

The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY



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FALL 2000

A thriving international connection between Iceland and the Medical School enhances medical education for all involved

QUARTERLY

The Magazine for
University of Wisconsin Medical School
Alumni and Friends

Volume 2 No. 2

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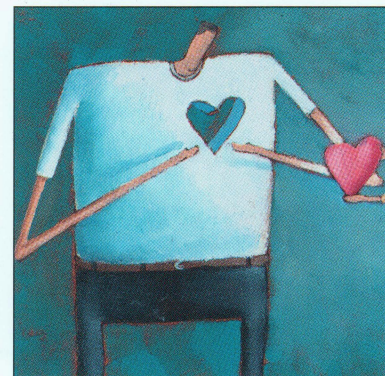


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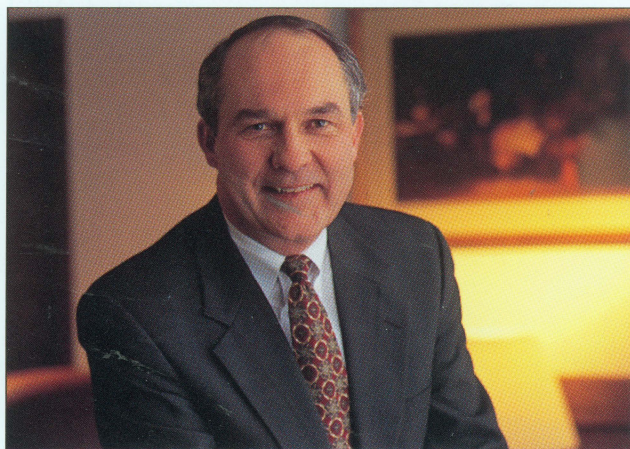
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I'm pleased to tell you that we recently welcomed the UW Medical School class of 2004, the first of the new millennium, at our annual White Coat Investiture ceremony. In this "rite of passage," each new student dons the white coat that symbolizes the medical profession. As with all classes, the class of '04 is special in many ways. Members graduated from 14 Wisconsin colleges and universities as well as schools from New York to California. They speak at least 14 different languages, from Arabic to Dutch to Urdu. In addition to their proven academic ability, the students have also shown talent as poetry editors, comedians and landscapers. Socially conscious, they've volunteered in soup kitchens, animal shelters and children's hospitals. This class has equal numbers of men and women. Even though the first formal stage of their medical education will be filled with challenges, the four years will pass quickly, and in no time these young people will join you as fellow alumni.



*UW Medical School Dean
Philip Farrell, M.D., Ph.D.*

The feature story in this *Quarterly*, on the Madison-Iceland connection, clearly illustrates that the influence of UW Medical School expands well past the borders of the state. This dovetails beautifully with the school's mission, which is to meet the health needs of Wisconsin *and beyond*

through excellence in education, research, patient care and service. The story also shows how in very significant ways we export The Wisconsin Idea, a guiding principle at UW-Madison that has ensured for more than a century that the benefits accruing from the university permeate the entire state. This exportation of The Wisconsin Idea takes many forms—training of physicians who later return to their home countries, joint research projects abroad, consulting, visiting teaching assignments and voluntary service in medically underserved areas. In fact, according to a recent survey conducted by UW professor of preventive medicine Judith Ladinsky, an international health programs expert, more than half of the faculty who responded said they are interested or have been involved in health activities in other countries. The survey revealed that they have worked in hospitals, laboratories, medical schools, towns and villages in 175 nations around the world. In the future, we hope to enhance these international connections as well as improve communication with our alumni living abroad.

In closing, I would like to express my deepest gratitude to alumnus Dr. David Morris ('54) and his wife, Sacia, for their most generous gift of \$2 million. Their donation will strengthen the school's already world-renown respiratory research and clinical programs, helping to improve the health of people plagued with allergies, asthma and other pulmonary disorders like cystic fibrosis. Dave and Sacia have enabled us to create the Morris Institute for Respiratory Research, which will be located in the new K6/9 module of the Clinical Science Center. This state-of-the-art laboratory facility will greatly enhance our research potential. In a larger sense, the Morris grant should encourage additional significant contributions to the HealthStar campaign. Continued support from UW Medical School alumni is crucial to the creation of our Health Sciences Learning Center.

UW Hospital ranks high in survey

University of Wisconsin Hospital and Clinics ranks among the top three percent of the nation's major medical centers in eleven medical specialties, according to this year's edition of *U.S. News and World Report's* "America's Best Hospitals" guide.

The guide offers an assessment of care in 17 specialties at 1,701 of the nation's teaching hospitals. UW Hospital was ranked among the top three percent in the following categories:

- Cancer
- Digestive disorders
- Heart care
- Hormonal disorders
- Kidney disease
- Orthopedics
- Respiratory disorders
- Rheumatology
- Urology
- Eye care
- Ear, nose and throat

This year's rankings include the new categories of "respiratory disorders," which includes care for asthma and other breathing problems, and kidney disease. UW ranked among the top three percent in both.

"Congratulations are due to our physicians, nurses and other staff who have made these high rankings possible," said **Donna Sollenberger**, UW Hospital chief executive officer.



"I am honored to have joined an organization of this quality."

Sollenberger pointed out, however, that no individual ranking fully captures any institution's overall quality of care. Because every methodology has its limitations, most experts agree that consistency over time through various methodologies is a more reliable indicator of quality of care.

Of the 6,299 hospitals in the U.S., *U. S. News* analyzed care at 1,701 major teaching institutions that are at the forefront of sophisticated care. Four categories—pediatrics, psychiatry, eye care and rehabilitation—are ranked based on a reputational score alone. The other

13 categories are assessed based on reputation, mortality rates and a mix of other data. The magazine listed the top 50 hospitals in 13 of the 17 categories and various numbers of hospitals in the four categories ranked only by reputation.

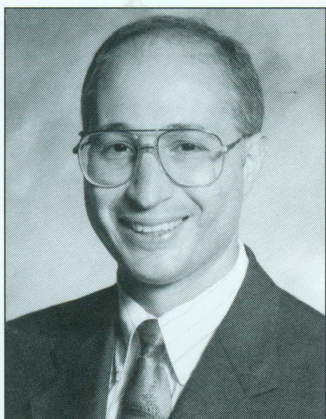
UW Hospital is a non-profit institution operated since 1996 by a public authority board. It is the only Dane County hospital and one of a handful of Wisconsin hospitals ranked by the magazine.

Bentz named chair of plastic and reconstructive surgery

UW Department of Surgery recently announced Dr.

Michael L. Bentz as professor of surgery and chair of the Division of Plastic and Reconstructive Surgery. Bentz joins the UW after serving as associate professor of surgery and pediatrics at the University of Pittsburgh.

Bentz's practice focuses on plastic surgery and reconstructive surgery for infants and children. He has special interests in pediatric hand surgery; cleft lip and palate surgery; chest, abdominal wall, and extremity reconstruction, and the treatment of birthmarks and vascular lesions. Bentz also is affiliated with the UW Children's Hospital.



UW Hospital names Organ Procurement Executive Director

Dr. **Anthony M. D'Alessandro**, director of multiorgan transplantation at UW Hospital and Clinics, has been named executive director of the hospital's Organ Procurement Organization (OPO). In his new position, D'Alessandro will coordinate and administer the OPO and lead a strategic planning initiative aimed not only at maintaining the organization's position as one of the best programs in the country but enhancing the services it provides.

D'Alessandro, a Wisconsin resident for the past 19 years, has headed the University of Wisconsin multiorgan transplantation program for the last five years.

Certified by the American Board of Surgery in general surgery and surgical critical care, D'Alessandro's clinical specialties include liver, small bowel and multiorgan transplants. He is currently

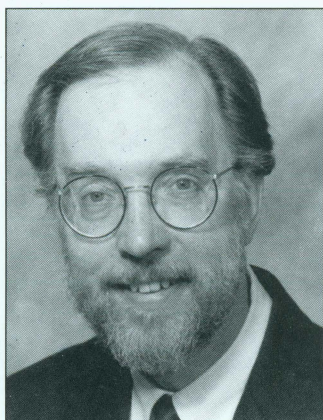
administering a five-year National Institutes of Health research grant that focuses on maximizing the number of organs used for transplantation.

Frequently included on lists of the nation's top doctors, D'Alessandro is a member of the Board of the American Society of Transplant Surgeons. He has lectured and published widely and served on several editorial and committee boards, including the United Network for Organ Sharing.

"This is an exciting time," says D'Alessandro, "as we enhance our organizational structure. We are consistently ranked among the best OPOs and transplantation programs in the country, and I intend to make sure we maintain our position of excellence as we move forward."

