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Wisconsin Medical Alumni

Quarterly

volume 27—number one—winter 1987

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Wisconsin Medical Alumni Quarterly

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CONTENTS

Department of Ophthalmology	1
The Wisconsin Preceptorship Program, Part II	9
Dorothy W. Betlach	
President's Column	12
Walter R. Schwartz	
Dean's Column	13
Arnold L. Brown	
Editor's Column	14
Victor S. Falk	
Spring Tour of Scandinavia	16
Learning and Teaching in the Outpatient Clinic	17
Robert F. Schilling	
1986 Homecoming	18
Medical Alumni Order Form	21
Medical School News	22
Faculty News	25
In Memoriam—Theodore C. Erickson	27
Alumni Capsules	28
Necrology	30
Our Readers Write	31

FRONT COVER: Fluorescein angiogram of a 33 year old man with diabetes of 17 years duration, showing scattered retinal hemorrhages (black) and many microaneurysms and dilated capillaries (white). Retinal arterioles and veins are filled with fluorescein. Parafoveal capillary net shows beginning capillary drop-out. Proliferation of new vessels may be expected soon.

BACK COVER: "Can Spring be far behind?"

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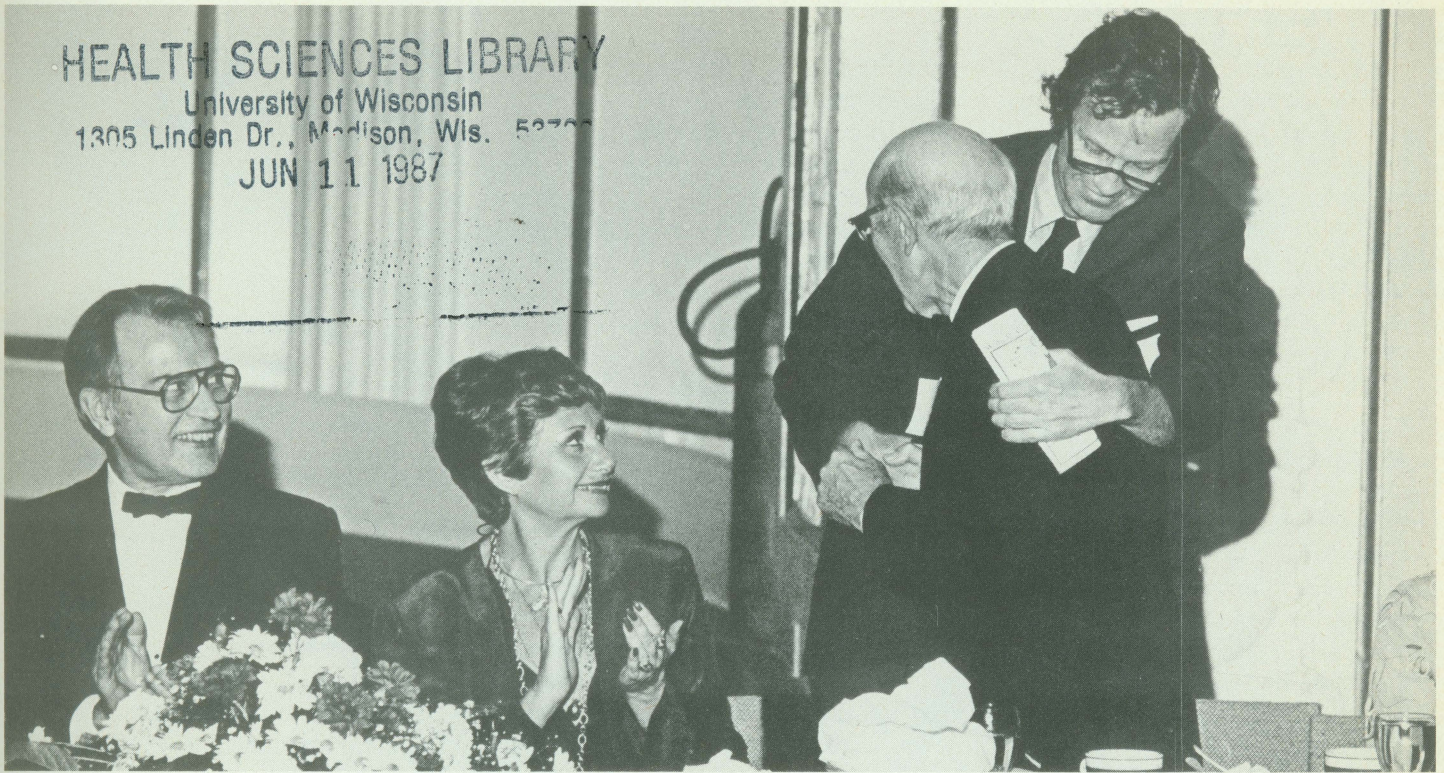
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Jacqueline Kelley

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The Department of OPHTHALMOLOGY



Matthew Davis congratulates Peter Duehr '30, recipient of the 1980 Emeritus Faculty Award, at the Alumni Day dinner. Dean Brown is at left.

Ophthalmology at the Medical School was officially created in 1925, planting its roots in 5 East of the spanking new State of Wisconsin General Hospital. It was then that Dr. Joseph Spragg Evans persuaded young Dr. Frederick A. Davis, already well known to the Medical School and respected for his work, to assume leadership of the newly established Eye, Ear, Nose and Throat division of the Department of Surgery. Evans's choice proved to be prophetic, for Davis, from the very beginning, established Ophthalmology's meticulous standards for teaching, patient care and research that have persisted into 1987.

Frederick Davis was well prepared for the responsibility. After graduating from the University of Pennsylvania Medical School in 1909, he interned at the U of P Hospital and trained at the New York Eye and Ear Infirmary, with further graduate study in London and Vienna and at Harvard and Penn. Davis entered private practice in

Madison in 1914, and in 1920, when the Medical School initiated several clinical specialties, he was put in charge of Ophthalmology.

Ophthalmology's work load steadily grew, and in 1924 Davis was joined by Dr. E. Eugene Neff, a graduate of the University of Virginia Medical School who also trained at the New York Eye and Ear Infirmary. Davis and Neff formed a long-lived partnership both at the University, where they worked part-time, and at their private Madison facility, the Davis and Neff Clinic. The two ophthalmologists complemented one another with their contrasting personalities: Davis, a quiet, reflective scholar, and Neff, an extrovert whose booming voice and laugh reverberated through the halls.

Davis and Neff were known as tough taskmasters. "They did everything correctly," explained Emeritus Professor of Ophthalmology Peter Duehr, who served his residency under them. "They insisted upon excellence. They

were wonderful teachers and lovable men." Duehr described Davis as a very exacting physician. "And he did some fine research (mainly concerning hereditary eye diseases and improved techniques of cataract surgery) while practicing and teaching. I don't know how he found time to do it, particularly without benefit of funding and with the help of only a part-time technician."

Peter Duehr, who received his B.S. and M.S. from UW and his M.D. from Rush Medical College, went on to become an integral part of Ophthalmology both at the University and in the private practice, eventually known as the Davis and Duehr Clinic after Neff's untimely death from a heart attack in 1949. Duehr, in fact, took over as head of Ophthalmology when Davis retired in 1954. His total dedication to his patients has endeared Peter Duehr to countless patients as well as generations of students.

Although retired since 1973, Duehr still misses taking care of patients—in

spite of 12-hour weekdays plus Saturday and Sunday duty. "And I loved teaching the residents. They've gone to all parts of the state and country after training here, and each one has done very well."

Duehr said that eye patients became so numerous in those early days that gradually the service gave up its ear, nose and throat work. "After a while we had three residents, all eye. We had lots of expert help both on the floor and the OR. And the nurses were great. John Berger and Dr. Davis's sons, Jeff (Frederick J.) and Dinny (Matthew D.), joined us and helped a lot with the medical student and resident teaching."

The M.D. Davis Era

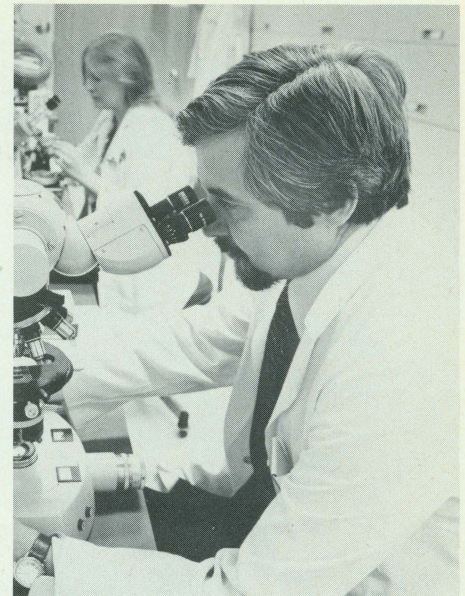
Since 1970, when Ophthalmology attained departmental status with Matthew Davis as its first full-time Chairman, the Department has mushroomed. "Once he had a full-fledged department, Dinny was able to make decisions for Ophthalmology, create programs, and plan research as he felt it should be done," Duehr said. "He has made a wonderful eye department. I'm very proud of its development."

But the story of Ophthalmology's transformation from a division of Surgery to the Department of Ophthalmology began much earlier than 1970, and revolves around the conviction

of the Davises, Duehr and their colleagues that Ophthalmology could be one of the University's areas of excellence, and their willingness to work tirelessly to achieve this goal. During the 1960's seven of Ophthalmology's residents were persuaded to obtain post-residency subspecialty training and join the Division's part-time faculty, greatly enhancing its clinical and teaching expertise. Among the group were Rodney Sturm, Clare Hutson and Harry Roth (all now Clinical Associate Professor), who continue to make substantial contributions to the Department's training programs. Recently retired Clinical Associate Professor Frederick J. Davis said that the examples set by Duehr and Matthew Davis were important factors in attracting these individuals, as well as others in more recent years.

Another of Matthew Davis's contributions was to mount a strong extramurally-funded research program in the late '50's. He and Duehr were successful in recruiting outstanding full-time faculty, in spite of their own part-time status. The first of these was Professor of Ophthalmology Ron Engerman, who joined Ophthalmology in 1960 as a postdoctoral fellow based in a one-room laboratory. Davis and Engerman began to com-

pete successfully for extramural research funds, a tradition that has continued to the present, placing the Department in the upper 10% nationally in annual National Eye Institute research funding.



Dr. Guillermo de Venecia microscopically examines the retina of an eye bank eye. Retinal photographs are at upper left.

Bruce Frntz

Other full-time faculty joining the Department during the 1960s were clinicians James Allen and Guillermo de Venecia and experimental psychologist Ulker Tulunay-Keesey. "Dr. Davis wisely encouraged people to do the research in which they were most

Frederick Allison Davis

Emeritus Professor of Ophthalmology Frederick A. Davis was the Medical School's first ophthalmologist and the first chief of the Eye, Ear, Nose and Throat Division of the Department of Surgery.

