	13 J	14 A	15 Y	16 I	17 K	18 S
	19 P	20 W		21 T	22 S	23 X	24 F	25 Q	26 C	27 R	28 J	29 T		30 Y	31 B	32 D	33 S		34 M	35 A	
36 R	37 L		38 B	39 Q	40 M	41 V		42 P	43 F	44 B	45 C	46 J		47 T	48 U	49 T	50 W	51 Q	52 R		53 N
54 I		55 X	56 K		57 A	58 C	59 Y	60 E	61 D	62 I	63 U		64 P	65 I	66 H		67 T	68 O	69 D	70 Y	71 H
72 S	73 I	74 Q		75 W	76 V		77 G	78 N	79 P		80 T	81 R	82 H	83 M	84 O		85 F	86 T	87 R	88 P	
89 T	90 W	91 J	92 M	93 S		94 I	95 A	96 U	97 X	98 L		99 V	100 Y	101 S	102 C	103 R	104 H	105 B		106 K	107 I
	108 J	109 E		110 L	111 Z		112 G	113 I	114 J		115 W	116 C	117 T	118 X	119 O	120 P		121 L	122 U		123 I
124 V	125 T		126 X	127 D	128 M		129 S	130 T	131 H	132 E	133 A		134 C	135 U		136 B	137 V	138 F	139 X		140 Z
141 W	142 P		143 R	144 O	145 H	146 F	147 B		148 C	149 T		150 F	151 B	152 V	153 T	154 O		155 B	156 B	157 M	158 A
	159 I		160 U	161 J	162 G	163 O	164 L		165 D	166 F	167 S	168 I		169 N	170 Y		171 H	172 J	173 W		174 Z
175 K	176 E	177 F	178 U		179 X	180 L	181 Q	182 V	183 I	184 J	185 O	186 Y		187 H	188 W	189 R					

- | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|---|---------------------------------------|-----|-----|-----|-----|---------------------------|-----|-----|-----|-----|-----------------------------|-------------------------------|--------------------------------|
| A | 14 | 57 | 95 | 133 | 158 | 35 | | orb | N | 53 | 169 | 78 | 3 | | saw-whet and great horned | | | | | | | |
| B | 31 | 155 | 38 | 147 | 151 | 44 | 136 | 105 | | surface pit of resorbing bone | O | 144 | 68 | 84 | 154 | 163 | 185 | 119 | | becoming oxidized, as metal | | |
| C | 134 | 26 | 116 | 58 | 102 | 45 | 148 | | | Shakespeare's Dark Moor | P | 64 | 8 | 120 | 79 | 142 | 19 | 88 | 42 | | _____ foot (tinea pedis) | |
| D | 165 | 61 | 156 | 2 | 127 | 69 | 32 | | | see Word B | Q | 74 | 39 | 51 | 181 | 25 | | | | | botanical germ cells | |
| E | 60 | 109 | 132 | 176 | | | | | | points or centers (Lt.) | R | 52 | 81 | 87 | 27 | 36 | 103 | 189 | 143 | | stockholders reward, at times | |
| F | 146 | 24 | 43 | 85 | 166 | 150 | 138 | 177 | | like 'Apollo or Minerva | S | 167 | 18 | 33 | 101 | 72 | 93 | 22 | 129 | | mentally deficient | |
| G | 77 | 162 | 112 | 12 | | | | | | culture medium | T | 89 | 149 | 130 | 67 | 9 | 153 | 117 | | | Marfan's syndrome | |
| H | 131 | 145 | 187 | 82 | 71 | 66 | 171 | 104 | | coin-shaped (derm.) | | | 21 | 86 | 47 | 80 | 29 | 49 | 125 | | seasickness (3 wds) | |
| I | 54 | 107 | 123 | 168 | 113 | | | | | scientific system of naming | U | 63 | 48 | 178 | | 1 | 122 | | 160 | 96 | 135 | absence of nipples |
| J | 114 | 161 | 172 | 91 | | | | | | old treponemal test (2 wds) | V | 124 | 76 | 99 | 41 | 137 | 182 | 152 | | | | final stage of mitosis |
| K | 56 | 106 | 175 | 10 | 17 | | | | | playful aquatic mammal | W | 115 | 188 | 50 | 20 | 4 | 141 | 75 | 90 | 173 | | state of resistance to disease |
| L | 164 | 37 | 121 | 11 | 180 | 98 | 110 | | | _____ gland (bulbourethral structure) | X | 5 | 179 | 23 | 118 | 126 | 97 | 55 | 139 | | less sour | |
| M | 6 | 34 | 157 | 83 | 128 | 92 | 40 | | | stereo speaker part | Y | 15 | 30 | 170 | 186 | 70 | 100 | 59 | | | | pedal digits |
| | | | | | | | | | | | Z | 140 | 111 | 7 | 174 | | | | | | | |

Medical School News

Combined Drug Therapy Cuts Colon Cancer Death Rate

The UW Clinical Cancer Center served as headquarters for one of three national study groups sponsored by the National Cancer Institute. The researchers found that treatment with a combination of 5-fluorouracil (5-FU) and levamisole following surgery cut the recurrence rate of Dukes' C cancer by 41%; each drug used separately is only marginally more effective than surgery alone. The results are detailed in the Feb. 8 issue of the *New England Journal of Medicine*.