Busse elected academy president

Dr. **William W. Busse**, head of UW Hospital allergy and



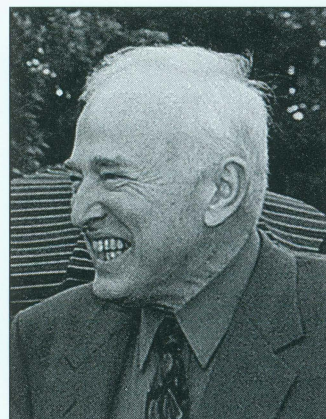
immunology division, has been elected president of the 6,000-member American Academy of Allergy, Asthma and Immunology.

A professor of medicine, he is also director of the National Institutes of Health-sponsored General Clinical Research Center at UW Medical School. His research centers on cellular and molecular mechanisms of asthma.

A graduate of UW Medical School, Busse is past president of the American Board of Allergy and Immunology. He serves on the editorial board of the Journal of Clinical and Experimental Allergy and is a member of the advisory council of the National Heart, Lung, and Blood Institute. He is the author of more than 150 scientific articles and more than 100 chapters, books and invited papers.

McBeath retires as chair

Dr. **Andrew A. McBeath** recently stepped down as chair of the division of orthopedic surgery. As the Frederick J. Gaenslen Professor and chair of orthopedic surgery, he devoted more than three decades to the study of total joint reconstruction, focusing specifically on the hip and knee. McBeath contributed to the design of the Wisconsin Hip, a prosthesis that has



helped improve mobility and quality of life for thousands of Americans.

He developed an interest in joint replacement surgery early in his career and was one of the first surgeons in Wisconsin to perform a hip replacement. Four years after arriving at UW, McBeath was named acting chair, a title he would officially claim three years later and hold for a quarter century.

Under his gracious and capable direction, the division of orthopedic surgery grew considerably, branching into several new subspecialties. When McBeath began his tenure as chair, the division consisted of four members. Today, the division has 13 internationally recognized faculty who specialize in a variety of areas, including hand surgery, spine surgery, oncology, pediatrics, trauma and sports medicine.

Medical School loses a great friend

BY AARON R. CONKLIN

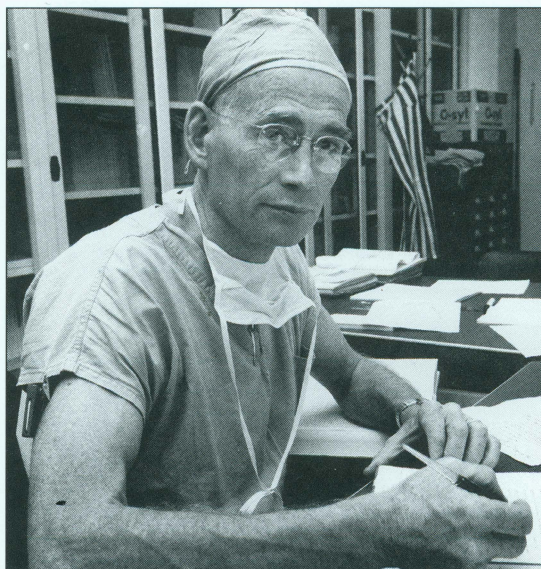
Most medical students knew him, when they saw him at all, as a bespectacled, retiring man who seemed to live in the catheterization lab. Close colleagues and those who were allowed to crack the veneer saw a different George Rowe altogether—a man of uncommon wit and intellect, deft with a joke and dedicated in his service to the science of cardiology.

In July of this year, Rowe, an emeritus professor of cardiology and medicine and the Medical School's first-ever Markle Scholar, succumbed to Lou Gehrig's Disease at the age of 79. His death brought to a close a medical career that spanned more than 55 years, much of which was spent at the UW Medical School. During that time, Rowe enjoyed a front-row seat to the development of modern cardiac catheterization techniques—the same techniques he helped to shape and perfect.

When he began his first medical internship at Philadelphia General Hospital, penicillin was still an experimental drug. In the 1950s, he was among the vanguard in the medical community to use catheters on humans—which, in those days, were boiled to the consistency of cooked spaghetti to sterilize them.

Rowe spent much of his time behind the scenes, but his expertise in exploring emerging techniques was as well-known as his influence. Dr. Pamela Douglas, the recently appointed head of the section of cardiovascular medicine, was immediately struck by the extent to which colleagues and students respected the emeritus professor. "Dr. Rowe had a reputation of being tough on people, but he also made them extend themselves and realize their potential," Douglas says. "He was responsible for building much of what we now take for granted as the UW cardiology department."

Dr. Ford Ballantyne, a longtime departmental colleague, captured it best in the eulogy he offered to Rowe's friends and family: "George was courageous and intellectually uncompromising. Given the opportunity to go first and look good, he would decline and give credit to any associate



who deserved it. The only thing that mattered was doing the right thing for the right reason."

For much of his career, Rowe was known as a focused researcher and clinician—he performed more than 10,000 human catheterizations, and tirelessly explored the factors regulating cerebral and coronary vascular blood flow. In the years following his official retirement from the Medical School in 1989, another Rowe emerged. He became a class mentor and, from 1993–2000, taught gross anatomy on a volunteer basis, a pair of assignments that afforded him a new opportunity to connect with students. His new young charges took little time in warming to him. "They regarded me as a quaint and friendly dinosaur, but quickly discovered that I was not dangerous," Rowe recalled before he died. "I became friends with a wonderful group of young idealists."

Even in his final days, the welfare and education of his students were foremost in his mind: Rowe exacted a promise from Ballantyne that he would ensure that one of his students has the opportunity to hear a particular heart murmur.

On the occasion of his receiving an emeritus faculty award for clinical science, Rowe commented, "I routinely tell medical students that it is a privilege to make a living doing exactly what you want to do." In this respect, Rowe—and all the students and residents whose lives he touched—were very privileged indeed.

The Madison-Iceland connection



Sigurdur Gudmundsson proudly displayed the sweatshirt UW Medical School students gave him last spring when they visited Iceland. Now the surgeon general in his home country, Gudmundsson completed his internal medicine internship at UW.

BY HARVEY BLACK

When Sigurdur Gudmundsson arrived in Madison in 1979, he felt he was in heaven. The Icelander came to UW Medical School after a year of residency in Flint, Michigan. He was there because, he says, of applying late to residency programs. Unwilling to endure several years in a high pollution, high crime environment, Gudmundsson heard from a colleague that University of Wisconsin Medical School had a highly rated internal medicine residency program. He applied and was accepted. "It was like coming from a Dantesque inferno to heaven," he says. He sums up his 6-year experience succinctly. "It was excellent, marvelous." So excellent and marvelous that he started recommending it to Iceland's medical school graduates, all of whom

must go abroad for advanced training.

And come they have! Since Gudmundsson's return to Iceland, where he is now Surgeon General, 19 Icelanders have done residencies and/or fellowships in internal medicine at UW. They have also done advanced training in other programs, including psychiatry, pediatrics and anesthesiology. This year there are no less than eight Icelandic physicians getting advanced training in psychiatry, pediatrics, internal medicine and anesthesiology. They speak warmly and affectionately of both their experiences at the Medical School and in Madison, which is only slightly larger than Reykjavik, Iceland's capital.

"I've been very happy with my training here," says Sigurdur Bodvarsson, an oncology fellow. "The training program is excellent," says Thor Gudjonsson, a second year cardiology fellow. The relationship between the staff and the residents is a particular strength, says Bryndis Sigurdurdottir, second year internal medicine resident. She also is pleased with the program's "high priority that's put on attending teaching conferences. I took that for granted, but I realize now that that is not something that everyone gets to experience in other programs," she says. "The training in Madison was outstanding, both residency and fellowship. Outstanding teaching program," Unnur Bjornsdottir, wrote in an email of her experience as an internal medicine resident from 1988 to 1991, and an allergy clinical immunology fellow in 1991-1993. She is an associate professor at the University of Iceland.

Magnus Magnusson, now doing a fellowship in hematology at the National Heart, Lung, and Blood Institute talks glowingly of his basic research experience with Dean Mosher, "an outstanding basic scientist. That was very important to me. Madison has a great basic science campus," he says. Bodvarsson notes the glowing reports of training are supported by performance. He says for the past three years, all residents have passed their internal medicine boards. That 100 percent performance compares with the overall 66 percent pass rate in the U.S.



Reykjavik is about the same size as Madison, and visiting Americans find it as charming and inviting as Icelanders find the Wisconsin capital.