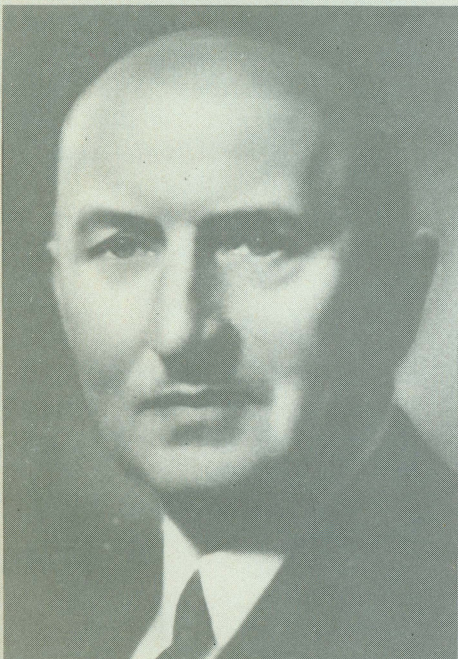
F.A. Davis was born in Texas in 1883, a descendant of Jefferson Davis. In addition to his long tenure as a part-time faculty member at the Medical School, he founded the Eye Clinic variously called Davis and Neff; Davis, Neff and Duehr; and Davis and Duehr, where he practiced until his retirement in 1967.

Davis married Edith Swenson, daughter of Magnus Swenson, a pioneer UW agricultural chemist

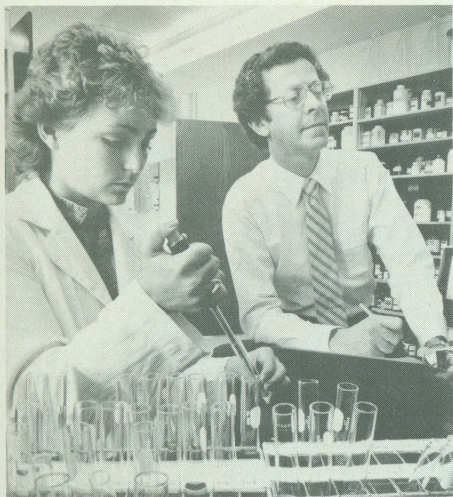
and later Chairman of the UW Board of Regents. The Davises had two daughters and two sons.

Known for his accomplished piano playing, F.A. Davis also enjoyed his home and family as well as landscape gardening, travel and tennis. His hope that his sons would become ophthalmologists was realized: Frederick J. Davis '46 was a part-time member of the Department until his recent retirement, and Matthew D. Davis became its first full-time Chairman in 1970.

Edith Swenson Davis died in 1958, and Frederick Davis died January 18, 1970. The Frederick A. Davis Professorship is being established in his memory.



deeply interested," Engerman said. "He didn't direct their research as much as advise and facilitate. His encouragement was very important to the quality and breadth of the Department's research."



Bruce Fritz

Dr. Ronald Engerman is studying retinopathy in experimental diabetes. Here he and an assistant measure the concentration of glucose in samples from diabetic animals.

Diabetic Retinopathy

The area in which the Department is perhaps most widely known is diabetic retinopathy, one of the leading causes of blindness in developed countries. In this condition some of the blood vessels of the retina become excessively per-

meable, often leading to macular edema and moderate impairment of vision. Later some vessels close off, and this may be followed by formation of new vessels, which grow out of the retina and along its anterior surface. Bleeding into the vitreous and/or scar tissue formation leading to retinal distortion and detachment often follow, causing severe visual loss.

For many years Matthew Davis and colleagues delved deeply into the natural history of diabetic retinopathy. Davis's and Engerman's first grant proposal, in fact, involved a study of the natural course of diabetic retinopathy in patients and the development of laboratory animal models for future research. When, in 1970, the National Eye Institute launched the Diabetic Retinopathy Study, its first nationwide collaborative clinical trial, to investigate treatment of diabetic retinopathy by photocoagulation, Davis's experience in evaluating the natural course of the disease led to his selection as Chairman of this study. The Diabetic Retinopathy Study provided conclusive evidence that laser photocoagulation reduces the risk of blindness by more than 50 percent in eyes with moderately severe retinopathy; this treatment is now being used throughout the world. Matthew Davis and Professors of Ophthalmology

Frank Myers and George Bresnick have also played leading roles in two subsequent NEI-sponsored collaborative trials evaluating treatment at earlier and later stages of retinopathy.

Department researchers have homed in on diabetic retinopathy from a number of angles. Engerman, for example, pioneered in developing laboratory models of the disease. He showed that deficient insulin activity brings about retinal changes that can be inhibited by strict control of blood sugar levels. Recently he was able to produce retinal abnormalities typical of diabetes in nondiabetic animals in which blood levels of a sugar other than glucose (namely, galactose) were experimentally elevated; the finding strongly suggests that elevation of blood sugar alone can bring about retinopathy.

Engerman and Associate Scientist Timothy Kern are also approaching diabetes from another angle: they are investigating possible medical treatments for avoiding the consequences of hyperglycemia, as opposed to the more conventional attempts to prevent hyperglycemia. They feed diabetic and galactosemic dogs the experimental drug sorbinil, an aldose reductase inhibitor that blocks production of polyol, a metabolite of glucose and

Peter A. Duehr

Emeritus Professor of Ophthalmology Peter A. Duehr received the Wisconsin Medical Alumni Association's 21st Emeritus Faculty Award in 1980, when Dr. M.D. Davis, with the assistance of the Medical Alumni Association office, launched a campaign to endow the Peter Duehr Professorship in recognition of his long and outstanding service to the Department of Ophthalmology.

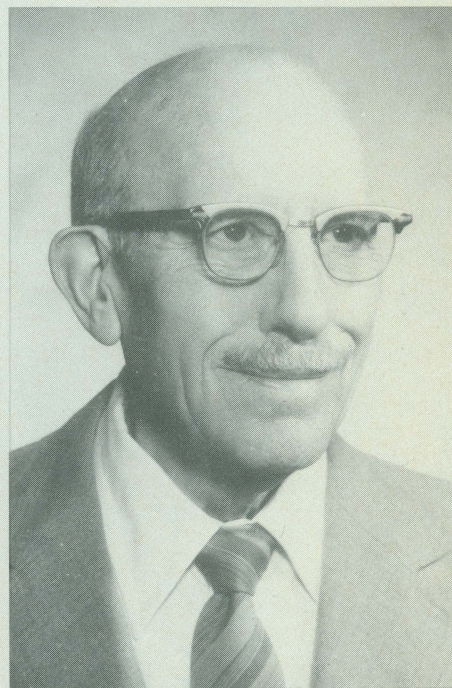
Much of Duehr's training took place at the University of Wisconsin. Here he received his bachelor's and master's degrees, and he practiced two years at Student Health before entering a residency in the Eye, Ear, Nose and Throat and Plastic Surgery program

under Drs. Davis and Neff. He earned his medical degree from Rush Medical College.

Besides his duties as a part-time faculty member of the Medical School, Duehr also was a partner in the Davis and Duehr Eye Clinic, where he practiced until his retirement in 1978. His reputation as a highly successful eye surgeon led to his operating on Wisconsin governors and other dignitaries.

Dr. and Mrs. Duehr live in rural Verona, with seasonal visits to Florida and northern Wisconsin. The Duehrs were founders of the Madison Rose Society, and Peter Duehr was the first rose judge in Wisconsin.

The Duehrs have two daughters.



other hexoses. Excessive production of polyol is considered by some investigators to be a cause of some of the anatomic complications of diabetes.

"In this laboratory," Engerman said, "we are trying to understand the relationships between the metabolic disorders associated with diabetes and the anatomic disorders, especially retinopathy, that are the end result of a sequence of events. We are working from both ends of the sequence, trying to identify each successive step and fill in the gaps." Engerman noted that recent evidence from his dog studies suggests that even the early stages of retinopathy tend to resist arrest; i.e., it may take quite a while before an effect of improved control can be noticed. Clinical trials involving various treatments, therefore, may have to be extended longer than originally planned.

Professor of Ophthalmology Ingolf Wallow studies the anatomy of damaged vessels. Using an electron microscope, he looks at blood vessel specimens from diabetic animals as well as newly formed vessels in tissues removed during surgery from patients with advanced retinopathy.

Professor of Ophthalmology Ronald Klein and Associate Professor of Ophthalmology Barbara Klein have conducted a large and unique epidemi-

ological study with the cooperation of 452 physicians in southwestern Wisconsin. The Kleins used a van equipped as an eye clinic to examine diabetic patients and take retinal photos. From September 1980 through July 1982 they studied a sample of 2,370 of the 10,000 diabetic patients receiving care in an 11 county area of southwestern Wisconsin. A follow-up examination phase, begun in September 1984, has recently been completed. The Kleins' studies provide the best available information on factors associated with retinopathy. The most important factor seems to be duration of diabetes, with the frequency of retinopathy increasing with increasing duration of diabetes. Their study also showed that diabetic individuals with higher levels of blood sugar or blood pressure are more likely to have severe retinopathy.

Ronald Klein currently is investigating genetic factors associated with diabetic retinopathy, and Barbara Klein is studying pregnant diabetic patients to determine whether pregnancy puts these patients at increased risk of development or progression of diabetic retinopathy.

Associate Professor of Ophthalmology Guillermo de Venecia studies retinal abnormalities caused by hypertension, which are similar to those brought about by diabetes. He exam-

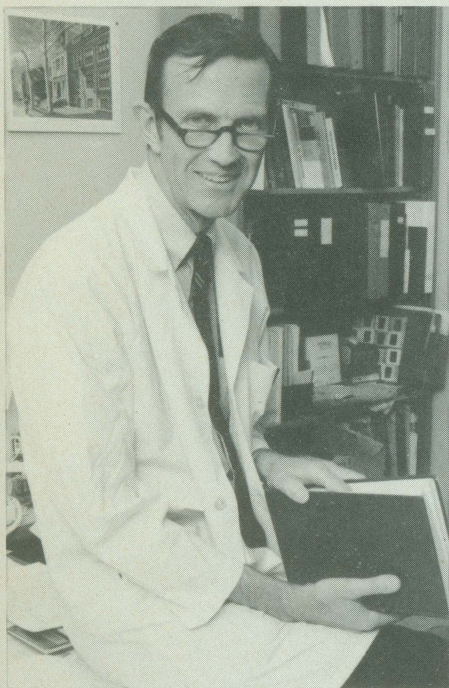
ines both animal and Eye Bank eyes. De Venecia and Wallow compare vascular abnormalities resulting from the two diseases to better understand both.

Professor of Ophthalmology George Bresnick, besides participating in the collaborative trials, is also looking into mechanisms that lead to retinopathy as he studies the effects of early diabetic retinopathy on color vision and on electric signals generated when light stimulates the retina. His work may result in tests to predict which patients will progress rapidly to more severe damage.

Glaucoma

To improve the understanding of glaucoma and its treatment, Professor of Ophthalmology and Veterinary Science Paul Kaufman has developed a world-renowned laboratory for study of the physiology and pharmacology of the anterior segment of the eye. He studies fluid production inside the eye and mechanisms that control drainage, as well as the influence of various drugs. This work may lead to the development of less toxic and more effective drugs to control glaucoma, a common cause of blindness.

Kaufman and Associate Scientist Nellie Laughlin, in collaboration with



Matthew Dinsdale Davis

Professor of Ophthalmology Matthew Dinsdale Davis, known to many as Dinny, has been a key force in the development of the UW's Department of Ophthalmology, which is nationally recognized for its excellent residency and fellowship programs as well as its research. He was Chairman from the Department's creation in 1970 until the summer of '86, although his involvement with Ophthalmology in the Medical School extends back to 1950, when he began his internship at Wisconsin General Hospital.

After receiving his B.A. from UW, Davis earned his M.D. at the University of Pennsylvania Medical School in 1950, followed by

ophthalmology training at UW, a stint in the U.S. Navy, and a Heed Fellowship at the Retina Service at the Massachusetts Eye and Ear Infirmary.