Both of the drugs were pioneered at the UW. The late Professor of Oncology **Charles Heidelberger** developed 5-FU at his McArdle lab; it was one of the first anti-cancer drugs and the first to mimic part of the DNA structure to trick reproducing cancer cells into incorporating a useless compound. **Ernest Borden**, Professor of Clinical Oncology and Immunology, conducted early studies using levamisole to boost the response of the human immune system; the drug is commonly used to control intestinal worms in domestic animals and humans.

Of approximately 110,000 people diagnosed annually with colon cancer, about 22,000 have Dukes' C cancer, a stage that has spread to nearby lymph glands.

UW Hospital Fares Well in Survey

Town and Country magazine has cited the UW Hospital and Clinics as one of the nation's 33 most highly respected medical institutions among nearly 7,000 medical centers in the U.S. It also recognized 10 Medical School faculty members as being at the forefront of their professions.

The designations, which appeared in a two-part guide published in the October and November issues, were based on a survey of more than 2,000 physicians nationwide. The popular guide was first issued more than 10 years ago and updated after five years and in 1989.

In the list of outstanding medical specialists were: Folkert Belzer, Surgery; William Busse, Medicine; Paul Carbone, Human Oncology and Medicine; John Chandler, Ophthalmology; Matthew Davis, Ophthalmology; Donald Harkness, Medicine; Paul Kaufman, Ophthalmology; Frank Myers, Ophthalmology; Hans Sollinger, Surgery and Pathology; and Joel Weinstein, Ophthalmology.

Neuroanatomist Delivers Woolsey Lecture

Edward G. Jones, M.D., Ph.D., Professor and Chairman of the Department of Anatomy and Neurobiology at the University of California Irvine Campus, delivered the 15th **Clinton N.**

Woolsey Lecture in Neuroscience on February 9. He spoke about "Neuronal Organization in the Primate Cerebral Cortex."

Jones and his colleagues have mapped the intricate patterns of cytoarchitecture and connectivity of different physiologically-defined cortical areas in numerous mammals. His more than 200 publications include a landmark 1985 book that reviews world literature on the mammalian thalamus, the last such major review of the thalamus since 1938. In recent years, Jones and Alan Peters have been compiling a series of volumes on the cerebral cortex.

The lectures bring distinguished scientists to the UW campus and honor Emeritus Charles Sumner Slichter Professor of Neurophysiology Clinton Woolsey, who made monumental contributions to neuroscience with his studies of the localization of function within the mammalian nervous system.

UW Hospital Tests Shock Wave Lithotripsy for Gallstones

The UW Hospital is one of about 10 sites nationally to test a new procedure for eliminating gallstones in selected patients. The Edap (International Corp.) machine painlessly shatters gallstones during a 45-75 minute treatment, followed by administration of an oral bioacid a day later to dissolve remaining fragments for elimination with normal bowel movements. The Edap machine is also being tested at the Hospital for shattering kidney stones under another FDA-regulated protocol; the Edap procedure differs from earlier methods.

Professor of Surgery **Eberhard Mack**, who has treated gallstones for many

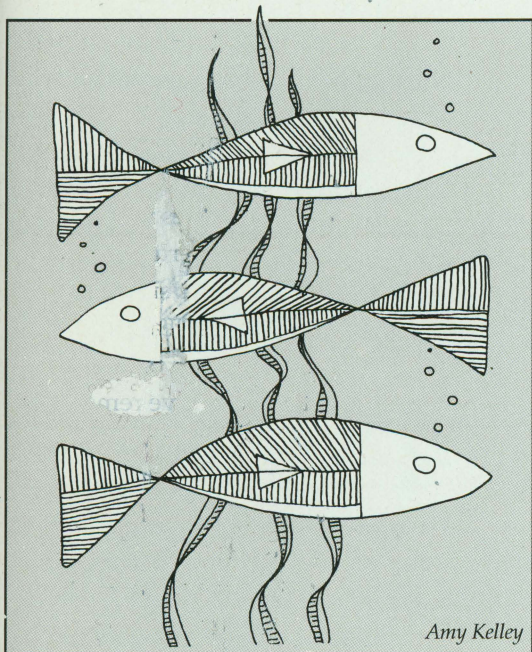
years, directs the new procedure. Assistant Professor of Urology **Franklin Smith** will conduct trials with kidney stones.