But the Icelanders' happiness with their training here reflects more than what can be easily quantified. They are immensely pleased with an informal atmosphere in which they are treated as peers, where there is little if any distance across the many ranks found in an academic medical institution. "Many of my colleagues in medicine and cardiology programs, who come from the coasts, especially the East Coast, are surprised and say this is a huge difference. I am on first-name basis with most of the staff in the cardiology department, whereas they think that would be unheard of in the bigger programs in the east," says Gudjonsson, adding that the atmosphere is similar to Iceland's. Similarly, Magnus Haraldsson, psychiatry resident, talks of the informality and ease of interaction with the staff in the psychiatry program. The Icelanders also are pleased with the pace of the programs here. Soffia Jonasdottir, a third-year pediatrics resident, notes that learning can be accomplished without being married to the hospital. The UW Medical School doesn't have the frenetic pace she saw when she interviewed at other programs. "At many other places I went to (for interviews), people were just thrilled to get half an hour off for lunch to talk to you. They were overworked and definitely not happy," she says. By contrast, the residents she spoke with "really seemed to be enjoying their work."

Those who come are "responsible, professional, well-trained, [have] high integrity, relate to our patient population and their colleagues very well," says Bennett Vogelmann, who heads the internal medicine residency program, and who did his residency with Gudmundsson. The Icelanders also provide an important non-academic aspect to medical training by adding an element of diversity as well, says Vogelmann, on whose office bookcase sits a copy of *Independent People*, a novel by Nobel Prize-winning Icelandic author, Halldor Laxness.

As much as they praise their training at the Medical School, the Icelanders are thrilled with life in Madison so much so that the city itself is a major reason to come, says Gudjonsson. "The city was much more important than the program. We have two children, and we were going to be spending seven years of our lives here," he says. Haraldsson and Jonasdottir say Madison's advantages were mentioned to them during their interviews. The Icelanders universally point to Madison's cultural advantages, its pace of living, its friendliness. "People here are just spectacular," says Brynjar Vidarsson, a hematology fellow. "Living here in this small Midwestern city is like Reykjavik, but with better weather."

The Icelanders universally point to Madison's cultural advantages, its pace of living, its friendliness. "People here are just spectacular," says Brynjar Vidarsson, a hematology fellow. "Living here in this small Midwestern city is like Reykjavik, but with better weather."



UW Medical students helped solidify the Madison-Iceland connection during their spring break visit.

REVERSAL IN FLOW

A dozen UW Medical School students spent their spring break this year visiting a country doctor in Iceland. The students, whose trip was organized by second-year medical students Stephanie Burroughs and Mark Flanum, got a nine day glimpse into the workings of the health care system of the country of 280,000 people, with the aid of the nation's surgeon general, or Land Laeknir, which means country physician in Icelandic. Sigurdur Gudmundsson, who did a residency in internal medicine and a fellowship in infectious disease at the UW Medical School, introduced the students to the Icelandic system of universal health care and socialized medicine.

The trip was a kind of reversal in flow. Over the past 20 years there has been a steady stream of Icelandic physicians coming to the Medical School for residencies and fellowships. The trip grew out of a hematology class for second-year students taught by hematology fellow Brynjar Vidarsson. Discussions with him piqued Burroughs' interest in Iceland's health care system. During their sojourn, students shadowed Icelandic physicians, went on rounds, talked with patients, visited nursing homes and got an overview of the health care system. "They have socialized medicine and universal health care, and that's what appealed to me most about it. I wanted to see what that was like for the people living in Iceland," says Burroughs, who arranged to have International Health Exchange sponsor the trip, along with the UW Office of Academic Affairs. The trip was a for-credit study tour, the 12th such educational tour sponsored by the

Medical School. Getting other students to spend time just south of the Arctic Circle in March was easy. "We had a waiting list of 18 students," she says. And the students who went came away with what seems to be a good picture of the pluses and minuses of such a system, as well as ideas on how they want to practice medicine.

"I saw some of the benefits of universal health care. People seem to like the system. It reinforces my desire to have more of a friendship with my patients, to have an informal setting, which I witnessed over there," says Flanum. He also hopes to convey something of the Icelandic passion for swimming, which is done in heated outdoor public pools, to his patients as a way of encouraging exercise. "That's something I will always share with my patients, [telling them] when I was in medical school, I went to Iceland.

During their sojourn, students shadowed Icelandic physicians, went on rounds, talked with patients, visited nursing homes and got an overview of the health care system. "They have socialized medicine and universal health care, and that's what appealed to me most about it. I wanted to see what that was like for the people living in Iceland."

I'll encourage them to find that sense of community and the importance of exercise I saw there," he says. Burroughs and other students were deeply impressed with the high quality of nursing home care that the tax-supported system offers elderly residents. And Jocelyn Libby says she was pleased to learn that the system funds medical and travel expenses for patients needing bone marrow transplants performed in Sweden. But the system's flaws were also clear. Iceland must struggle to get physicians to work in underserved areas, just as the United States does, the students learned. Both Libby and LeAnn Hutchison noted that they saw patients in hallways instead of rooms. But they did not feel it detracted from the care. "I assumed everything would be taken care of perfectly, but these things happen. There's only so much money and these things happen in a realistic world," says Hutchison.



Icelanders have a passion for swimming. UW Medical School students enjoyed a dip in a heated outdoor pool even though the air was cold in Reykjavik.

“LAND LAEKNIÐR”

“Siggi,” as those who know Sigurdur Gudmundsson call him, is a picture of informality and relaxation as he sits in his stocking feet at a dining room table in a Madison apartment he was visiting recently, discussing what the surgeon general of Iceland does. One might think that there’s not much to do in such a small, prosperous country, where life expectancy is the longest in Europe, and where peri-natal and maternal mortality are among the lowest. But that would be wrong. The office, which dates to 1760, combines the roles of a medical licensing board, technical advisor to Iceland’s health ministry, and ombudsman for patients. The office regulates the conduct of all the nation’s health care professionals, including nurses (about 3,000) dentists (about 300) and physicians (about 1,000).

“If a health care worker screws up, we are the ones who are supposed to slap the wrist or recommend the person’s license be revoked if the conduct is terrible enough. We are the patient’s advocate. We are the ones who make a judgment as to whether the complaint has any basis, and more often than not we blame the health care worker,” he says.

One of Gudmundsson’s goals is to turn the office into a regular public health agency. The office already collects a range of health data: discharges from hospitals, deaths, births, communicable diseases, etc. “We really haven’t had enough infrastructure to utilize these data for meaningful research,” he says. He aims to get the resources and equipment to do that. In spite of the high level of health in Iceland, Gudmundsson notes the nation does face problems. Lung



Life expectancy in Iceland is the longest in Europe. This woman, over 100 years of age, is the oldest Icelander.

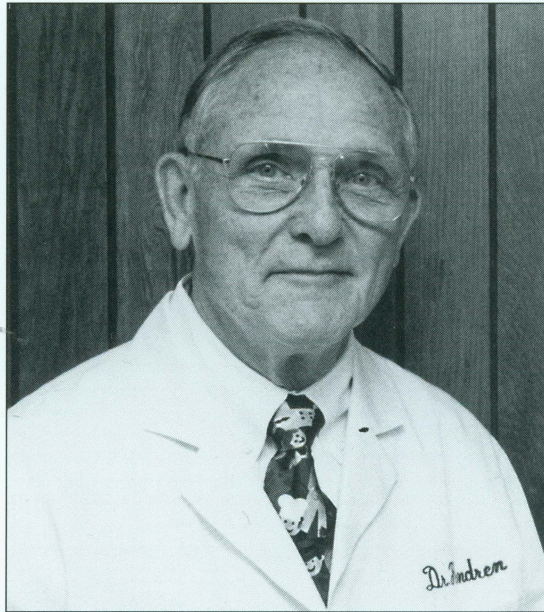
cancer is rising in women; melanoma is also on the upswing. He is concerned about tobacco use—with one out of four Icelanders smoking. Drugs don’t seem to be a major problem, but drug use is increasing. “Our main concern is amphetamines. Cocaine is on the rise. Heroin use is almost unheard of, but we are probably on the verge of seeing it being introduced into the society,” he says. HIV is below the mean in western European countries, but there is growing concern about the increase in the rate of suicide.

Photos courtesy of Stephanie Burroughs and Lori Shaw.

Master surgeon, former mentor joins UW's Lund in OR

BY MICHAEL FELBER

“Dr. Hendren was the reason I went into pediatric surgery,” Lund said. “He is my hero, because he demonstrated to me what a large impact you can make as a surgeon in the lives of children.”



Dr. W. Hardy Hendren III, a world-renowned master surgeon from Children's Hospital in Boston, recently joined one of his most prized students, UW's Dr. Dennis P. Lund, in the operating room at University of Wisconsin Children's Hospital. The two performed a complicated 19-hour reconstruction to repair a cloacal anomaly on a 20-month-old Wisconsin girl.

Lund, associate professor of surgery at the UW Medical School and surgeon-in-chief of UW Children's Hospital, said having his 74-year-old mentor from Harvard Medical School come to Madison was incredibly rewarding not only for him, but the entire UW Pediatric Surgical Team. Before Lund came to Madison in May 1999, he worked for 10 years with Hendren, chief of surgery emeritus at Children's Hospital in Boston.