Davis is particularly recognized for his work in diabetic retinopathy and has been a leader in several nationwide studies of treatment for this disorder. Retinal photographs for these studies are graded at the Fundus Photograph Reading Center, founded and directed by Davis.

Davis has been cited by students and faculty for his outstanding and unusually energetic teaching. And Department researchers praise his strong support and encouragement of their work.

vision scientists at Columbia University, are also conducting a large, long-term study of the mechanism of accommodation—the process by which nearby objects are brought into focus on the retina.

Age-Related Macular Degeneration

Professor of Ophthalmology Suresh Chandra, together with Drs. de Venecia and Myers, is participating in the Macular Photocoagulation Study, a nationwide effort funded by the National Eye Institute. This study, which began in 1979, has already shown that laser photocoagulation is helpful in treating the most severe form of age-related macular degeneration, if used early enough after the onset of visual impairment.

Visual Function and Eye Movements

Professors of Ophthalmology Thomas France and Ulker Tulunay-Keesey are studying the neural mechanisms underlying amblyopia, commonly called lazy eye. In a related study, Professor of Ophthalmology Ronald Kalil is probing the brain's ability to compensate for visual impairment. Assistant Professor of Ophthalmology and Neurolo-

gy Joel Weinstein is studying the electrical activity in the cerebral cortex associated with voluntary eye movements. Keesey, France, Weinstein and Assistant Scientist James VerHoeve also are measuring the eye's sensitivity to objects of differing size and contrast and to flickering light, methods which give a fuller assessment of visual impairment than a chart alone and which could be useful in the diagnosis and prognosis of conditions such as multiple sclerosis.

With the aid of a complicated device replete with mirrors and an essentially instant electronic feedback system, Keesey can coordinate incoming light with the tiny, involuntary scanning movements that the eye constantly makes even when fixed upon a steady light. She is thereby able to stabilize the image on one area of the retina and follow sensitivity changes. "The way we look at how eye movements affect vision is to try to get rid of the effects of eye movement," she explained. "We make light falling on the eye move as much as the eye does."

Other Clinical Research

Another very strong area within the Department is its Ophthalmic Plastic and Reconstructive Surgery Service, staffed by Clinical Professor of Oph-

thalmology Richard Dortzbach and Clinical Assistant Professor Bradley Lemke. They have developed an outstanding post-residency fellowship. In addition to excellent clinical training, fellows have an opportunity to collaborate with Drs. Kaufman, Wallow and others in research, and have consistently won recognition for research conducted during the fellowship.

Clinical Professor Burton Kushner has won national recognition for his clinical studies of eye muscle disorders.

Chandler Takes Over

John Chandler, a '65 graduate of the Medical School, took over as Chairman of the Department of Ophthalmology in July 1986, allowing Matthew Davis to devote more time to research, teaching and departmental development. A native of Richland Center, Wisconsin, Chandler completed his residency in Ophthalmology at the University of Washington School of Medicine in Seattle and served a corneal fellowship at the University of Florida's College of Medicine.

In 1973 Chandler joined the faculty of the University of Washington Ophthalmology Department. He also was an attending physician at Swedish Hospital Medical Center and Director of its Ophthalmic Research Laboratory.

John W. Chandler

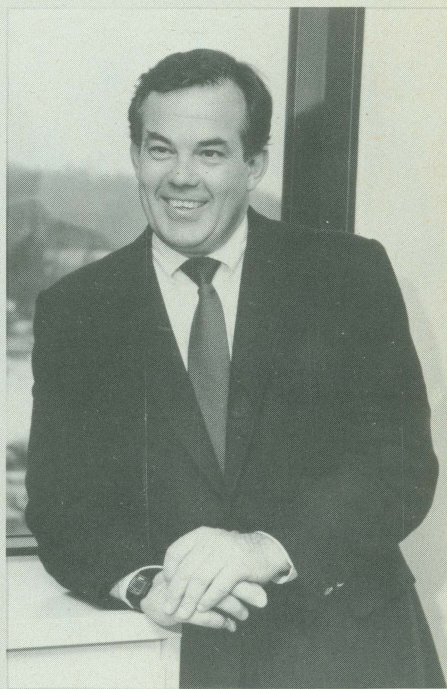
Professor of Ophthalmology John W. Chandler '65 became Chairman of the Department of Ophthalmology in the summer of 1986. He came to UW from Seattle, where he was Director of the Eye Institute and Director of the Ophthalmic Research Laboratory at Swedish Hospital Medical Center, and a faculty member of the Ophthalmology Department at the University of Washington School of Medicine.

A native of Richland Center, Wisconsin, Chandler received his bachelor's (1962) and medical (1965) degrees from UW-Madison. After serving a residency and research fellowship at the University of Washington, he became a

Corneal Fellow at the University of Florida's College of Medicine.

A few of his many responsibilities include: Chairman, Ophthalmic Device Advisory Panel, Food and Drug Administration; Board of Directors, Contact Lens Association of Ophthalmologists; Editorial Board, Archives of Ophthalmology; Medical Advisory Board, Eye Bank Association of America; Governmental Relations Committee, American Academy of Ophthalmology; Past President, Friends of Eye Research.

Chandler is considered a top authority in the fields of immune reactions to corneal transplants, anterior segment diseases, and infectious diseases of the eye.



"My first three months here have been the happiest of my professional life," Chandler said. "I'm delighted to be at Wisconsin, even though I had one of the nicest jobs one could have in a great part of the country. There is so much potential here—the excellence of the faculty, the overall appeal of what's happening in this Medical School and University, the opportunity to collaborate. It was just impossible to resist returning."

Chandler is anxious to resume his studies in immunology and molecular biology. These include trying to understand immune mechanisms in the cornea and develop specific drugs to counteract immune phenomena. "There are immune reactants in tears, and cells can migrate into the cornea from the conjunctiva. It is a fascinating place to study immune phenomena," he said.

He has worked for 14 years on animal models, altering donor corneal tissue so that the recipient won't recognize the transplant as foreign and reject it. The most successful approach has been to expose donor tissue to hyperbaric oxygen, which selectively eliminates cell populations responsible for histoincompatibility. The proper conditions for treating human tissue similarly have not yet been



John W. Chandler

determined.

Chandler also is interested in understanding and treating eye inflammation. He is particularly concerned with herpes infections, which are the most common cause of corneal blindness in the U.S.

Teaching

Medical students begin their study of the eye during the second year, using stereoscopic photographs of the exter-

nal eye and retina collected over the years in the Department's outstanding photography unit. Third year students rotate through the Eye Clinic for one week periods. And a few fourth year students elect extra rotations in research at the Clinical Science Center or in clinical ophthalmology at the Marshfield Clinic.

"I'm particularly impressed with the excellence of our residency training," Chandler said. "We receive more than 300 applications for four positions each year. Most of them are superb people, and it's a lot of work to select 40 or so and interview them. Richard Appen (Clinical Associate Professor of Ophthalmology) is Chairman of our Resident Selection Committee and does a great job."

The Department also teaches Ph.D. students, post-residency fellows in subspecialties and postdoctoral research fellows.

Practicing ophthalmologists are not forgotten, for the Department invites them to learn new techniques and review existing knowledge by sponsoring lectures, postgraduate courses, and visits of a week or more. One of the most successful recent offerings has been a workshop on fluorescein angiography organized by Associate Professor of Ophthalmology Tom Stevens; the course has been repeated



A young patient in the Pediatric Eye Clinic being examined by Dr. Thomas France.

four times to accommodate the more than 100 ophthalmologists applying for it.

The Department Today and Tomorrow

For more than 60 years, the Department of Ophthalmology has skillfully served patients and the Medical School. In recent years, the burgeoning diversity and depth of its research programs have earned national recognition for the Department as well.

The Department's evolution, however, continues. With the benefit of a five-year fund-raising drive in progress, the Department aims to become one of the world's leading eye research centers. Funds are being raised to endow additional faculty research positions and to provide for construction of 17,000 square feet of research laboratory space at the Clinical Science Center, allowing consolidation of some current research programs and addition of new ones.

A continuing lack of room has bedeviled Ophthalmology. Ron Engerman, who of necessity became involved in the never-ending search for laboratory space almost from the beginning of his UW career, said that "logistically it is difficult to work together when the Department is scattered among five campus locations. It works to the Department's disadvantage. When we can't readily share ideas as well as equipment and facilities, research is inhibited." Teaching also suffers, he explained. "A resident, for example, is not likely to pop into the lab for an hour or so when it takes 15 or 20 minutes to get here and another 20 to get back." (Engerman is located in the Medical Sciences Center, a mile and one-half from the Hospital.)

Looking back over his 30 years as a faculty member, Davis commented, "Academic departments do not stand still; those that are not constantly improving inevitably slide backwards. During the '60's and '70's we made great progress in improving our clinical and teaching programs, combining the talents of full-time and part-time faculty in ways that were satisfying to both and uniquely beneficial to our

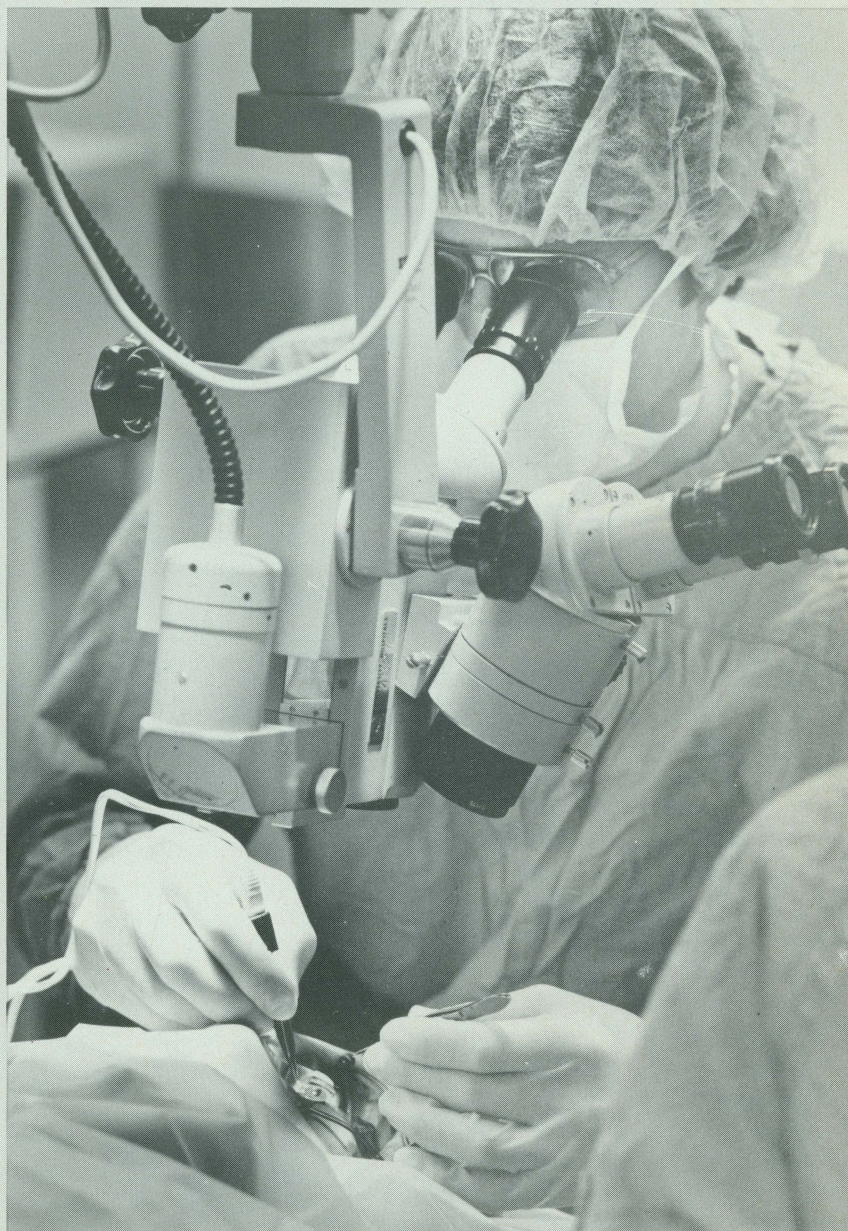
The Eye Bank

A Department facility that serves people around the country as well as Wisconsin patients is the Eye Bank, where donor eyes are microscopically examined and evaluated. Parts, in particular corneas in good condition, are later used for transplantation to patients with defective structures. Donor eyes also are used in training residents and in research projects. The Eye Bank is part of a nationwide computer network for placing and requesting eye tissue.