Transplantation Program Prospers

UW Hospital is the second largest transplantation center after Presbyterian-University Hospital at the University of Pittsburgh. The total number of transplantations as of January 1, 1990, were:

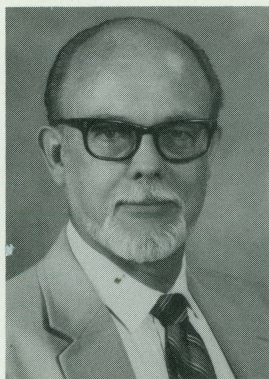
•kidney	2,164
•liver	191
•pancreas	149
•heart	81

The Hospital has also performed grafts of a lung, heart-lung, and liver-small intestine. The five-year survival rate for liver transplants is nearly 80%; 91% of patients with new hearts survive at least one year, and 82% are alive after two years.



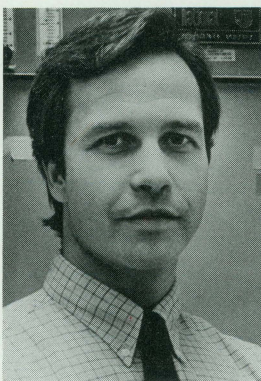
Medical Alumni Day, May 18 . . .
Pass it on . . .

Faculty News



Emeritus Professor of Medical Physics, Human Oncology and Radiology **Herb Attix** has been named a Fellow of the American Association of Physicists in Medicine. Attix had chaired the Department of Medical Physics before his retirement.

Paul Sondel, Associate Professor of Pediatrics, Human Oncology and Genetics, received a \$140,662 grant from the

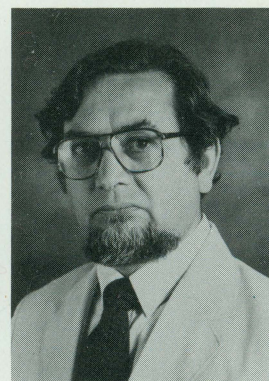


American Cancer Society to support his research on the way immune cells can be used to destroy leukemia. A television production featuring Sondel and his leukemia research has received national recognition from the Leukemia Society of America.

Professor of Human Oncology and Statistics **David DeMets** has been elected a fellow of the American Statistical Association. He was also elected to the Asso-

ciation's Board of Directors as the biostatistics representative.

Paul P. Carbone, Professor of Clinical Oncology and Director of the Clinical Cancer Center, has been appointed to the Clinical Pharmacology Subcommittee of the American College of Physicians. He will help look into the use of generic drugs and therapeutic substitution, and problems associated with marketing drugs internationally.



Vicente Montero, Professor of Neurophysiology and Anatomy, has received a five-year, \$691,000 grant from the National

Institutes of Health to study neural circuits of the visual thalamus.

Ernest C. Borden, Professor of Human Oncology, has been named the American Cancer Society Professor of Clinical Oncology.

Jerry J. Zimmerman, Assistant Professor of Pediatrics and Research/Fellowship Director for the Pediatric Intensive Care Unit, is one of 21 pediatricians recently inducted into the American College of Critical Care Medicine.

Alumni Capsules

Assistant Professor of Psychiatry **Hugh Johnston** has received a 1989 Outstanding Community Service award from the Rainbow Project, a non-profit child and family outpatient mental health clinic specializing in the treatment of abused children, for his *pro bono* work as a consultant and his service as vice president.

Second-year resident in the Department of Psychiatry **John March** has been named a 1989 Presidential Scholar by the American Academy of Child and Adolescent Psychiatry for his research in childhood anxiety disorders.

Medical student **Amy Lakritz** has been selected a 1969 SmithKline Beecham Medical Perspectives Fellow based on her proposed research project, "A Curriculum in Developmental Disabilities for Future Physicians." She is one of 26 fellowship recipients in the U.S. whose work will be funded by a grant from the National Fund for Medical Education.

Psychiatry resident **Karen Weihs** has received a 1990 Charter Fellowship from the American Association of Directors of Psychiatric Residency Training for her contributions to medical student education.