“Dr. Hendren was the reason I went into pediatric surgery,” Lund said. “He is my hero, because he demonstrated to me what a large impact you can make as a surgeon in the lives of children.”

One such child is Danielle Beachy, a Fond du Lac, Wisconsin, girl who presented with a cloacal anomaly, the condition in which the urinary, genital and gastrointestinal tracts all drain into one opening. About one in 30,000 baby girls are born with this problem, and only a handful of surgeons in the world perform the lengthy operation to properly correct it.

Based on ultrasounds that were done during the pregnancy, Danielle's parents – Dede and Darren Beachy – were told by their physicians to expect the worst.

“They told us to make funeral arrangements,” said Darren.

Instead, the Beachys anxiously waited as Danielle remained in intensive care for six weeks following her birth in September 1998. Ultimately, they learned that Hendren and Lund were two of only a small number of surgeons capable of correcting Danielle's complex defect.

When the Beachys heard that both surgeons would perform the reconstruction together, they felt that Danielle's prospects began to look very promising.

“It was truly a blessing that both Dr. Hendren and Dr. Lund were able to do this,” Darren said. “It is more than we could have asked for.”

During the surgery, Hendren and Lund separated Danielle's bladder, vagina and rectum and then created distinct openings for each. Hendren and Lund were joined by Dr. John Kryger, pediatric urologist at UW Children's Hospital, during the lengthy case. Because Danielle was born with a non-functioning right kidney, which was also removed during the surgery, and a poorly functioning left kidney, she will need a kidney transplant, possibly later this year.

“Danielle's mother has been cleared to be the donor,” Darren said. “This is just another miraculous piece to this story.”

DR. DAVID MORRIS AND HIS WIFE, SACIA, DONATE \$2 MILLION

“Family Ties” Inspire Major Gift

BY AARON R. CONKLIN

It doesn't take long to realize that family is an important part of Dr. David Morris's busy life. He shares both his successful allergy practice and his neighborhood with his daughter, Mary. The two work side by side as partners in the La Crosse-based Allergy Associates and then head for adjoining homes overlooking the golf course at the La Crosse Country Club. One of Morris's greatest joys is spending time with his grandchildren. His other daughter, Kathy, is the wife of Tour de France-winning bicyclist, Greg Le Mond.

Morris considers UW Medical School a member of his extended family—he studied here from 1950–54, and Mary followed him three decades later. Recently, Morris and his wife, Sacia, committed a gift of \$2 million to the school. The money will be used to create the Dr. David and Sacia Morris Institute for Respiratory Research, where scientists will concentrate their efforts on pulmonary disorders such as allergy, asthma and cystic fibrosis.

“My wife and I have always given a significant portion of our earnings charitably,” explains Morris. “I thought it was time to do something for the Medical School, to honor the caliber of the research.”

Morris sees his gift as a way to both further immunotherapy research and honor the memory of one of his former mentors, legendary Medical School Dean William S. Middleton. Morris was president of the last class Middleton saw through all four years, and he remembers him fondly as an involved, hands-on administrator in the same mold as current Dean Philip Farrell. “Middleton affected all of our lives,” says Morris. “He was always close to his students.”

Morris found his life's purpose while he was a medical student, inspired by the work of UW allergy researcher Seymour Crepea and pulmonologists Helen Dickey and John Randall, who were searching for a cure for farmer's lung. Following a two-year stint in the Air Force, Morris pursued allergy work in a family-practice setting. He made the decision to specialize in 1970,



The Morrises honored the Medical School recently with a gift that will be used to create the Dr. David and Sacia Morris Institute for Respiratory Research.

becoming the first Wisconsin family physician to earn board-certification in allergy and immunology. He's never looked back.

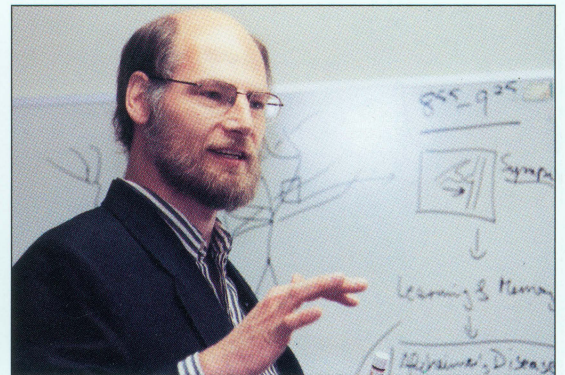
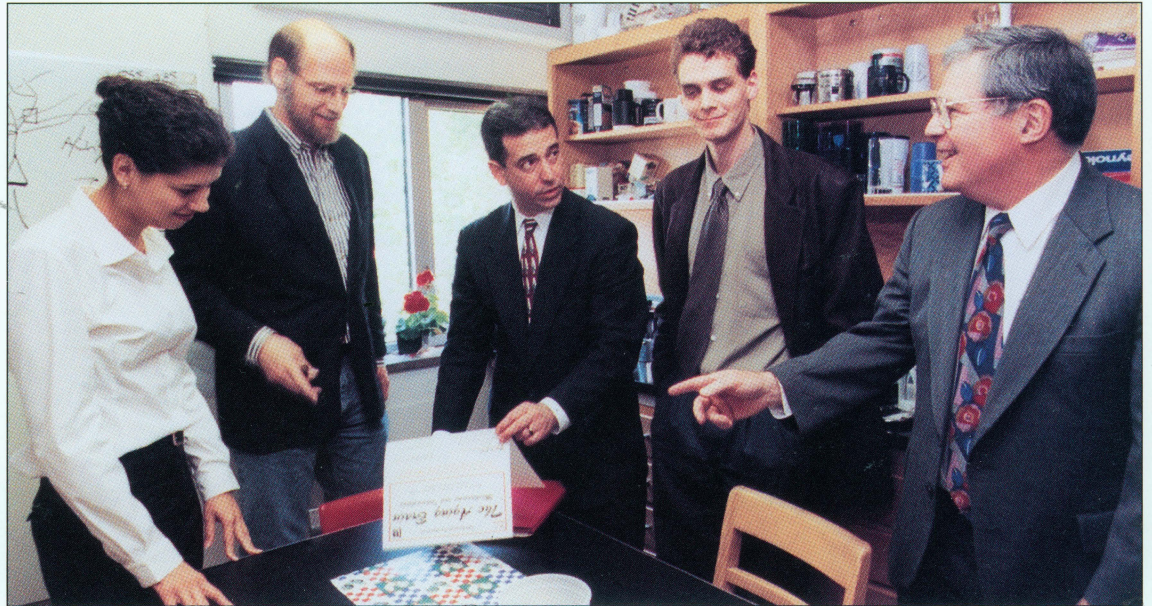
“It makes you feel good all over,” says Morris of the thrill he gets when he's able to help a patient breathe easier or eat more freely. “It also encourages you to stick up for something that works.”

What “works” for Morris is an unusual treatment he pioneered in the 1970s: the oral (sublingual) application of androgen drops. As his booming practice suggests, allergy sufferers from across the Midwest have embraced it.

While Morris, who's practiced in Wisconsin for some 46 years, says he has no plans to retire from his successful practice, he's also spending a fair amount of time out of the office these days—in Montana, developing what he calls “a legacy to my family.” He's talking about The West Fork Camp, a 20-acre site located south of Bozeman at the Yellowstone Club, a ski and golf resort. The camp will serve as a sort of private haven for his family and friends. Their compound is slated to include a replica of a turn-of-the-century fire tower.

Senator Feingold pays his respect to research

In response to the federal government's growing interest in funding research facilities, U. S. Senator Russell Feingold recently visited the UW Medical School to tour the Medical Science Center and learn about the challenges and opportunities relating to 21st century research. Administrators briefed Feingold on the school's research program priorities and reviewed various sources of support. Dr. Deane Moshier, head of the M.D./Ph.D. program, provided an overview of the program and introduced two participating students, Lisa Mahnke and Jonathan Stoehr. The Senator also visited the laboratory of Dr. Johannes Hell of the pharmacology department, who described his Alzheimer's research program.



Improving the odds against restenosis

Restenosis of coronary arteries following balloon angioplasty and stent placement is a major clinical problem. At UW Medical School, physicians believe beta radiation therapy is a safe and highly effective new way to approach the problem.

They've participated in two clinical trials to test the efficacy of beta radiation therapy, are currently performing the procedure on a compassionate-use basis and are poised to begin offering it as a regular service as soon as it is approved by the Food and Drug Administration (FDA).