Established by Dr. de Venecia in 1969, direction of the Eye Bank

was assumed by Clinical Professor of Ophthalmology Frederick Brightbill after he joined the Department in 1972. Under his leadership and that of Executive Director Margaret Kelm, the Madison Eye Bank has become widely recognized as one of the best in the nation.

From its beginning the Eye Bank has had strong support from the Wisconsin Lions, who help with obtaining donor eyes and transporting them to Madison and provide financial support.



Dr. Frederick Brightbill using an operating microscope during a corneal transplant.

Bruce Fritz

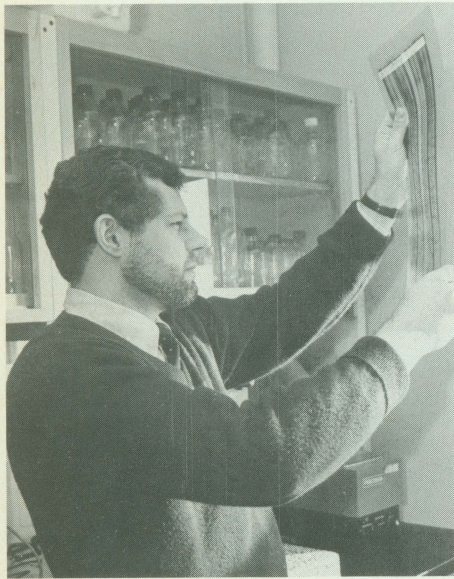
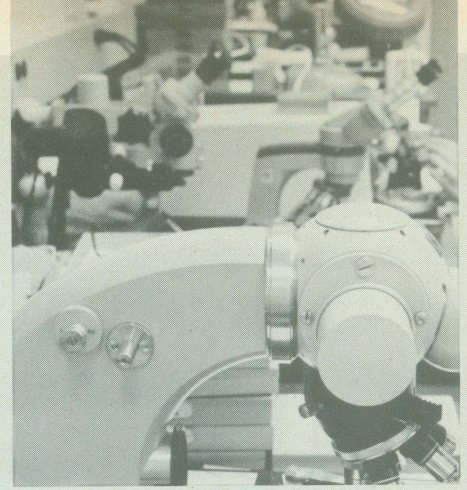
Hurting for Space—Again

Today's Department of Ophthalmology is splitting its seams. As a result, it is located in 5 different areas on campus and hoping for more room to expand.

The Department's space deficit, however, is not new. It has, in fact, a venerable antecedent. Consider the following excerpt from a letter written by Frederick A. Davis to Dean Charles Bardeen on

February 21, 1929:

"We are badly crowded for space and these newly acquired photographic instruments are far too valuable to have sitting about where everyone may tamper with them. I have discovered a small space directly across from our clinic and adjacent to the telephone booth..."



Curt Brandt

trainees. Research programs organized during these years have made outstanding contributions to our knowledge.

"But as research methods become more complex, the need increases for collaborative approaches by groups of investigators whose training and experience encompass a wide variety of scientific disciplines. This means bringing to our Department additional faculty members whose research skills and experience complement those of our current staff. Our success in recruiting Jack Chandler, a truly outstanding clinician-investigator, as our new chairman, and the success he is having in attracting promising young investigators like (Assistant Professor of Ophthalmology and Medical Microbiology) Curt Brandt represent major steps towards our goal of seeing the University of Wisconsin become a world leader in eye research." Q

The Department of Ophthalmology, 1987

Since it became a Department in 1970 with Matthew Davis as Chairman and its first full-time Professor, Ophthalmology has prospered remarkably.

Today it counts a faculty of 30, 12 residents and 6 postdoctoral fellows. Its research programs

reflect a broad range of staff interests. And it tallies more than 21,000 outpatient visits a year and about 1,500 inpatient admissions.

To date, more than 150 ophthalmologists have had residency and/or fellowship training in the Department.

The Fundus Photograph Reading Center

A basic requirement for any cooperative retina study that involves several institutions is a uniform mechanism to evaluate the condition of a patient's retina at any given time so that even small changes can be recognized and recorded. The seemingly simple task of looking at a transparency of a retina and deciding its precise condition, however, turns out to be very specialized, exacting work.

For 15 years, carefully trained graders at the Department's Fundus Photograph Reading Center, founded and directed by Matthew Davis, have bent over illuminated and magnified retina slides mailed to the Center from participating institutions all over the country. Like medieval monks painstakingly lettering their manuscripts, they spend 20 to 30 minutes scrutinizing and grading each patient's retina-scapes.

The retina images examined by the Center are in the form of stereo pairs, which permit the graders to record certain fine

distinctions not possible with single (non-stereoscopic) photographs. Results are translated into numerical values and then processed and stored in a computer. As part of the Center's strict quality control, graders are frequently checked and, if necessary, retrained so that readings remain uniform from person to person.

Photographers at the various clinics that mail in the transparencies follow exact protocols, and their work is also monitored.

Graders document the damage done to the eye by diabetes, and also check for very early signs of diabetes—perhaps one or two microaneurisms—in patients with early disease, when there is no restriction of visual function.

"The Center continually gets calls to do the grading for other studies," Chairman of Ophthalmology John W. Chandler said. "It has become the gold standard in this type of research. Every time I visit I learn something new that I didn't fully appreciate before."

The Wisconsin Preceptorship Program After Sixty Years

Part II

by Dorothy W. Betlach '46

In the fall issue, the *Quarterly* reviewed the development and early growth of the Wisconsin Preceptorship Plan, a concept of the brilliant mind of Dr. Charles Bardeen, the first dean of the University of Wisconsin Medical School. The plan provided combined academic and preceptor training of senior medical students.

By 1971, there were 17 full-time preceptorships: five general practice programs (soon to be called family practice) in the small communities of Ashland, Bruce-Ladysmith, Grantsburg, Westby, and Woodruff; five mixed groups of specialties and general practice located in La Crosse, Milwaukee, Monroe, Rhinelander, and Wausau; and seven multispecialty clinics in Eau Claire, Green Bay, Janesville, La Crosse, Marshfield, Sheboygan, and Wauwatosa. Family practice preceptorships, supplemental to the Eau Claire program, were also established in Madison and Sun Prairie. Of the ten original centers, all but Oshkosh were still active in the clinical teaching program. To accommodate the increased student enrollment and enlarge the family practice type preceptorships, additional appointments were located later at Appleton, Black River Falls, Beaver Dam, Lancaster, Rice Lake, and Shawano.

The preceptorship began as a three-month program, but, in September 1970, it was changed to an eight-week required experience for all senior medical students to correspond to the new curriculum and the time sequence for the other learning experiences of the senior year. Students were introduced to the three types of preceptorship programs mid-way in their junior year. Each student had free choice as to type, location and time of year in the selection of a preceptorship.



Dorothy W. Betlach '46

In commemoration of the 50th anniversary of the Wisconsin Preceptorship Plan, the University of Wisconsin hosted a national Workshop on Medical Preceptorships in October 1977. The three-day conference was under the direction of co-chairman Dean Sigurd E. Sivertson, director of the preceptorship program, and Thomas C. Meyer, Professor of Pediatrics. Forty-one faculty members from 19 medical schools and representatives of the Public Health Service-Boston and the Bureau of Health Manpower presented papers covering Selection and Training of preceptorships, On-Site Organization, Central Organization, Funding Policies, Evaluation of Preceptorship Programs, Liability Insurance Problems, and New Directions for Preceptorship Programs. Seven Wisconsin preceptors also attended the conference. When asked why he became a preceptor, Dr. Larry Johnson '67, Lancaster, remarked that he "enjoyed watching the students de-

velop as doctors and their constant questioning." Dr. Roger Bender '43, Beaver Dam, added that "My preceptorship was a major part in my medical development. I wanted to share that experience with students."

Through the years, the preceptors have proved themselves in their acceptance of responsibility and fidelity to the task. Their interest and expenditures of energies have been sustained and durable. Only two instances have required replacement or withdrawal of a preceptor as a result of difference in opinion relative to policy or attitude. As the older physicians retired or died, younger ones took on the task willingly and new localities were added to accommodate the expanded interest in the program. In 1978, 22 preceptors shared in the education of 160 seniors. Currently, preceptors are located in:

Preceptor in Charge	City
Bernard J. Haza, M.D.	Appleton
A.A. Koeller, M.D.	Ashland
Stanley Cupery, M.D.	Beaver Dam
Donald C. Burandt, M.D.	Beloit
Eugene Krohn, M.D.	Black River Falls
Roger K. Resar, M.D.	Eau Claire
Richard Hartzell, M.D.	Grantsburg
David A. Manke, M.D.	Green Bay
Samuel L. Frazer, M.D.	Janesville
Robert T. Obama, M.D.	La Crosse
Victoria Vollrath, M.D.	Madison
Thomas F. Nikolai, M.D.	Marshfield
Thomas C. Jackson, M.D.	Milwaukee
George W. Kindschi, M.D.	Monroe
Lynn D. Eggman, M.D.	Rhinelander
John Henningsen, M.D.	Rice Lake
John D. Hart, M.D.	Shawano
James D. Michael, M.D.	Sheboygan
David L. Nelson, M.D.	Stoughton
Jeffrey Menn, M.D.	Viroqua
D.J. Freeman, M.D.	Wausau
Barry Seidel, M.D.	Woodruff



Sigurd Sivertson '47 directs the Preceptorship Program and was himself a Preceptor at La Crosse for several years.



Herbert Snodgrass receives the Max Fox Preceptorship Award in Janesville, 1976.



Meritt Jones of Wausau, first recipient of the Max Fox Award, sits in the honored chair while Robert Schilling, Dean Middleton and Peter Eichman look on, 1970.

Some noteworthy sidelights: Dr. Sigurd Sivertson was a preceptor in La Crosse for five years before joining the Madison faculty in 1968 as the director of the complete preceptor program. Dr. Bernhardt Stein, who was a Madison preceptor, now directs the preceptorship program for the Department of Family and Community Medicine at Arizona Health Science Center in Tuscon, Arizona.

In any group, one individual tends to "stand out" and the preceptor group was no exception. Max J. Fox of Milwaukee was that individual. Flamboyant, eccentric, sensitive, and incomparable, he was a man who loved teaching passionately. In 46 years, he has influenced the careers of over 4,000 physicians. A 1922 Marquette Medical School graduate, he was appointed assistant director of Milwaukee South View Isolation Hospital after his internship and in 1940 he became its director. As a preceptor, he filled the gap for the Madison student who had little opportunity to observe communicable disease in the Madison community. A loyal son of Marquette, Dr. Fox continued to instruct her students and in 1953 was named the Marquette Alumnus of the year. His skill in the field of Communicable Disease won worldwide recognition including work with Dr. Jonas Salk in the development of polio vaccine and his crusade for early childhood vaccinations.