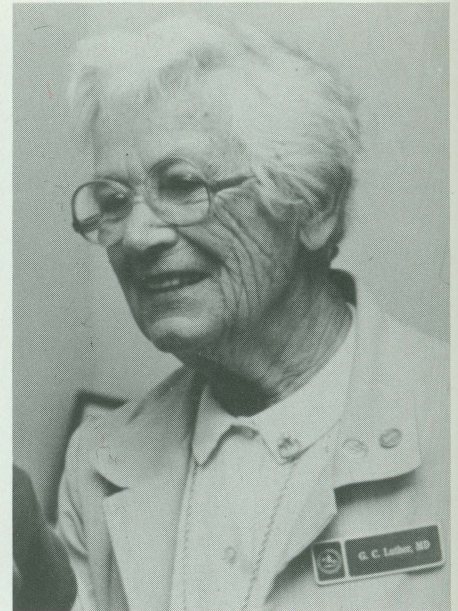
J D Kabler, Professor of Medicine, Director of the University Health Service and immediate past President of the State Medical Society of Wisconsin, assumed the presidency of the North Central Medical Conference at its annual meeting in November. The Conference, which represents about 25,000 physicians, includes the medical associations of North Dakota, South Dakota, Nebraska, Iowa, Minnesota and Wisconsin.



Clifford Benson

29 Although **Clifford Benson** completed his medical degree at Northwestern, he made quite a name for himself in Madison, where he was known for playing trumpet in Bunny Berrigan's Dance Band.

Cliff has practiced medicine in the Detroit area more than 60 years, and still puts in three days a week at Bon Secours Hospital as a consultant in the preoperative clinic. He spent 40 years at Children's Hospital, serving as Chief of Surgery from 1957 to 1967, and was affiliated with the Wayne State University Medical School, Harper Hospital and Detroit Receiving Hospital. He developed the Benson Pyloric Spreader, still used today to correct blockage of the stomach in newborns, and he discovered a way to



Gertrude Luther

attach parts of the intestines that were not fully formed at birth. A founder of the American Pediatric Surgical Foundation, he is a co-editor of and contributing author to what is considered the bible of pediatric surgery.

Last summer Cliff was surprised by a testimonial dinner that recognized his many achievements. More than 100 colleagues toasted and honored the newly-named Wayne State Emeritus Professor of Clinical Surgery.

44 The Regional Medical Center Board, Management and Staff saluted **Gertrude Luther** in December "for her many years of service and dedication to the infants, children and parents of our community," and unveiled her portrait which hangs in the pediatric

ward. Dr. Luther settled in Anniston, Alabama, in 1949 and has contributed greatly to the area ever since. In addition to her private practice, she was instrumental in starting a Well Baby Clinic and in pioneering the establishment of classrooms for handicapped children. Her adventuresome and generous spirit led her to practice one to two months a year for 15 years at the Albert Schweitzer Hospital in Deschapelles, Haiti. She served in similar programs in Honduras, India and the Frontier Nursing Service in Appalachia. Dr. Luther continued working at the Calhoun County Well Baby Clinic long after retirement. In 1984 the Medical Association of the State of Alabama gave her the Samuel Buford Word Award, the highest honor the Association can give an Alabama physician in recognition of service to humanity at considerable personal sacrifice.

A Phi Beta Kappa during her undergraduate days at UW, she also graduated from the Medical School with distinction prior to interning at Children's Hospital in Cincinnati and serving residencies at the Mayo Clinic and Grady Hospital in Atlanta.

46 In honor of his retirement June 30, 1989, **Eugene H. Betlach** received the following citation at the annual staff meeting of Mercy Hospital (Janesville, WI):

"In Recognition of Thirty-six Years of Achievement, Dedication, and Loyalty as Radiologist The Medical Staff and Mercy Hospital/Janesville Extends to Eugene H. Betlach, M.D. its appreciation and gratitude for his years of commitment and service to Mercy Hospital and the Janesville Community. -



Eugene H. Betlach

December 14, 1989 -" Signed by the President of the Board of Trustees, the Hospital Chief Executive Officer, the Chief of the Medical Staff, and the President of the Medical Staff.

Dr. Betlach was instrumental in developing and expanding the X-ray department to its present day complete status of diagnostic and therapeutic services utilizing Radiology, Nuclear Medicine, Ultrasound, CAT, and Magnetic Resonance. Currently five radiologists staff the department as well as the two large clinics in Janesville.

Dr. Betlach and his wife, Dr. Dorothy W. Betlach, have been class representatives since 1973.

72 **Lawrence J. Frazin**, a board-certified neurosurgeon with the office of Neurological Surgery, S.C. and attending neurosurgeon at several Milwaukee-area hospitals, has been elected Chief of Surgery at St. Luke's Medical Center in Milwaukee. His recent research involves the clinical application



Lawrence J. Frazin

of stereotactic brachytherapy in the treatment of brain tumors. Lawrence and wife Jayne have a 17-month old son, Daniel.

75 **John Michael Thompson** has found the good life in Tucker County, West Virginia, near the Maryland border — some of the wildest country east of the Mississippi. He was attracted to the beauty and peace of West Virginia 15 years ago while visiting friends in the East and eventually settled there in 1981. Michael recently married Jean Buckley, an attorney who was raised in Racine, WI, in a little chapel with a whitewater river out front.