"Intracoronary beta radiation therapy is a very

exciting and potentially very gratifying advance," says Dr. **Matthew Wolff**, who heads the UW cardiac catheterization laboratory. "The procedure greatly expands the options we have to treat patients with coronary artery disease by overcoming restenosis, the major limitation associated with angioplasty and stenting."

The new initiative requires the combined skills of UW radiation oncologists, medical physicists and interventional cardiologists, says Wolff.

Cardiologists perform more than one million balloon angioplasties each year in this country, but restenosis occurs within six months in as many as 30 percent of all cases. Intracoronary stent placement has

improved the odds, but approximately 20 percent of the stents will also restenose. Repeat balloon angioplasty in these cases can yield even higher rates of in-stent restenosis.

"For the 150,000 to 200,000 patients nationwide who experience repeated in-stent restenosis, we have very few alternatives other than bypass surgery," says the UW Medical School associate professor of medicine, adding that many patients are not good candidates for the surgery.

"Beta radiation therapy is an effective new way to approach the problem."

Recent findings from a study comparing patients on placebo to those treated with the Beta-Cath system developed by Novoste Corporation showed a 31 percent reduction in in-stent restenosis for more than eight months. UW was a clinical site for the study, the largest randomized evaluation to date on radiation therapy to treat in-stent restenosis.

Wolff and his colleagues are now participating in a multicenter study examining the use of intracoronary beta radiation to treat de novo lesions. The UW interventional cardiologist envisions a time in the near future when the procedure will be used regularly on first-time angioplasty patients, particularly those known to be at high risk for restenosis.

The FDA has approved use of beta radiation on a case-by-case basis and Wolff says he's pleased to be able to offer it to the most desperate patients—those who have already had multiple revascularizations or bypass surgery or who may have medical problems precluding surgery. He expects final FDA approval by the first quarter of 2001.

Video technology enhances cross-state communication

Live video technology is helping doctors at UW Hospital in Madison and those at several other hospitals around the state discuss difficult cases and exchange clinical information with each other from their home bases.

Thursdays at noon, for example, a group of physicians and other staffers at Gunderson Lutheran Medical Center in La Crosse participates with their counterparts at UW Children's Hospital in weekly tumor board meetings without having to drive 150 miles down the interstate. Two-way audio-video systems running through telephone lines permit real-time interaction between people at both sites. And special document readers convert X-rays and histology slides to video images that can be viewed simultaneously at both locations.



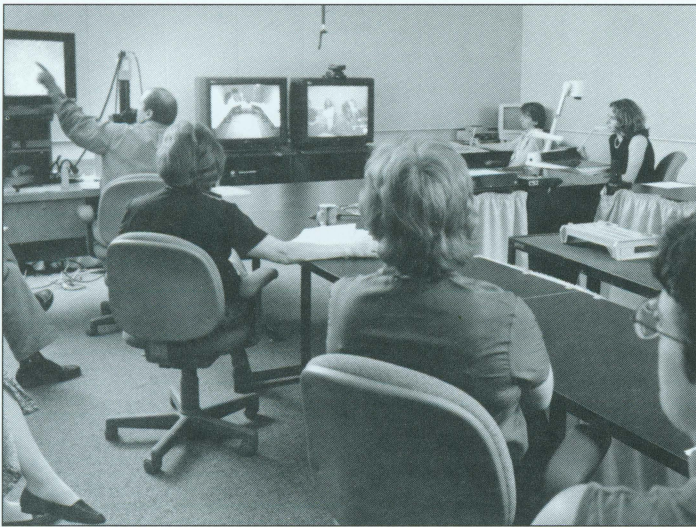
The sessions provide an opportunity for academic peer interaction that wouldn't be possible if it weren't for this system, says Dr. **Robert Ettinger**, a pediatric hematologist-oncologist at Gundersen Lutheran. "We find this interactive, multi-disciplinary approach to the care of our patients very effective."

The Cancer Care Center at Holy Family Memorial in Manitowoc was recently wired for participation in the weekly case presentations and a system is in place at UW Cancer Center Wausau Hospital.

In addition to regularly scheduled video sessions, the system is used on an ad hoc basis to provide immediate consultations in time-sensitive cases. Neenah neonatologists

Drs. **Howard Kidd** and **Paul Myers**, at times need a pediatric cardiologist's interpretation of an echocardiogram to decide whether they can treat newborns locally or if cardiac anomalies may require surgery at UW Children's Hospital. Several times they've transmitted echos via video to UW pediatric cardiologists Drs. **Steven Neish** and **Allen Wilson**, who were able to provide perspectives crucial to the decision-making.

The video system is also used for monthly dermatology conferences between UW and Marshfield Clinic and quarterly cystic fibrosis conferences between St. Vincent's Hospital in Green Bay, Marshfield Clinic and UW Children's Hospital.



While physicians and others attending UW Children's Hospital weekly tumor board meeting in Madison go over details of a complicated case, their counterparts at Gundersen Lutheran Medical Center in LaCrosse can also contribute to the interaction by means of a special video system. Histology slides and X-rays can be viewed simultaneously at both locations.



Prednisone can retard growth in CF boys

A new UW study published recently in the *New England Journal of Medicine* found that long-term use of prednisone for young cystic fibrosis patients reduced the height of boys but not girls. But one of the study's authors advises that the findings not be confused with the use of inhaled corticosteroids to treat asthma in children.

"The study involved CF patients who took prednisone in pill form," says co-author Dr. **David Allen**, a pediatric endocrinologist at UW Children's Hospital. "In contrast, children and other asthmatic patients using commonly prescribed inhaled corticosteroids, which are much safer than oral corticosteroids, do not experience the same side effects."

The study examined growth patterns in 224 CF patients at 15 sites. Measurements were taken between the time prednisone treatment was stopped, from 1987 to 1991 and 1997. The height deficit that resulted in the boys persisted after the treatment was discontinued. The deficit was significant compared to height standards for normal children, and compared to the time of the last growth measurement.

Allen says the study conclusions are not surprising. "Although this is the first time a study examined growth patterns for CF patients well after discontinuation of prednisone treatment, we have known for many years that corticosteroids, particularly when taken orally, can affect growth patterns in children," he says.

President's Message

As I begin in my new role as president of the University of Wisconsin Medical Alumni Association, I am reminded of how fortunate we are as physicians to live in a society that places the highest value on health-care and education. Though medicine has changed significantly since many of us attended medical school, I remain confident that our profession is poised to accept the challenges facing the 21st Century.

I base my optimism not only on what I witness at my own practice in Milwaukee, but was reminded of the many benefits derived from medical school while attending the Alumni Weekend events in May in Madison. Attended by more than 700 graduates, the entire weekend was a vivid reminder of how much medical school has affected our lives—touching each of us personally and stressing the importance of a “lifelong education,” allowing us to grow and stay abreast of changes in our field. From the first encounter with a long-lost colleague to Walter Cronkite’s “fireside chat” with the dean, the weekend was a success.

It was particularly gratifying to be able to visualize and learn more about Alumni Hall and the new Health Sciences Learning Center, by way of discussion and the miniature models of the facilities that were displayed during the weekend. As most of you know, the Alumni Association voted last year to support a \$2.5 million campaign to build Alumni Hall, a 350-seat auditorium in the new Health Sciences Learning Center. Designed to be used daily by guest speakers and students, Alumni Hall will feature individual keypads to transmit questions to the lectern, a full spectrum of the latest audiovisual capabilities and comfortable seating, making access convenient for people in wheelchairs.

Perhaps most evident of our ability to lead, to seize the future, was the realization of the new Health Sciences Learning Center. In addition to being the instructional base for more

than 1,500 UW–Madison Health Sciences students, the Center will offer the latest in technology and education for medical, nursing and pharmacy students throughout the state. Besides the Medical School Alumni Association, the Center will house the Office of Continuing Medical Education and other administrative units as well as the dean’s office. The facility will feature computer laboratories and training rooms, student offices, lounges, group study rooms, a café, a retail store, conference rooms, study carrels and lockers. It is truly a step into the future of medicine.

We have much to be thankful for, yet much remains to be done. Contributing financially is a way of showing appreciation to the medical school that trained us at the cost of the citizens of Wisconsin. Please join me in dedicating this next year to giving back to UW just a portion of what it has given us for a lifetime.

Before I close, I wish to salute my esteemed colleague and predecessor, Robert Jaeger, for the excellent job he did during the past two years as president of the Wisconsin Medical Alumni Association. I now look forward to my tenure as president and to communicating with alumni, both in person and via my standard column in the *Quarterly*. I encourage all of you to become more involved with your current and former colleagues and feel free to contact me for information you wish to share with others.

Sincerely,

Dr. Harvey Wichman
President of the Wisconsin Medical
Alumni Association



*Dr. Harvey Wichman
Wisconsin Medical
Alumni Association
President*

Greetings from Donna Sollenberger

My first nine months as CEO of UW Hospital and Clinics have been all that I expected, and it has certainly been delightful to get to know my colleagues and the staff of this outstanding institution.