On February 7, 1969, Dr. Fox was singled out for honor when the Wisconsin Medical Alumni Association cited him for his long service as a preceptor. In the presentation, Emeritus Dean William S. Middleton said:

“On Doctor Max J. Fox, a legendary figure in Wisconsin medicine, the Wisconsin Medical Alumni Association confers its Certificate of Commendation for his faithful and effective preceptorship of University of Wisconsin medical students for over 25 years. An able clinician and dedicated, if unorthodox, teacher, he was, in the main, responsible for their indoctrination in communicable diseases. Over and beyond this important function, undoubtedly his greatest contribution to the generations of Wisconsin students was his inculcation in the civic responsibilities of the true physician. By precept and example, he has responded to the prayer of Maimonides:

“‘Preserve my strength, that I may be able to restore the strength of the rich and the poor, the good and the bad, the friend and the foe. Let me see in the sufferer the man alone.’

“Herein conveyed, Dr. Fox, is a small measure of the appreciation and the affection of the host of your Wisconsin students.”

Subsequently, through a gift from Herman H. Shapiro '32, now Emeritus

Professor of medicine of the UW Medical School and a former preceptee of Dr. Fox, the “Max Fox Preceptor Award” came into being.

Since that night, the award, a UW captain's chair, has been presented to the following preceptors:

-
- 1971—Dr. Merritt L. Jones
 - 1971—Dr. Peter A.H. Midelfart
 - 1972—Dr. Leslie G. Kindschi
 - 1972—Dr. Paul B. Mason
 - 1973—Dr. Warner S. Bump
 - 1973—Dr. Einar R. Daniels '34
 - 1974—Dr. Maurice L. Whalen
 - 1974—Dr. Bruce C. Prentice
 - 1975—Dr. George E. Magnin '46
 - 1975—Dr. Robert M. Senty '47
 - 1976—Dr. Mischa Lustok '35
 - 1977—Dr. Phillips T. Bland '47
 - 1977—Dr. Herbert M. Snodgrass
 - 1978—Dr. Henry H. Ashe
(awarded posthumously)
 - 1978—Dr. Roy B. Larsen '39
 - 1979—Dr. Thomas J. Rice '45
 - 1979—Dr. Robert L. Gilbert
 - 1981—Dr. Donald R. Griffith
 - 1981—Dr. Ben R. Lawton '46
 - 1982—Dr. Thomas M. Haug '47
 - 1982—Dr. William T. Russell '46
 - 1983—Dr. William Deardorf
 - 1984—Dr. Eugene H. Eckstam '43
 - 1985—Dr. Herbert F. Sandmire '53
 - 1985—Dr. Roger I. Bender '43
-

They are an illustrious group with a composite record of over 400 years of service; providing education to hundreds of medical students. Dr. Jones, alone, served for 37 years and many others spent over 20 years each as a preceptor.

Without a doubt, the idea of Dean Bardeen so long ago has been successful and productive. A survey by Dean Sivertson in 1977 polled six alumni classes for their impressions of the value of their preceptorships and whether or not the programs should be a required part of the senior year. Overwhelmingly, 73% believed preceptorship should be continued as a requirement in the senior year for Wisconsin students. Twenty-three percent thought it should be offered as an elective, less than 1% believed the program should be eliminated, and 3%

had no opinion.

Preceptors, too, acknowledged rewards from their service. Dr. Warner S. Bump, Rhinelander, in expressing his feelings, commented:

"It was a pleasure and a privilege to come to know these young men and women and to play a part in their education—to help them to organize their thoughts concerning their chosen profession by letting them experience the practice of medicine away from the university hospital atmosphere."

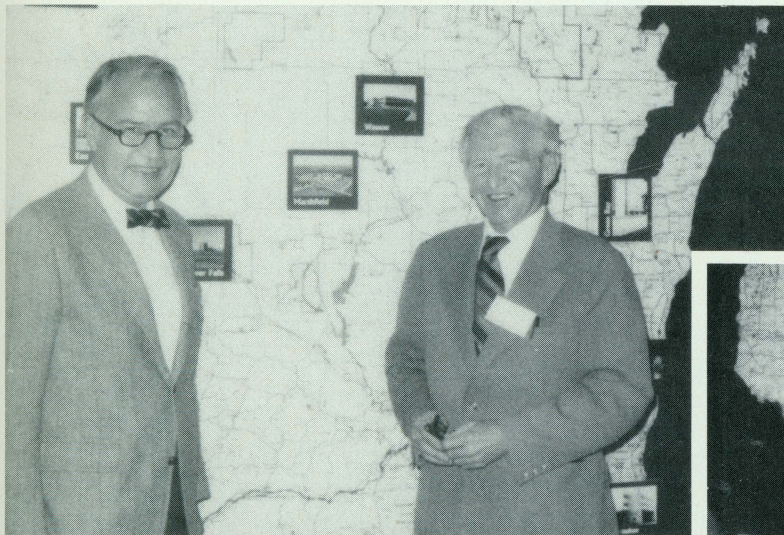
Perhaps the best recommendation came from Dr. Middleton in 1954. Stating he was well qualified to critique the program, he remarked:

"As a convert, my convictions are strong that the preceptorial plan is one of the most effective measures of our clinical training in the senior year. The

maturation of the student in a professional and social sense is a natural result. The byproducts of the Wisconsin plan in improved professional relationships and patient care through this coordinate effort are imponderable, but widely recognized in the State."

He might just as well have included the United States. The National Health Council lists 83 preceptorship programs in medicine in 40 states. Of some significance is the fact that Dr. Middleton's own alma mater, Pennsylvania, has accepted the full plan as conceived 60 years ago at Wisconsin.

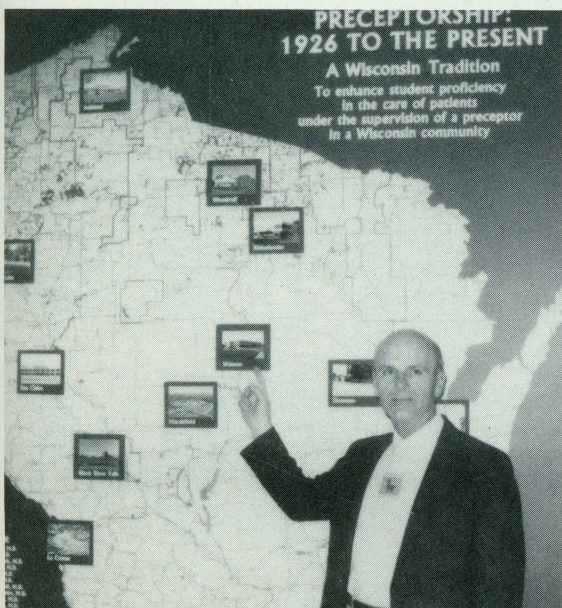
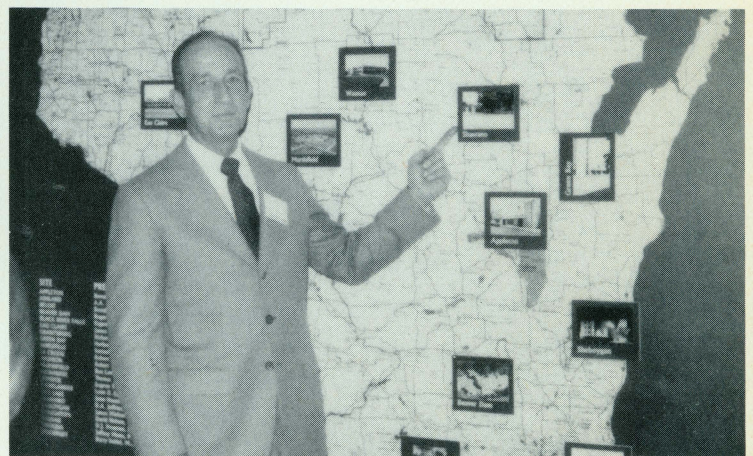
"An art requires heart as well as head. The art of medicine requires some knowledge of the personal surroundings of the patient as well as the physical condition of his interior," said Dr. Bardeen years ago. He would be proud of the results today! Q



Some current Preceptors as they stand in front of a display in the Medical Sciences Center

◀ **Dean Brown and Ben Lawton '46, recipient of Max Fox Preceptor Award for Distinguished Service as Marshfield Preceptor**

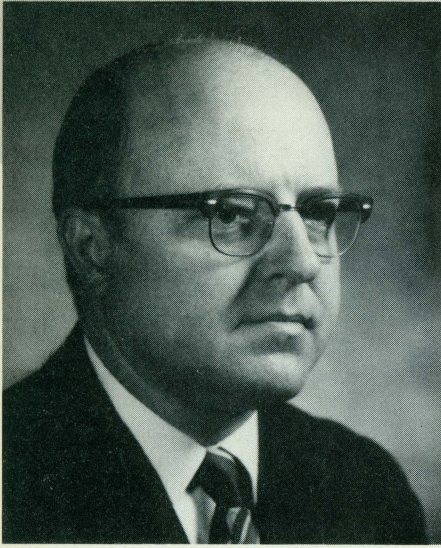
▼ **Donald Jeffries '47, Preceptor in Charge, Shawano**



◀ **D.J. Freeman '52, Wausau**

Lynn Eggman ▶ '62, Preceptor in Charge, Rhinelander





PRESIDENT'S COLUMN

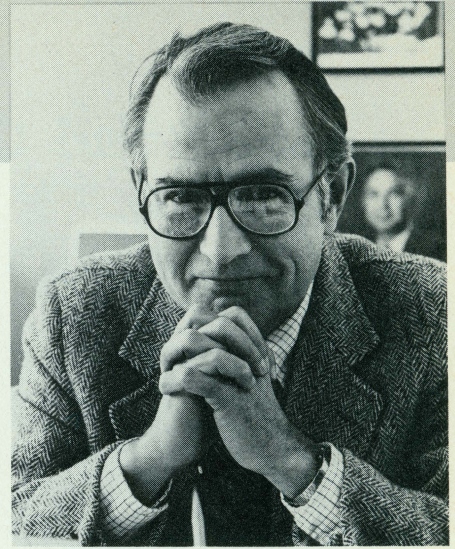
Walter R. Schwartz, M.D. '55

My best wishes for a happy and fruitful new year to all members of the University of Wisconsin medical alumni body and their families. The new year is a traditional time for taking stock and assessing progress toward goals. The midpoint of my term as president has been passed and it has been a satisfying and illuminating experience. From this vantage point I have gained a greater understanding and appreciation of what is required to make our Association flourish. The Medical School is stronger and the student body is deriving significant assistance and benefit because of an impressive group of dedicated men and women—alumni, faculty members, and students—who have served the Association well. Their enthusiasm, industry, and creativity in devising and implementing the diverse programs of the Association are its driving force. Along with my heartfelt wish for a happy and fruitful new year for all Wisconsin medical alumni is the hope that you will do your bit to make 1987 a particularly fruitful year for the Medical Alumni Association. Become involved. Attend meetings. Participate in your class reunions. Host a student. Send us your suggestions and criticisms. Serve on your reunion planning committee, as a class representative, on a committee of the Association, or on the Board of Directors. Contribute to the Annual Fund Campaign and 1987 will be happy and fruitful for the entire Medical School—medical alumni community.

Q

DEAN'S COLUMN

Arnold L. Brown, M.D.