80 **Carol M. Dinges** has joined the LaFarge (Wisconsin) Medical Clinic. Previously she served with the Richland Medical Clinic and with the United Nations in Thailand.



Ronald Myers

erved areas, for he feels a strong need to serve in the rural South where there is great need. He lives in a trailer in nearby Belzoni

86 Jean Bruce, who served her UW residency in Family Medicine and Practice at Appleton, 1986-89, has joined the staff of Associated Family Physicians of Berlin and Wautoma, WI.

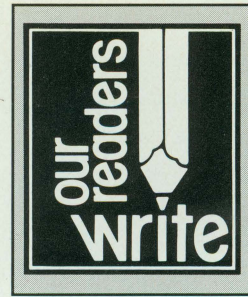
Former House Staff

Correction: In the fall '89 issue of the *Quarterly* we erroneously reported that Aviva Gal served her residency at the University of Wisconsin. Dr. Gal actually received her training in Israel.

We also reported that Dr. Gal and two other ophthalmologists who had been UW medical students and residents, Peter S. Foote and Robin S. Wilson, opened Milwaukee Eye Care Associates in Port Washington, WI. That should have read "a satellite clinic" of Milwaukee Eye Associates, which still maintains its main office in Milwaukee.

Cyril M. Hetsko, a resident in the Department of Medicine from 1968-72, was nominated President-Elect of the State Medical Society of Wisconsin for 1990-91. He will also serve as AMA alternate delegate for the calendar years 1991 and '92.

Mark Hofer, a resident in Pathology from 1985 to 1989, recently joined the medical staff of Victory Memorial Hospital and Nursing Home in Stanley, WI, and is associated with Pathology Services Corporation at Sacred Heart Hospital in Eau Claire. He received his medical degree from the University of South Dakota.



Gentlemen:

Ever since you wrote of the medical fraternities, I've wondered if you ever heard of Alpha Epsilon Iota —

the women's group. Mabel Masten was the power behind it. Its national convention was held in Madison in '35 or '36. I was a member both in Madison and Richmond, where I took my last two years. I think AEI deserves recognition!

Sincerely,
Christine Thelen, M.D.

Editor's note: Christine Thelen attended the UW Medical School in 1934 and '35. Now retired from practice, she was recognized in a recent Witchita State University Alumni Association newsletter for her volunteer work — the only non-grad so honored. Christine is also involved in community work, travels, and still manages to maintain her reputation as one of WSU's most enthusiastic sports fans. "If she's not working, she's playing — and Thelen makes little distinction between the two," according to the newsletter.

Dear Dr. Falk,

...I enjoy the *Quarterly* more and more. Perhaps as I grow older I revel in seeing how young the students have become and how well my friends and colleagues and fellow graduates are doing after the passage of time. I shall miss Sig Sivertson, a classmate and friend, as an active part of the Alumni scene at the medical school but I look forward to seeing him at our forty fifth reunion in '92, and again at our 50th in '97.

My very best wishes to you.

Sincerely,
Gerald L. Baum '47

84 Kathy A. Vogel recently joined the Dean Medical Center's Monona (Wisconsin) office. She had been a UW resident in Ophthalmology from 1985-88 and a Fellow in Glaucoma, 1988-89, as well as a clinical instructor at the VA Hospital and the UW Hospital and Clinics.

85 A front-page story in the New York Times on February 12th graphically described the struggles of Ronald Myers, a jazz-playing, Baptist-preaching family practitioner who has started a practice in Tchula, Mississippi, depicted as a forlorn patch of Delta poverty — like a third world country, where infant mortality rates are three times the national average and women receive little if any prenatal care. Ron's clinic serves an area with 4,000 people; 70% of them are unemployed in winter, when there is no agricultural work. But Ron's spirit is not dampened by Tchula's poverty or the federal government's dismantling of its program to help support physicians in unders-

P.S. As of January 1, 1990, I shall be retired from my position as Director of the Pulmonary Division of the Chaim Sheba Medical Center (affiliated with the Tel-Aviv University in Israel) but I shall stay on half-time until they find a successor. The reason is that I shall reach the mandatory retirement age of 65 in mid-December this year.

Dear Friends:

In the September 1, 1989 issue of JAMA a piece entitled "Anesthesiology Comes Of Age" refers to the early days of anesthesiology at Wisconsin under Drs. Ralph Waters and E.A. Rovenstine.

Editor's note: Here is an excerpt from the article: "I learned, as many did in those days, that the mecca of anesthesia education was the University of Wisconsin, Madison, where the most distinguished person in the field, Ralph M. Waters, taught."