As with all academic medical centers today, we are challenged with growing expenses and reduced revenues. A shortage of nurses, revenues reduced from the federal Balanced Budget Act and capitated insurance payments, all of which are issues nationally, have also become our issues. Academic medical centers, especially, are suffering at a disproportionate rate. Education expenses, the greater acuity of patients, our charitable mission, and the technology we use to provide state-of-the-art care all challenge us to find ways to continue our mission while maintaining appropriate margins.

As alumni and friends of the UW Medical School, most of you have heard about these disturbing trends, but it is important that you also understand how critical these issues are for our institution. Although academic medical centers admit only 6 percent of all inpatients in the United States, we account for 50 percent of all pediatric admissions, 70 percent of all burn admissions, 40 percent of all charity care and 45 percent of all critical care admissions. On the cost side, the average price for new drugs today is \$71.49, more than twice the average \$30.47 for previously existing drugs. New privacy requirements are estimated to increase costs for providers and plans by \$3.8 billion over five years. Quality improvements to blood screening are expected to at least double the cost per pint of blood, and the use of new technology can cost tens of thousands of dollars.

At the same time that we are asked to serve more critically ill patients and face markedly increased costs, the Balanced Budget Act (BBA) has reduced Medicare payments to hospitals by \$70 million over five years, almost

\$20 billion more than anticipated. Though about \$9 million of that was restored through the BBA Relief Act, the net effect of this restoration is only about 1 percent. At this point, by the end of 2004, nearly 60 percent of America's hospitals will be losing money on Medicare patients. If these trends continue, Medicare margins for Wisconsin providers are projected to be negative-16 percent by 2002.

Total margins for teaching hospitals nationwide fell from 3.6 percent in 1991 to 2.3 percent in 1998. At UWHC, the 1999 margin was 3.1 percent, down from 4.3 percent in 1998, with an operating margin of only 1.1 percent. In 2000, our operating margin has almost disappeared, and for the 2001 fiscal year, we have requested a rate increase of 12.5 percent to allow us to achieve a modest operating margin of 1.8 percent. From this small margin, UWHC will provide approximately \$5 million in charity care and more than \$17 million in support for UW Medical School clinical faculty and programs.

UWHC is now in the process of planning our strategic effort to help us address these challenges. It is clear, however, that our academic medical center will be challenged to do all that we have done in the past as we seek to improve our financial position, improve access in some key clinical areas, and increase patient satisfaction. I urge you, therefore, to contact your legislators to express your concerns and ask for their support for national BBA relief. H.R. 3580 and S. 2018 would reverse the 1.1 percent proposed Medicare cuts and restore more than \$37 million dollars to Wisconsin hospitals over the next two years.

While the challenges that face us are enormous, I am optimistic and look forward to our future.

Donna K. Sollenberger
President and CEO
University of Wisconsin Hospital and Clinics



*Donna K. Sollenberger,
President and CEO,
University of
Wisconsin Hospital
and Clinics*

Alumni Weekend 2000

In keeping with Madison's very wet spring, Medical Alumni Day began with cloudy skies and light rain, but the weather didn't dampen the decidedly upbeat gathering of medical alumni and their friends and spouses in May.

For some, activities started with a continental breakfast and registration for the annual Wisconsin Alumni Association Day on campus. Events included seminars with some of UW's most engaging professors.

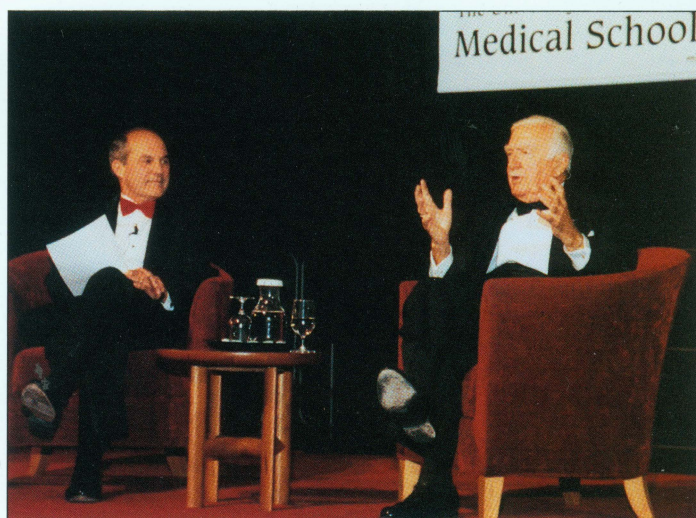
The Medical Alumni schedule got into full swing shortly after noon with a wine reception at the Pyle Center, followed by the annual 50-Year Presentation Luncheon honoring those who graduated from the Medical School in 1950. After welcoming remarks by Wisconsin Medical Alumni Association Executive Director James R. Griffith and WMAA President David J. Jaeger, Dean Philip Farrell summarized recent activities of the Medical School and explained the status of

plans for the school's major new building project at the west end of campus.

President Jaeger then presented the Brown Derby Awards for accomplishments in the 1999 Annual Giving Program. Honors went to: George Kroncke and Richard Thurell, Class of '54, for "Largest Amount Contributed"; Samuel G. Perlson and Nathan M. Hilrich, Class of '51, for "Highest Percentage of Participation"; William C. Nietert, Class of '78, for "Largest Number of Contributions"; and Maureen A. Mullins, Class of '79, for "Largest Number of Contributors."

Honorary life memberships were given to Mrs. Alice Farrell and Mrs. Janice Waisman and then each member of the Class of '50 in attendance was presented a 50-year medallion. A guided tour of the Elvehjem Museum of Art followed, featuring the works of world-renowned Nigerian bead artists.

The Concourse Hotel was the venue for day's main attraction, the awards banquet. After



dinner, President-elect Harvey Wichman conferred several awards: Clinical Science Teaching Awards to Gary Williams, Madison; Katherine Stevenson, Milwaukee; James Jorgenson, La Crosse; and Lon Remeika, Marshfield. The Outstanding Resident Teaching Award went to Kristen Millin, and the Basic Science Teaching Award was presented to Paul Bertics, professor of biomolecular medicine.

The Ralph Hawley Distinguished Service Award was given to James E. Albrecht, and Medical Alumni Association Service Awards were given to Loron F. Thurwachter and James R. Griffith. Dean Farrell then presented the Emeritus Faculty Award for Clinical Science to Manucher J. Javid and the Emeritus Faculty Award for Basic Science to Stanley Inhom. Lastly, the dean presented the Medical Alumni Citation to Ronald Shenker.

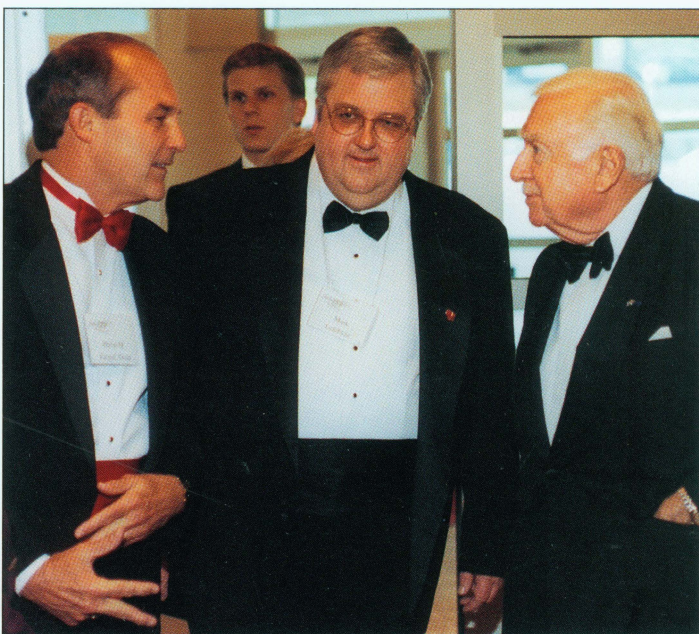
The next morning began with breakfast at the Clinical Science Center, followed by the scientific program. Patrick McBride, associate professor of medicine and family medicine, and director of preventive cardiology, spoke on "What's New

in Cardiovascular Disease Risk." Dean Krahn, associate professor of psychiatry, spoke on "Eating Disorders and Substance Abuse."

Also on Saturday morning, the WMAA held its annual business meeting. The following members of the Board of Directors were re-appointed for a three-year term: Johan A. Mathison, '61; Sandra L. Osborn, '70; and Marc S. Williams, '81. Charles Gehring, '82, was elected to the Board of Directors, and Christopher L. Larson, '75, was chosen President-elect.

At 2:30, a bus picked up medical alumni at the Memorial Union to tour the campus area. Some people chose to visit the old Red Gym on Langdon St., which has been restored and now serves as the gateway to the University.