In the event some of you have not been paying attention, it has in recent years become more evident than ever that medicine is not an island unto itself. We are affected by, just as we affect, our total environment in many ways. Our governments, federal, state, county, and municipal, are increasingly becoming involved in patient care. So, also, is industry, both in terms of health benefits for their employees as well as in direct participation in health care delivery. The environment in which we practice is also affected by the closing, or opening, of a local school or a business, the rate of inflation, the costs of construction, the interest charged by the bank for a loan. Our connections to our environment are many and have important effects on our lives as physicians.

The same is true for medical education. Here in Madison the Medical School is embedded in the environment of one of the Nation's most respected Universities. The basis of that respect is broad and, in some respects, can be measured. The 45,000 students on the UW-Madison campus come here from across the state, the nation and around the world. They find educational opportunities in just about every facet of the intellectual enterprise, nurtured by a faculty distinguished by every measure that has been applied. Be it membership in prestigious national and international societies, the quality and quantity of their publications, the millions of dollars given to them each year for their research, or their skill and dedication to teaching, the faculty has few peers in this country, or anywhere else. Research is probably the easiest of our missions to measure. Recently, two educators from the University of Arizona compiled a Research Activity Index, using eleven variables, for universities in this country. The Univer-

sity of Wisconsin-Madison came out second only to Harvard. The next three places went to the University of California-Berkeley, UCLA, and Johns Hopkins. As for research funding, the National Science Foundation places us third behind Johns Hopkins and MIT, both of whom receive large contracts from the Department of Defense, which UW-Madison does not.

The Medical School has taken full advantage of this rich store of resources. We do this by daily informal contacts both on campus and off and by formal joint appointments of our faculty with every school and college of the University. In the College of Letters and Science, for instance, there are formal ties with the Departments of Economics, History of Science, Philosophy, Physics, Psychology, Sociology, Statistics, Women's Studies, Zoology and the Primate Research Center. In the College of Agriculture and Life Sciences we have ties with the Departments of Bacteriology, Biochemistry, Genetics (Medical Genetics is housed in the same building and Oliver Nelson is the Chair of both departments), Nutritional Science and Veterinary Science. In Engineering we mingle with the Departments of Electrical and Computer Engineering, Industrial Engineering, Nuclear Engineering, and Chemical Engineering.

The Graduate School sponsors a number of programs that bring together faculty from several colleges. The Medical School participates in the Biotechnology Center, the Biotron, the Endocrine-Reproductive Physiology Program, Institute on Aging, Enzyme Institute, Neuroscience Training Program, Cell Biology Program, Sea Grant Institute, and, most important, the Waisman Center on Mental Retardation and Human Development.

In the Center for Health Sciences we have strong ties to the Schools of

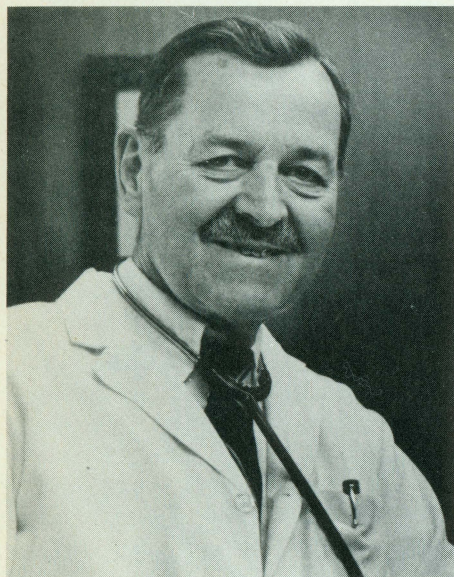
Nursing, Pharmacy, Allied Health Professions, to the Student Health Service, and, of course, to the University Hospital and Clinics. I must also mention our activities with the Department of Physical Education and Dance, in the School of Education, and the increasingly closer ties that we have with the School of Veterinary Medicine.

This matrix, which changes constantly as new interests develop and old ones are satisfied, brings to our students and to those of our colleagues across the Campus an unusual spectrum of perspectives and information. The Medical School, its students and faculty, benefit greatly from our presence in this environment. We like to believe that we contribute to it as well.

An important element in shaping the environment of the University of Wisconsin-Madison has been Chancellor Irv Shain. Irv has held this position since 1977 and has been on the faculty, except for a two-year hiatus, as Provost of the University of Washington, since 1953. He left the University in January to join the executive ranks of the Olin Corporation. Those of us in the Medical School will particularly miss him. Irv supported the School in many ways, including his time, funds when we sorely needed them, and in the help and advice he gave to a new dean. He is a remarkable man. We wish him well. Q

The Good/Bad Old Days

Vic Falk, M.D., '39



My pages in the fall issue of the *Quarterly* entitled "The Faculty, 1932" evoked two interesting letters. They will be reproduced here and my responses will constitute my contribution to this issue.

The first was from J.M. (Jerry) Maas '43 of Indianapolis. His letter follows:

"I was delighted with your totally charming article in re faculty members at our Alma Mater in your time and mine. It almost assumed the guise of a *Festchrift*. And while it would be ungracious to cite several omissions, I do remember with fond nostalgia such names as Jaeschke, Wirka, Kant, Gordon, Davis (Helen), Kurtz, Washburne and my esteemed friend, Tony Curreri.

"But your mention of the one and only Theodore Hieronymus Bast evoked pure pleasure. Dr. Bast was my advisor, and upon the occasion of introducing myself I told him that my paternal grandmother's name had been Hieronymous, albeit with an added vowel, as you will have noted in the last syllable. Open Sesame! Or at least with reservations.

"The heavy German accent you so aptly delineated was, in point of fact rather paradoxical! Singularly, Dr. Bast's familiarity with and command of the German language was quite limited. In any event, I cannot resist the impulse to relate an anecdote which beautifully illustrates the Dr. Bast accent. As you will remember, unlike Dr. Walter Sullivan's attitude towards smoking in the laboratories, the histology sanctums were held sacrosanct. One morning, momentarily oblivious to my hallowed surroundings, I filled my pipe and lit up. Seconds later there followed a tap on my shoulder, by the Professor, and ensuing queries. 'Hey, Maas, vot you tink dis iss? A saloon?'

"Upon that note perhaps a digression should be observed, by way of introducing myself. This letterhead has proclaimed my name which, I expect, you are not familiar with unless malpractice, litigation, and associated abominations occupy an impressive amount of your time. More about this anon. I am numbered among the November, 1943ers and went on to one of the then mandated abbreviated internships at Jackson Clinic. That stint was followed by three years residence under Dr. John Harris. However, it was Ralph Campbell who pointed the way and abetted me in embarking upon the then uncharted seas of gynecic endocrinology which eventually became my metier. After an additional six months of peon level labor at the University of Chicago, I accepted employment with Eli Lilly and Company. In doing so I became the third member of that triumvirate, comprising Elmer Sevringhaus, Karl Beyer, and myself, who affiliated with the pharmaceutical industry and of whom William Shainline Middleton purportedly stated, 'By these names I have been thrice crucified!' Nonethe-

less, I completed 28 years employment with Lilly, was retired in 1975 and until July first of this year was retained by the Company's Legal Division as a Consultant in the female sex hormone litigation area. At which point the claimed digression should cease.

"Dorothy Betlach's article recounting the inception and implantation of the Preceptorship concept was of interest. I would hope that in her continuing narrative she will describe the four week sojourn in Chicago which lamentably constituted the student's only direct exposure to obstetrics—assuming this was the first four week segment of the senior year. Within limits, the three week period at the Chicago Maternity Center was educational from a sociologic if not a medical point of view. Regrettably, Dr. Harris did not or would not recognize that the Chicago Lying In exposure of one week duration had become a travesty. Clinic attendance, once a student had appeared, was seemingly not expected, never encouraged and absences not noted or commented upon. Is this fiasco still included in the curriculum?

"I do have one added imposition. Would you kindly ask your secretary to provide me with Dr. Marvin Olson's mailing address at the University. We are, I blush to say it, former drinking cronies and it would be pleasant to recount old time. I shall remain grateful for the delightful propensity involving Theodore Hieronymus Bast. Thank you.

With every distinguished sentiment,
I am very sincerely yours,
J.M. Maas, M.D."

The omission of Chester Kurtz (M.D., Harvard, 1927-28) was unpardonable, as he was listed as an instructor in medicine and cardiology in the 1932 Bulletin. However, the others were not listed for a variety of

reasons. Walt Jaeschke graduated in 1934, Ed Gordon in 1932 and Tony Curreri in 1933. Herman Wirka graduated in 1930 and was an assistant resident in orthopedics. Annette Washburne was an assistant neuropsychiatrist on the medical staff of Wisconsin General Hospital but was not included on the faculty list. Helen Pratt Davis was an assistant physician in the Department of Student Health but was also not included in the faculty in 1932. Ken Lemmer, although not on Dr. Maas's inquiry list, was an assistant resident in surgery. Dr. Fritz Kant joined the Neuropsychiatry faculty in 1940.

Marvin Olson '44 returned to University Hospital this year as a visiting professor in radiation therapy. His CV indicates that he was in general practice before specializing in radiotherapy and was at the University of Texas Medical Branch in Galveston, the Touro infirmary in New Orleans, and finally at the University of Kentucky Medical Center in Lexington prior to returning to Madison in September.

Dr. Maas wrote a second letter after I had sent him a copy of my impressions about the month of obstetrics in Chicago which has been published in an earlier issue of the *Quarterly*. His comments follow:

"Your delightful article on the Maxwell Street and Lying In experience evoked pure pleasure and rekindled a bag full of nearly forgotten mixed emotions. Dear Harry and Beatrice! Somehow, I recall various episodes which suggested their endeavors were not as entirely altruistic as was publicly imputed. Gawd, and those rolls or newspapers and then no place to dispose of them. And bless you for having pointed out that unless you reported back with an actual delivery you became number One of the list. A mutual friend of Marvin Olson and myself, one Norman Johnson, never did receive credit for a delivery but he should have made the Guinness list for first up.

"When we made the Chicago 'Obstetric' scene, the Maxwell Street stint had been increased to three weeks, the last of which was dignified by the term, 'postpartum visits.' Your apt and so charming 'an unforgettable sociological experience,' would, I am certain, have been further enhanced

by the worldly rough and ready goodies gleamed on the 'service.' In turn by 1943, the Lying In sojourn had been reduced to one week. As previously indicated, the tour deteriorated to a farce by the time I did my six month stint there in 1947. I so indicated to Dr. Harris in a letter to which there was no response."

Dr. Maas also added that the dates given were factual and that he was age



T.H. Bast

30 when he began medical school and that the 1975 Lilly retirement date followed the mandatory age 65 cutoff.

The second letter was from Dr. Rufus Head of the Penobscot Valley Hospital in Lincoln, Maine. He was a resident in radiology from 1969 to 1972. He wrote as follows:

"I enjoyed your article in the fall, 1986, edition of the *Quarterly* concerning the history of various departmental faculty, but am intrigued by one sentence in the first paragraph which asks, 'Can you imagine what would happen now among the surgical residents and OR staff if a long Saturday surgical schedule was posted?'"

"If this was asked as a rhetorical question, no further comment is necessary. If, however, it was asked meaning to imply that the 'good old days' were better, etc, I submit the following rebuttal.