This article evoked many pleasant memories for me and prompted me to describe some of my own recollections of Dr. Waters and Dr. Rovenstine. A copy of my memorandum is enclosed for your consideration.

MEMO Re Drs. Ralph Waters and E.A. Rovenstine & the Department of Anesthesiology at the University Hospital & Medical School in Madison.

The article, "Anesthesiology Comes of Age", in the September 1, 1989, issue of JAMA, has great significance to me. It describes some of the history and importance of the Anesthesiology Department at Wisconsin and it gives due credit to the monumental contributions of Dr. Ralph Waters and Dr. E.A. Rovenstine.*

Dr. Waters was a genius. His early clinical years were spent in Iowa; there is a good description of these in Dr.

James E. Davis' book on Ambulatory Surgery (1985 or so). I believe he came to the School of Medicine at Wisconsin in the 1920's, probably when they added the last two years, which was in 1924. I got to know him as a part-time employee of his department while I was in medical school, sometime around 1932-33. The first clinical trials of cyclopropane were underway and my job was to key-punch the clinical data onto IBM cards and then run them through a sorting machine (this was B.C.-Before Computer).

Once a year, Dr. Waters brought a patient on a stretcher to the classroom of the 3rd year medical students and demonstrated chloroform anesthesia. This was a breathtaking experience for all present save Dr. Waters! And one never to be forgotten.

While on the surgical service during my senior year (1934-35) I was assigned to Dr. Waters. On my first day I stood next to him as he induced a patient for major surgery. This was in the main O.R. and the anesthesia equipment was very impressive and complicated, it seemed to me. The



Listen up! Medical Alumni Day is May 18. Be there!

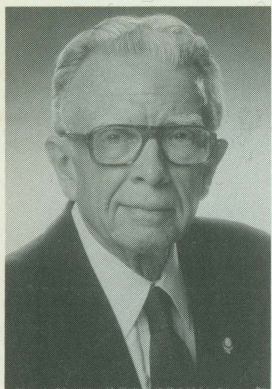
article calls it primitive! One had to take and record B.P. often and at the same time watch the patient's pulse & respiration plus the many glass tubes with bubbles running upward continuously indicating the anesthesia amount, oxygen amount, etc. And one talked with the surgeon periodically re the depth of anesthesia.

After the patient was induced, Dr. Waters put me in his seat and I was in control, with him standing behind me. Sometime later I realized that he had gone, and I was on my own. Relax: the patient and I survived, and the operation and anesthesia were successful, much to my relief. When all was over I found out that Dr. Waters had been standing just outside the door, out of my view, all the time!

Dr. Rovenstine came to work with Dr. Waters from LaPorte, Indiana, where he had been in general practice. He lived in a second floor apartment on University Avenue across from the hospital. There was a restaurant on the street floor; I often met Dr. Joseph Gale there for breakfast about 6:15 a.m. while I was on the surgical service. I was staying in one of the old houses near the nurses dormitory kept for senior students while on hospital duty. Double decker bunks, lots of dust, etc.

I got to know Rovenstine pretty well. He was everything this article's author says he was. He left Madison to start the department at Bellevue in New York City and become internationally known.

I began my internship at the University Hospital in Ann Arbor, Michigan, in July 1935, and spent the first 2 or 3 months on the Thoracic Surgery service. We operated every morning. Dr. John Alexander, the Chief, had an international reputation with the result



David Goe Welton

that there were always several visiting surgeons on hand; they came from all over the world. Alexander used only 2 assistants: a

resident and an intern. Both were required to participate in the surgery more than just holding a retractor. They were very keen on cyclopropane because with it you could give as much oxygen as the patient needed.

When all the scheduled surgery was completed each day, often after 1 or 2 p.m., we could go for some lunch, after which our duty as interns was to go to each patient who had been operated on that morning and make him cough! All of these patients had active tuberculosis; we did wear cotton masks while on this duty. Nevertheless, several of my fellow interns acquired Tuberculosis during that first year. Very fortunately, I did not.

Periodically, we rode with Dr. Alexander to Howell, Michigan, about 40 miles, where there was a state sanatorium. There I learned to do the phrenic nerve operation; after making an incision just above the inner end of the clavicle next to the sterno-cleido-mastoid muscle, one explored until the phrenic nerve was found and then crushed it with a hemostat. This paralyzed the diaphragm on that side thus facilitating healing of the tuberculous lesion. The nerve regenerated in about six months. A neat little operation, done under local, of course.

*Papper, Emanuel M: Anesthesiology Comes of Age. JAMA 1989; 262:1225

David Goe Welton, '35
835 Hempstead Place Charlotte, NC

Fellow Alumni,

In the Wisconsin Medical Alumni Journal of Winter 1990, I must have opened a can of worms when I suggested that the issue might have been labelled as a finale of the Dr. William Middleton era. As a result several friends who knew Dr. Middleton have come up with stories about him.