In the evening, many attended the WMAA reception and reunion class receptions at the Monona Terrace Convention and Community Center. The Gala 2000 dinner and celebration featured a talk by Walter Cronkite, and later included music and dancing.



CLASS NOTES

1946

Tom Beno has written a book! Titled *Tom's Odyssey: A surgical Profile*, the book is really the story of Tom's life, with a focus on his many years as a surgeon. Published by Alt Publishing Company of De Pere, Wisconsin, the book is long—500 pages.

1948

Roland Liebenow may have retired as a class of '48 representative, but he has been anything but inactive. He is still an institutional representative for his local Boy Scout troop and Cub Scout pack, and serves on the district Scout Board. Last May, Boys Scouts of America honored him as a 50-year "Veteran Scouter," and the local scouts and cubs presented him a crystal scout statuette for his past services. He is leading a project to erect an historical marker recognizing the site of Lake Mills's original grist mill, which marked the town's settlement. In June he gave an illustrated talk on the round bams of Wisconsin to the Island Church Association. He and his wife also recently celebrated their 50th wedding anniversary.

1949

On a recent medical mission to El Filon, Honduras, Charles Trush ran into an unexpected difficulty. While examining a young boy suffering from congenital neuropathy and spina bifida, Trush sat down to write a note—and inadvertently dislocated his artificial hip.

Luck was with him—a long, bumpy van ride down a mountain led to a new hospital and an orthopedist who reduced the

dislocation. "I was able to return to the village ten days later in time for afternoon clinic," Trush wrote in the Alaska State Medical Association's quarterly publication. "I completed my remaining ten days thanks to a long leg brace, walker and prayer and willing hands everywhere."

1955

Theodore Roberts has been named chair of Pediatric Neurosurgery for the University of Washington Children's Hospital and Medical Center.

1957

E. Richard Stiehm, professor of pediatrics and chief of the division of immunology, allergy and rheumatology at UCLA School of Medicine, recently received the Distinguished Alumni Award from Babies and Children's Hospital of the Columbia-Presbyterian Medical Center in New York City, where he had been a pediatric resident. He also was given the Clyde B. McCauley award by the Alpha Therapeutics Company for "valuable contributions to the field of immunology and the treatment of people with immune deficiencies." As chair of the Blood Products Safety and Availability Committee of the National Immune Deficiency Foundation, he led the effort to simplify FDA licensure of therapeutic immunoglobulins, thus relieving the nationwide shortage of this key biologic.

1959

David L. Cram, clinical professor emeritus at the University of California-San Francisco has penned book number three: *Coping With Psoriasis: A Patient's Guide to Treatment*. Cram, who suffers from Parkin-

son's Disease, has been retired from practice since 1991.

1966

The American Society for Aesthetic Plastic Surgery (ASAPS) has a new treasurer: Peter B. Fodor. Fodor, who operates a private practice in Los Angeles, was selected at the organization's annual meeting in June.

1975

Donald Dafoe has been appointed the Samuel D. Gross Professor and Chairman of the Department of Surgery at Jefferson Medical College. Before moving to Jefferson, he was director of the Kidney and Kidney/Pancreas Transplant Program at Stanford University Medical Center.

1976

Richard Ross Heuser, the director of research at St. Luke's Medical Center in Phoenix, Arizona recently published the textbook, *Peripheral Vascular Stenting for Cardiologists*, which appeared on the American Journal of Cardiology's top cardiology textbooks for 1999 list. Heuser was also recently named cardiologist of the year by the Columbia/ HCA cardiovascular network, an international hospital healthcare system.

1977

As an outgrowth of her work on women's health, Susan Delaney-Mech recently published *RX for Quilters: Stitcher-Friendly Advice for Every Body*, a comprehensive healthcare book aimed at women who do needlework. Delaney-Mech

operates a private psychiatry practice in Plano, Texas; in addition to being a member of the American Medical Writer's Association, she's also an award-winning quilter.

1994

Karen and Kelly Locke are now living in Basalt, Colorado. Kelly recently completed a 5-year commitment to the Air Force; the two are job-sharing and spending time with their two boys, Ethan and Liam, as they await their third, due in October. E-mail them at lockek2@sopris.net



1997

David Kiefer, a family practice resident at the Swedish Medical Center in Seattle, Wash., is the first-ever winner of an award from the Otto Trott Memorial Fund. The Fund was established to honor the memory of Trott, a longtime Seattle physician remembered for his dedication to family medicine.

2000

Sheryl Strange is now a second-year resident in family practice in Oak Creek, Wisc.

**Ralph Hawley
Distinguished
Service Award
James E. Albrecht**



A most interesting and intriguing autobiography, *The Life and Times of a Country Doctor*, by Wisconsin medical alumnus James Albrecht, tells about his boyhood life on a farm followed by numerous trials and setbacks before he became a physician. Along the way, he had to drop out of high school to help support his family, and he was the first medical student in the country to be drafted due to being a conscientious objector.

After starting his practice in Jackson, WI, where there was no ambulance service, Albrecht converted a station wagon into an ambulance of sorts and was its driver for several years. This was the way he operated throughout his life: he saw a need and did something about it. He became involved in establishing an Alcoholics Anonymous program in his area, spearheaded the formation of the county drug information center and battled unfair Medicaid and medical assistance regulations in the state capitol and the U.S. Congress. He has taught pottery-making at community classes, and he donates proceeds from his book

to Lutheran Social Services.

After practicing medicine for nearly a half century, Albrecht might be expected to indulge in a long rest, but such is not his nature. Instead, in recent years he has continued giving to his community and helping the poor in Washington County by forming Donated Health Care Services, Inc., staffed by volunteers and supported by donations. The organization provides free health services for the uninsured and underinsured.

The Medical Alumni's Ralph Hawley Distinguished Service Award, given to a graduate who reaches beyond his medical duties, most certainly belongs in the hands of James Albrecht.

**Emeritus Faculty Award,
Basic Science
Stanley Inhorn**



In a number of ways, Stanley Inhorn, emeritus professor of pathology and laboratory medicine and of preventive medicine, has left his mark on UW Medical School and the State of Wisconsin.

As chair of the department of pathology, he helped combine the UW Hospital clinical laboratories, Middleton VA Hospital

laboratories and the Wisconsin State Laboratory of Hygiene into today's department of pathology and laboratory medicine. He also directed the State Lab of Hygiene and later became its medical director.

An expert in cytogenetics and clinical cytology, he was a member of the team that discovered Trisomy 13, one of the first chromosomal abnormalities detected, and he developed quality assurance for diagnostic cytology.

Beyond the laboratory, Inhorn was an architect of federal regulations for Medicare licensure of independent laboratories, and he helped develop standards for all clinical labs in the nation as well as those in developing countries. His expertise in monitoring public health laboratories earned him membership in the Centers for Disease Control and Prevention's emerging infectious diseases implementation working group.

The world of music has also benefited from his attention, especially the Wisconsin Youth Symphony, the Madison Symphony Orchestra, and the chamber music group in which he plays violin.

The Wisconsin Medical Alumni Association recognizes the many facets of Stanley Inhorn by presenting him this year's Emeritus Faculty Award.

**Emeritus Faculty Award,
Clinical Science
Manucher J. Javid**

After Manucher J. Javid joined the Medical School in 1953 and became chair of the division of neurosurgery in 1963, several advancements took place in an area of medicine that many scientists consider the newest frontier. Javid has been instrumental



in paving the way for many such advances with his leadership, teaching skills and research, which brought him world-wide recognition.

He played a crucial role, for example, in the use of intravenous urea to reduce intracranial pressure. Without this compound or other osmotic agents, intracranial hypertension can cause uncontrollable bleeding and fatal outcomes. Javid is also renowned for promoting intradiscal injection of chymopain for treating herniated disc disease. His efforts led to FDA approval of the method.

Because of these accomplishments and other original contributions to neurosurgery, he was elected in 1980 to the Xerion Honor Society and he was profiled in the book *Modern Neurosurgical Giants*, edited by Dr. Paul Bucy.

There is another side of Manucher Javid that some of his medical colleagues may not know. For years, his hobby has been comparative religion, and now that he has retired, he is in more demand than ever as a speaker on the topic.

The WMAA is pleased to add another honor—the Emeritus Faculty Award in Clinical Science—to his many others.

WMAA Citation

I. Ronald Shenker

A job description for this year's WMAA Citation recipient could list qualifications such as healer, organizer, executive, teacher and writer. Dr. I. Ronald Shenker has met each of these with enthusiasm and distinction. But above all, he is recognized as a pioneer in adolescent medicine, a relatively new subspecialty he has



advanced by exploring pathology and normal development.