"I find it both sickening and disheartening to hear physicians decry the fact that current house officers and medical students have a more humane lifestyle and are paid at least a living

wage compared to their colleagues who completed their training prior to the late '60's. Anyone who thinks that working 20 hours per day, six or seven days per week on \$50 per month plus room and board was a rational means of creating better physicians than we have today is either delusional or is simply using the sour grapes attitude of, 'By God, I had to go through it and so should everyone else.' This was merely a means for hospitals to keep down their operating costs—nothing more—and was inexcusable.

"I take no pride as a 1967 graduate of another medical school that during one four week stretch on junior medicine I worked an average of 20 hours per day with only one day off during the *entire 4 weeks*, especially since at least half this time was occupied with 'scut work' now performed by paramedical personnel. Rather, I am now ashamed that my generation tolerated this abuse rather than standing up as a unit and saying, 'Hell, no' as the students did two or three years later.

"Because of this student/house staff activism my residency was quite pleasant at UW although some of the old ways were still dying hard. Also the faculty of my dept. were on the whole a reasonable group concerning this.

"Thank you for entertaining this opinion. I have not written this with publication as the primary purpose, but I have no objection should you desire to publish my opinion."

I responded to his letter with a comment that I was not pining for the "good old days" and that I would expand my remarks in this column. My own exposure to those old days goes back to WWI when I can just barely recall seeing my father (Wisconsin, 2 years, '11) when he would leave early each morning by train for Madison where he was the medical officer for the Student Army Training Corps and returning each evening in time to be out most of the night during the flu epidemic. Thereafter his small town practice included office hours six nights a week and Sunday mornings as well. One acute aggravation was on Saturday nights when the farm ladies would attend the movie until 9 p.m. and then come in for their doctoring. I also recall the long country calls where he would spend a great deal of

time but really had very little medicinal therapy to offer from his black bag. During the winter the calls were often made in a horse-drawn cutter. I eventually benefitted from these winter calls as the coonskin coat which was so essential was passed along to me when I went to school in Madison.

The contract for my own internship was very blunt and specific. I was to receive room, board, and laundry but no salary. The contract also specified that this position was full time—that is, no “moonlighting.” The quarters at the hospital were sparsely furnished with two iron beds but the rooms were heated. The laundry was probably the best part of the contract, whereas the meals were certainly the worst. They frequently featured cross sections of various organs which were not especially appealing after a morning in the autopsy chambers. There were not infrequent food riots and by the end of the year the ceiling in the dining room was well plastered with inedible food.

On the subject of autopsies, it was a matter of great pride to have one's hospital listed in the top 20 in the country each year with the highest autopsy percentages. This would have to be in a range of 80%. There was keen competition among the interns to get that permit signed.

One of the interns in our group was obliged to sell his beloved baritone horn in order to purchase an overcoat against the Minnesota winter. Despite this protection he contracted tuberculosis, as frequently occurred in almost every intern group or medical school class which meant a year or two in a tuberculosis sanitarium. At that time very few medical students, interns, or residents were married. A residency meant just that—residing in the hospital.

After WWII, and six years in service, it was back to a residency at \$50 a month. One of my duties as chief resident was to pick up the chief shortly before seven a.m., seven days a week to transport him to the hospital as it was too early for his chauffeur to be up and about. A special concession was made for married residents in that they could bring their families to the hospital for Sunday dinner. We were permitted to make occasional house calls for which we could collect from

three to five dollars. (Currently, residents who seem to find time for moonlighting are paid \$22 an hour for working in community hospital emergency rooms and \$33 an hour on holidays.)

For many years in the past, Saturday was always a very popular day for scheduling surgery. The hospital work week has changed so that many departments now function five days each week. To call in operating personnel on a weekend necessitates time and a half pay for them and results in an unhappy administrator. Also, it has become a common practice for patients to be sent home on passes over the weekend.

Dr. Mark M. Ravitch, Professor of Surgery at the University of Pittsburgh School of Medicine was interviewed for the October 1986 issue of *Contemporary Surgery*. He responded:

“Marriage was uncommon among the medical students and if not illegal for surgical house officers was uncommon except in the senior ranks, and then by permission. House officers lived in the hospital by day and by night, and on the surgical service seven days a week and 11 months a year. In over nine years, including two years of fellowship, I was paid on the order of \$3,360. And it was that much because

I took night calls for the director of the Johns Hopkins Hospital during my final year of residency. Almost certainly, I made more money in those nine years by selling my blood (\$35 to a ward patient or semiprivate patient, \$50 to a private patient) than I earned from the hospital and the university combined.” (We used to get \$25 for producing a pint of blood at Wisconsin General. In 1937 \$25 bought me a fine reversible topcoat, gaberdine on one side and tweed on the other so that it could be turned inside out. Unfortunately, this splendid garment disappeared one night at the Cuba Club, which was one of our favorite haunts at that time.)

“It was wrong and immoral for us to be penniless and have to depend on parents or a wife or blood transfusion money to buy cigarettes or whatever. On the other hand, the only hospitals that paid anything were those that essentially bought their interns with a stipend. The quality of residency training was in inverse proportion to the amount you got paid. I think that was wrong.”

Dr. Ravitch's comments about the “good old days” certainly express the feelings of many of the thinking old timers who would not wish that type of life on anyone. Q

Spring Tour of Scandinavia

WMAA and the Medical School are sponsoring a Continuing Medical Education Joint Conference to take place in Denmark, Sweden, Norway and Finland April 23-May 7, 1987.

Conference sessions with a similar format will be held in each country. There will be general conferences to allow registrants to learn about the health care delivery system in each country, undergraduate and postgraduate medical education, funding and financing of the health care delivery system, and presentations of their particular areas of expertise. In addition, small group conferences will give an opportunity for close interchange with faculty in your specialty

regarding mutual problems in clinical diagnosis and management. There will be opportunity to tour the medical facilities.

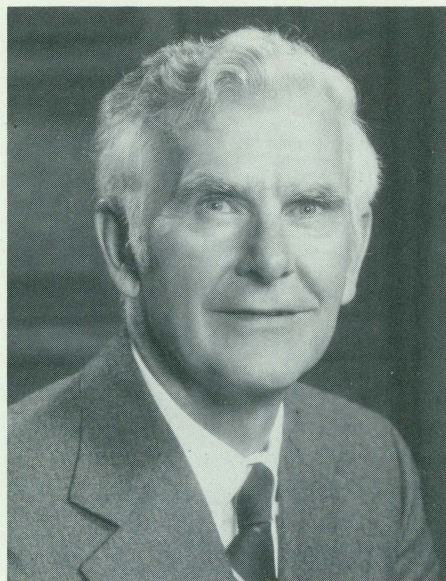
The program has been carefully planned so that you can learn about four different health care systems which are advanced and highly successful. You also can interact with specialists in your own field.

The sight-seeing part of the excursion includes a three-day fjord tour.

If you haven't already received a description of the excursion or if you need another brochure, contact WMAA soon. Places are limited and will be allotted on a first-come first-served basis. Q

Learning and Teaching in the Outpatient Clinic

by Robert F. Schilling, M.D. M'43
Washburn Professor of Medicine



Do decreasing rates and lengths of hospitalization diminish learning opportunities for medical students?

Most hospitalized patients are willing or eager to cooperate with medical students for educational purposes. The hospital patient is not planning or hoping to leave in the next hour or two. As long as the interaction with the student is not delaying diagnostic tests or therapeutic efforts, most patients are pleased to cooperate with the medical student, provided it is not midnight. Parenthetically, I hasten to emphasize that there are some distinct benefits for that patient: the junior medical student's history is the most complete if not the most lucid and organized in the record. On rare occasions the medical student may establish the diagnosis of an easily treatable disease that had not been considered by other members of the medical team.

Forces quite beyond the control of the medical profession continue to shift an increasing proportion of patient care to the outpatient clinic or office. In some ways this is distorting and reducing the opportunities for medical students to learn to care for sick people. For this and other reasons it is essential that we make increased use of the outpatient setting in teaching.

What follows is a personal view—the product of my experience and travel—and not the result of a systematic survey.

In most hospital outpatient clinics in 1987 there is insufficient opportunity for a medical student to interact extensively, at a student's pace, with a patient. Although there often are problems simply finding an examining room for the student and patient, I accept the assumption that office space will somehow be provided in the future. Other hurdles, however, will not be as easy to clear. It is not unreasonable for a patient coming to a University clinic to expect a level of efficiency (defined here as accomplishment per unit of time) somewhat comparable to that in a well-run clinic which is not engaged in the teaching/training of medical students and interns. To meet this expectation in a teaching clinic is truly difficult. Patients will be displeased if the time and the student interview and examination causes them to stay another day for laboratory tests or x-rays. Patients making return visits for continuing therapy or follow-up are unlikely to be enthusiastic about spending two more hours with a student.

It is my view that those who were once designated charity patients made a significant payment for their medical

care. It was not in monetary units but in the time spent with medical students. Thanks to Wisconsin's fine support system for the medically indigent, our teaching facilities have a very small fraction of patients in the category that once was called charity.

By its very nature, a teaching institution will always have a skewed patient population, and its medical students will see little of easily treatable patients. But that is not as detrimental as it may seem. Each of us is familiar with Osler's aphorism "to know all of syphilis is to know all of medicine." In 1942 when, as a student, I was seeing my one-hundredth patient with tuberculosis, that word was substituted for syphilis by my teacher, and now I use the word cancer. I judge from the literature that AIDS is the word used in San Francisco General Hospital. The nature and variety of disease processes to which a student is exposed are not nearly as important as learning the proper general approach to patients' problems.

We must make a genuine effort to teach and demonstrate critical thinking about health and illness. With a good facility and program for teaching in the outpatient clinic we can provide a broader range of clinical experiences. This will require a change in attitude and a significant commitment to outpatient teaching on the part of administrators, nurses, patients and, not least, faculty. Q

Fall Homecoming Meeting

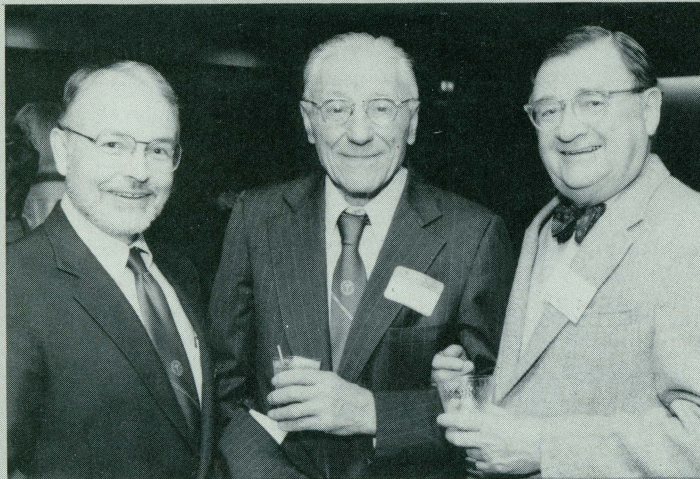
WMAA Awards Ronald Holt Honorary Life Membership



Dean Brown, Ron Holt,
President Walter R.
Schwartz at the October
24, 1986 Presentation of
Honorary Life Member-
ship to Ron Holt



Ron Holt with medical
students at the October
24, 1986 dinner when
Ron received his
Honorary Life Member-
ship



President-elect Ted Fox,
Emeritus Professor Joe
Lalich '37, Tom Rice '45

Ronald W. Holt, Director of the Multidisciplinary Laboratories, recently received an Honorary Life Membership in the Medical Alumni Association in recognition of almost 20 years of service to medical students, the faculty and the Medical Alumni Association.