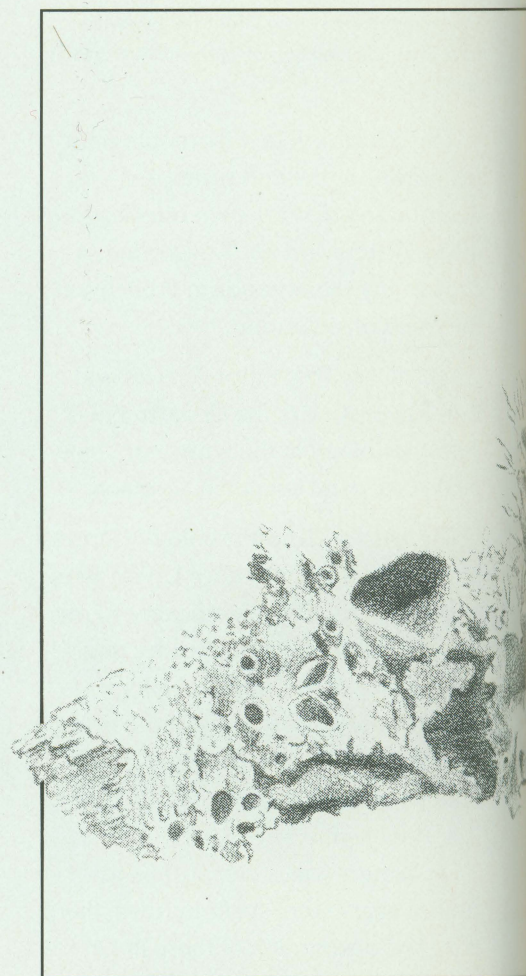
There are some which I remember and I think are worthy of recalling. No doubt you have yours. How in the world did Dr. Herman Shapiro get a name like Murph? This has stayed with him these many years. Then there was the often used correction when someone would say that the patient is on the following regime when regimen was meant. Dr. Middleton would say "Was it Napoleon's or Caesar's?" Pity the poor intern who gave a case report with his hands in his pocket. Dr. Middleton would inquire "What are you doing?" Pity the poorly-paid intern or resident who appeared late for rounds that started at 7:00 a.m. sharp, or was it 6:30 a.m. There always was a fine of ten to twenty-five cents. All of this somehow found its way into buying a shirt, glass of milk or something else. I am certain by the end of the year all that was collected went to help somebody. His total dislike of alcoholic beverages was so that when one of us was invited to the Middletons for a dinner we would do all our drinking at home or even in our cars parked outside of the chief's home. The dinners were always first class. I never had a chance to play handball

like Lemmer, Musser or Curren did but I understand that it was a bodily attack unlike any that was seen on the Badger gridiron.

Well these are just a few of the many memories I have. What do you have?

Sture A.M. Johnson
Sun City, Arizona

Note from Editor Falk: Here's a story about "Stu" Johnson. About 30 years ago Stu and Gene Johnson attended a formal dinner dance in Janesville. Because of a snowstorm they were weathered in in Edgerton. The following morning I asked Stu to see some patients in in the Edgerton Hospital. He proceeded to make formal grand rounds attired in his black tie and tux — an event we enjoyed recalling for years after.



Dear Dr. Falk:

We have lost a good friend. William H. Oatway, Jr. 88, died in December, 1989 in California. Bill was a staunch supporter of Penn. and Wisconsin. His battle against tuberculosis started while he was in Medical School at Penn — he survived both but it took him to Trudeau Sanatorium at Saranac Lake, New York — at that time the outstanding Tuberculosis Treatment and Research Center.

Bill and I first met when I was in Medical School at Wisconsin and Bill was Chief of Thoracic Diseases on the 7th floor of the Wisconsin General Hospital. "Uncle" Joe called me back to intern in May, 1933 so I worked with Bill as a staff member. Tuberculosis

was my research subject for 4 years in the Medical Bacteriology Department and was continued when I went to Penn. (The Henry Phipps Institute). I'm sure the fact that I went to Penn. was a plus with Bill. We did have regular research discussions at Wisconsin as we were charter members of the "Beer and Bicycle Club." When living in Tucson Bill "threw a positive" sputum. He called me at Penn. and we discussed his treatment alternatives.

Later Bill was Medical Director at La Vina Sanatorium in Altadena, California and I was the same for the Hastings Foundation right next door. I made "rounds" with him occasionally and observed first hand that he was willing to take an extraordinary

amount of oral abuse from some patients so long as they would stay in bed. This was like Dr. VanValzah. I'm sure Bill felt what was best for the patient was what mattered.