Early on, for example, before eating disorders had become a well-known concept, Shenker and his colleagues provided some of the first information about the long-term effects of anorexia nervosa and its treatment. He has also explored the causes and consequences of obesity in adolescents.

As an expert in adolescent health, Shenker has brought the discipline well beyond the doctor's office and laboratory. He was the American Academy of Pediatrics' liaison to the Joint Commission on Hospital Accreditation, and a charter member of the Society for Adolescent Medicine. He serves as a consultant for several organizations and reviews grants for the Public Health Service.

In the academic world, Shenker, a professor of pediatrics at Albert Einstein College of Medicine, has also distinguished himself. He built the adolescent program at Long Island Jewish Medical Center from scratch, starting in 1964, and led and organized annual national and international post-graduate pediatric courses sponsored by the Center.

Wisconsin medical alumni are pleased to add one more accolade to the list of honors earned by Ronald Shenker.

Medical Alumni Service Award Loron Thurwachter

Not many people have shown a



greater commitment to the Medical Alumni Association than Loron Thurwachter. A member of the class of 1945, he has supported the Medical School and the WMAA in many ways for decades. He has been his class representative since the WMAA was first formed, and in 1978 he convinced his classmate Dr. Tom Rice to join him as co-class representative. The class of 1945 is one of the most active in the association because of its continued emphasis on communication.

Thurwachter was a long-time WMAA board member and he was president of the association in 1973. As chair of the long-range planning committee, he was instrumental in creating the William S. Middleton

Society. He was chair of the Society and worked hard to build its membership. He helped make it the prestigious organization it is today.

The WMAA is honored to recognize this alumnus who has worked so tirelessly on its behalf.



IN MEMORIAM

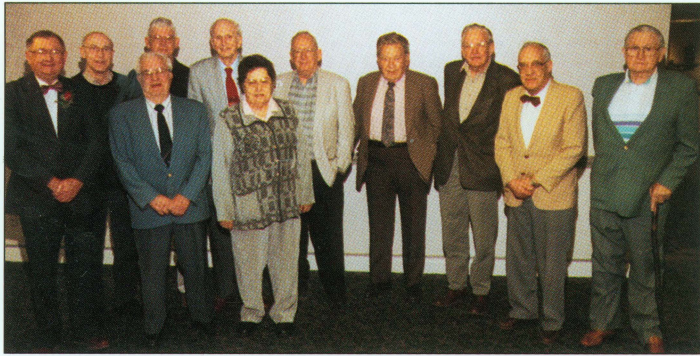
Edgar Huth, '31
January 3, 1998

Arthur W. Hoessel, '43
August 2, 2000

John Meryman, '42

Curtis A. Macfarlane, '51
August 21, 2000

Reunion Classes



1945



1965



1950



1970



1975



1955



1985



1960



1990

2000 Graduation Party

Family and friends helped members of the class of 2000 celebrate their graduation during Alumni Weekend. Following the late afternoon commencement ceremony, Dean Farrell and WMAA Executive Director James Griffith hosted the Monona Terrace party, which included a buffet dinner and live music.



Jim Griffith retires

After 11 years as executive director of the Medical Alumni Association, Jim Griffith has stepped down. Jim followed Ralph Hawley, who had been executive director for 30 years. Those were "big shoes to fill," Jim says, but the Griffith watch included much progress—strengthened ties with students, Medical School administration and the Foundation. Jim's team also rewrote the association by-laws and developed a strategic plan. Jim and his wife Barb will soon begin retirement in earnest with trips to Costa Rica, Egypt and Israel.



At a recent retirement party, many people honored Jim Griffith's leadership and wished him well.

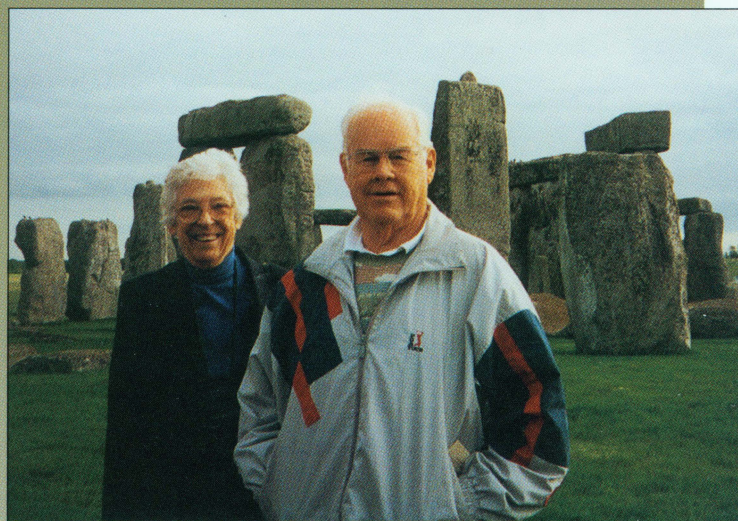


The Art of Medicine

When retired physicians get together today, inevitably we agree that we indeed practiced medicine during "The Golden Age." Our discussions often end with our deciding that today's problem may well be the prevalence of what is called "managed care." To us this means that physicians no longer work for themselves but for a third party whose principal interest is the bottom line—the profit. As a result, time has become so valuable that personal relationships with patients are suffering.

We do not recall any of our teachers in medical school discussing the Art of Medicine. We were to learn on our own. Russ remembers two lessons he learned early on. Dr. James Vedder, Sr., at the hospital in Marshfield, told him that, when making rounds in the hospital, if possible, sit down. This makes the patient feel that there is true interest in his case, and that the physician wishes to take all the time necessary. This, he assured, takes no longer.

A second lesson Russ learned the hard way. Early in his practice he had his first procto. This occurred in the days of the rigid scope and he recalled that back in our fourth year as students in the outpatient clinic we heard a patient cry out in discomfort. Some wise person had then remarked "Dr. Puestow is doing a procto"! A few years later when Stan Custer, a 1942 graduate (and past President of the Medical Alumni Association in '74) did this procto on Russ, it was less uncomfortable, despite the use of the same scope. During his procedure Stan carried on a conversation, taking his patient's mind off what was going on. As an Ob/Gyn specialist Russ thus learned to converse frequently as he performed pelvic examinations. This was successful and no more time was involved.



*Ellen and Russell Lewis
co-chairs of the Alumni Editorial Board*

Recently we both spent time in our own doctors' offices and have concluded, based on our experiences then, that our generation may be in error. Our doctors have impressed us with their willingness to spend the time to study all sides of a problem. One difference we noted is that, instead of making decisions for us, they presented options and asked us to decide a course of action for ourselves.

Technology has not only been the main factor in the increased cost of medical care but it has also eliminated much of the close relationship between doctor and patient. In our experience, however, it has not eliminated the "Art of Medicine," which we believe still exists. While it can not be taught as such in medical school, students can still observe it. Ellen remembers the early lessons she learned during her excellent externship in LaCrosse by noting the physicians' concern for their patients. If students will remain observant, the art of medicine shall survive.

Medical School receives highest level of national accreditation for CME

UW Medical School's Office of Continuing Medical Education has received six years of exemplary accreditation as a sponsor of continuing medical education for physicians by the Accreditation Council for Continuing Medical Education (ACCME). UW Medical School joins an elite group of organizations

that have been awarded accreditation at an exemplary level.

ACCME accreditation means that the Medical School can continue to certify educational activities for category I credit of the American Medical Association's Physician's Recognition Award (AMA/PRA). The AMA/PRA is utilized by state licensing boards and medical specialties boards to re-license physicians and re-certify them in

their areas of specialty.

ACCME accreditation assures physicians and the public that continuing CME activities sponsored by UW Medical School meet the high standards of the "Essential Areas" and policies of the ACCME. The ACCME rigorously evaluates the overall CME programs of institutions according to standards adopted by all seven of its sponsoring organizations.

CME Courses

October 20-21

Seminars in Pediatrics
Marriott Hotel, Middleton

October 27-28

Nuclear Cardiology Symposium
Four Points Sheraton Hotel, Milwaukee

November 4

Advanced Skills in Airway Management
UW Hospital and Clinics, Madison

November 11-18

Update in Pain, Palliative
Care & Infectious Disease
South Caribbean

December 1

Advances in the Diagnosis and Treatment
of Alzheimer's Disease for the
Primary Care Provider
Edgewater Hotel, Madison

December 7-8

Nosocomial Infection Control
Marriott, Middleton

December 28-30

Clinical Cardiology Symposium
Marriott's World Center, Orlando

January 9-20, 2001

Infectious Disease
Antarctic Cruise

Jan. 12-13

Atrial Fibrillation
Boston

For more information or to register,
contact the CME Office at (608) 263-2850
or www.cme@med.wisc.edu

Please send us information about your honors received, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and location. Photographs are welcome.

Name _____ Year _____

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