Bill had other talents. He made a bust of "Uncle Joe" Evans which was one of his best.

This Tuberculosis Fighter leaves behind his wife Louise, son Bill and a long list of grateful recovered patients. Helen and I are two who were touched by this physician. We add his name to the GREAT ONES at Wisconsin.

Sincerely,

Horace R. Letz, M.D., '33

Note from Editor Falk: I remember Dr. Getz when he was an instructor in Medical Bacteriology (as it was called then). Dr. P.K. ("Fish-Kettle") Clark was head of the department and the Assistant Professor was Dr. Frances ("Fannie") Holford, who could become estatic when an unusual bacterium turned up on the stage of some student's microscope.

Gentlemen,

Your circular arrived today. This is the day that, as the year is about to end, I make my annual contribution.

I am now retired, approaching age 80. Many years ago I received an auto-graphed photograph of D. Middleton and was advised that I had been elected to the Brown Derby. That picture graced by office wall until I retired recently.

I have no idea how much I have contributed to this cause—I have been a consistent contributor for many years—not out of generosity, but out of obligation for all that Wisconsin did for a kid from New York who was wet behind the ears.

God Speed.

*Joseph George Rosenbaum, '35
Beachwood, Ohio*



Dianne Western

Continuing Medical Education

April 20

Primary Care Conference (Nephrology)

Holiday Inn East Towne, Madison

April 20-21

The Heart of Cardiology is (Still) Echocardiography

Pfister Hotel, Milwaukee

May 3-5

Diabetes and Pancreas Transplantation Update

The Concourse Hotel, Madison

May 4

Primary Care Conference (Infectious Diseases)

Holiday Inn West, Madison

May 10-12

Ophthalmology Current Concepts

The Concourse Hotel, Madison

May 17-19

Sports Medicine

Holiday Inn West, Madison

May 17-19

Electrophysiology

Hyatt Regency, Milwaukee

June 22

Primary Care Conference (Respiratory Diseases)

Holiday Inn East Towne, Madison

July 13-14

Mohs Surgery

University of Wisconsin Hospital and Clinics, Madison

All conferences qualify for AMA Category 1 credit.

**FOR FURTHER INFORMATION, please contact
Cathy Means, Continuing Medical Education
2715 Marshall Court
Madison, WI 53705; (608)263-6637.**

Coming Events

April 27, 1990

American College of Physicians—71st Annual Session

Chicago, Illinois

Wisconsin Reception, Friday, April 27, 1990

6:00 to 8:00 p.m.

Hilton Hotel - Marquette Room

May 7, 1990

American College of Obstetricians and Gynecologists

San Francisco, California

Wisconsin Reception, Monday, May 7, 1990

5:00 to 7:00 p.m.

San Francisco Hilton - Balboa Room

May 8, 1990

The Society for Pediatric Research

Anaheim, California

Wisconsin Reception, Tuesday, May 8, 1990

6:30 to 8:30 p.m.

Hilton Hotel - Manhattan Room

May 17, 1990

Class Reunions

1940, 1945, 1950, 1960, 1970

May 18, 1990

Alumni Day

Scientific Program, Spouses Program, Noon

Reception and Luncheon • Tours

Annual Awards Banquet

May 19, 1990

Medical Student Recognition Ceremony and Reception

Reunion dinners, picnics, brunches for classes 1955,
1980, 1985

Commencement Ceremony

1990 CLASS REUNIONS

CLASS	REUNION COMMITTEE	ACTIVITY
Post-Fiftieth and pre-1927, Medical Alumni Citation and Emeritus Faculty Award recipients, Emeritus Faculty, Past Presidents, Representatives and Board Members	Staff	May 17 Cocktails and Dinner Madison Club
1940	Fred G. Gaenslen	May 17 Reunion Dinner—Madison Club
1945	Thomas J. Rice Loron F. Thurwachter	May 17 Reunion Dinner—Inn on the Park Hotel
1950	Erwin S. Huston	May 17 Reunion Dinner—Edgewater Hotel
1955	Eugene L. Weston Robert C. Wheaton Walter R. Schwartz John T. Siebert Paul L. Ebling	May 19 Reunion Dinner—Wisconsin Center
1960	Frank E. Murray	May 17 Reunion Dinner—Madison Club May 19 Brunch 14th Floor WARF Bldg.
1965	Norman M. Jensen	Plans under development
1970	James E. Bruckman	May 17 Reunion Dinner—Edgewater Hotel
1975	Constance S. Barr	Plans under development
1980	Patrick E. McBride James L. Carlson	May 19 Reunion Dinner and Dance—Concourse Hotel May 20 Reunion Picnic—Vilas Park
1985	Craig K. Hertler Tom F. Novacheck	May 19 Reunion Picnic Reunion Gathering—Union South

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