Ron's title, however, belies his real role. He has been called facilitator, adviser, negotiator, tightrope walker. He is all of these—and more—to first and second year medical students and the faculty that teach them. He is the man to thank when things run smoothly, and the man to track down when something goes wrong.

He was even called "the most important person in the University" by a grateful student Ron had helped at a critical point.

One of Ron's main jobs as academic counselor is to work out both short- and long-term problems with individual students. This can be as simple as obtaining a professor's permission to defer an exam for a sick student or as complex as helping a student straighten out a personal problem that is adversely affecting his studies.

"The basic cause of a student's academic trouble is usually a personal problem with a spouse or friend. It takes a lot of time to keep up grades in such a competitive situation, and students don't always take the necessary time to maintain relationships. Something has to give. A crisis point is often reached just before an exam. Some do (pay proper attention to relationships), however, and that's neat."

Ron explained that he arranges counseling if it is needed or wanted. "There are very good services here on campus that really help and don't cost money. I encourage counseling, even when the student is reluctant."

Besides offering personal help and making special arrangements for handicapped individuals, Ron advises students about other matters such as which course to drop, if that is in order, or how long an exam can be deferred. "We just sit down and try to work something out between student and faculty. We can usually negotiate an acceptable position."

For such guidance and other kindnesses, Ron Holt has won the trust and

respect of medical students since he began his duties in 1968, when the newly revised curriculum was put into effect with Ron as the initial appointee to oversee the multidisciplinary laboratories, a major departure from what had gone before.

Indeed, some graduates may owe their professional careers to the man who came to their rescue when help was critically needed.

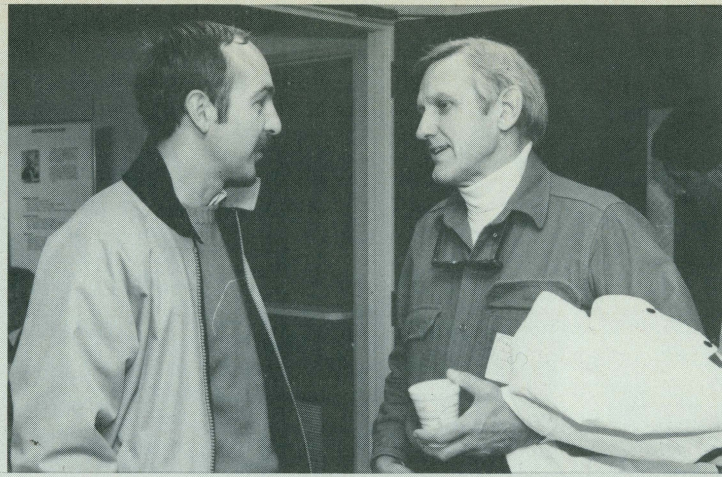
“Ron has done more to help me than anyone in any school I’ve attended. I’ll never forget the guy!” are typical of student comments. Four times, third year classes have presented Ron with the “Regular Fellow Award,” established in 1945—the year he was born.

As a student-faculty liaison, Ron must maintain close contact with what goes on in class and with individual faculty members. He is responsible, for example, for scheduling second year courses and proposing a calendar. This includes assigning students to small group discussions and finding out which labs and lecture rooms are available at specific times. The second year faculty, which consists of professors from all departments as well as clinicians, traditionally have not kept a tight schedule. Ron thus becomes the focal point for seeing to it that teaching facilities are always available when needed—a logistical feat that can require some razzle-dazzle hustling, as when two classes are inexorably bound for the same lecture room.

“So far I’ve usually been able to dig my way out, but not everyone is happy. It’s a good thing it happens infrequently,” Ron said.

One of his major responsibilities is to coordinate and oversee the class syllabus for both the first and second years and supervise maintenance and replacement of teaching laboratory equipment.

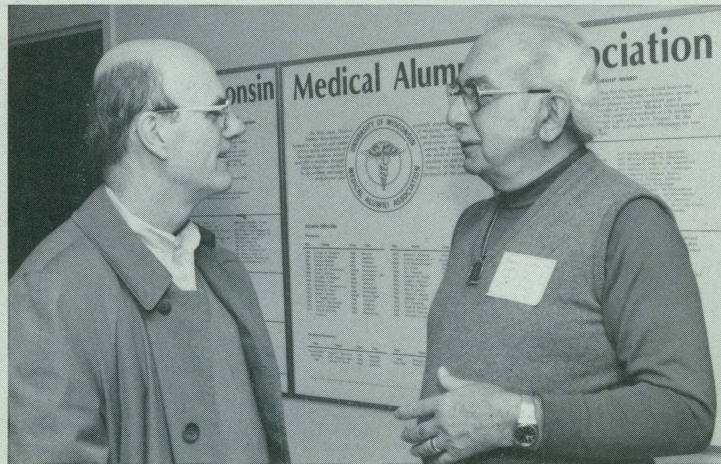
He explained that he’s always looking for changes to improve Medical School teaching. “We’re never on top, no matter what we do. We can always do better. We use one year’s experiences to solve problems for the next year.” He cited an example from when the program began in 1968: since all the exams were scheduled in June, “the students were going crazy”



Past President Phil Bland greets a participant



Past President and Professor of Medicine Robert Schilling '43 and medical students



Past Presidents D.F. Freeman '50 and Mischa Lustok '35



Stoughton White '39, Gene Betlach '46, Emeritus Professor Helen Dickie '37, Dorothy Betlach '46

studying for material taught as early as September. "Now we plan exams as close to the end of the course as possible. And there is more flexibility in taking exams now because of the ISP program."

Currently Ron is working with Professors Fahien, Susman and Fallon in revitalizing and more formally funding the M.D./Ph.D. program to encourage students to become involved in both research and medicine. He visited St. Louis last summer, where Washington University has established a successful program.

An ongoing commitment that fits into the cracks of Ron's generally hectic schedule is administering the Medical Alumni Student House, for which he collects the rent, pays the bills, oversees repairs and orients House managers.

Facilitator Holt smooths the way for second year students who must purchase equipment needed for physical examinations. "The students can save 38-42% from retail," Ron said, referring to the Medical Equipment Fair he organizes each spring, where vendors offer their discounted wares to students who have been primed in what to look for.

One needs to hang around Ron's doorway only briefly to realize that his time is peppered with interruptions. "Then I have to figure out where I left off," he said. "That's one reason I come to work early, between 6:30 and 7:00. That's my most productive time of the day. But I try not to let my work interfere with home life," which includes three children, aged 10 to 18, of whom he is justifiably proud.

Ron Holt has developed a good rapport with medical students and eventually gets to know virtually all of them. "About halfway into the semester, I recognize probably half of the students. By the end of the second year, usually I can tell you something about any one of them—school performance, a tragedy or big event in their lives."

And students can tell you something about Ron Holt—a person who listens, who cares, who helps. Q



Student participants in the Annual Homecoming Brunch



Tours of the new teaching laboratories were a feature at the Homecoming program.



Leah Behnke, Cristal Sandmire, Herb Sandmire '53



Medical students entertaining at Annual Preceptor, Faculty, Alumni Dinner Meeting, October 24, 1986. L to R: Jim Shropshire, Mitchell Manthey, Dave Rodeberg, Jeanine Harding, Kae Ferber

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— 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** (\$6.00) \$ _____

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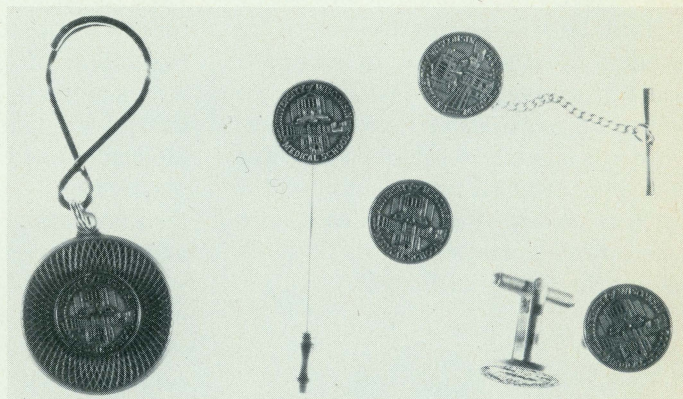
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— **Coffee Mug** incorporating Medical School medallion design—the mug is cobalt blue. (\$6.00 each) \$ _____

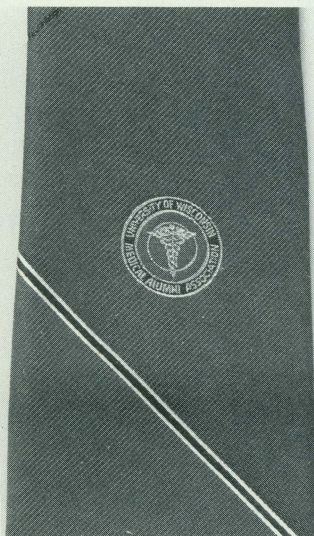
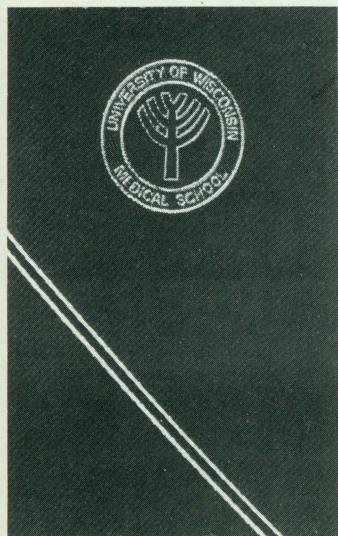
— **Limited Edition Medical Alumni Mug** (\$6.00 each) \$ _____

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 Note: The proceeds (above cost) from your purchase help support the various WMAA programs.

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

Medical School News

Lustok Creative Writing Award Announced

The WMAA Board of Directors has initiated the **Mischa Lustok Award** for student creative writing to honor Dr. Lustok, who served as the *Quarterly's* editor for more than 20 years. Medical students and UW residents are invited to submit original, non-scientific works such as poetry or essays. The winner of the \$200 annual award will be decided by the Editorial Board.

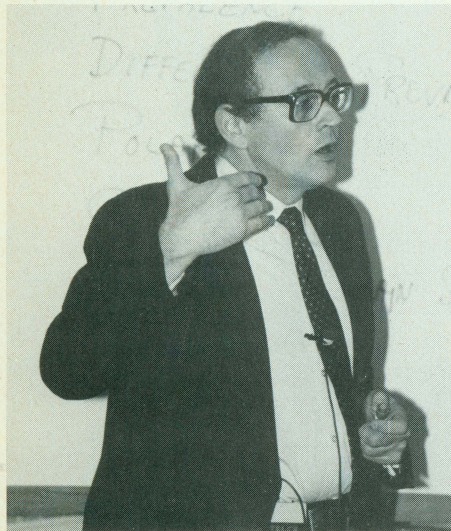


Photo by  8

Gerald M. Edelman

Gerald Edelman Presents Otto A. Mortensen Lecture in Anatomy

Gerald M. Edelman presented the Otto A. Mortensen Lecture in Anatomy October 7, 1986 to an overflow Alumni Hall audience.

Dr. Edelman earned the B.S. degree at Ursinus College and an M.D. degree at the University of Pennsylvania. He earned a Ph.D. at the Rockefeller University in 1960 where he has remained throughout his distinguished career.

Professor Edelman has a broad range of interests both in and outside of science. He has made significant contributions in biophysics, protein chemistry, immunology, cell and developmental biology and neurobiology.

His early studies on the structure and diversity of antibodies led to the Nobel Prize for Physiology and Medicine in 1972. Subsequently he turned his interests to mechanisms involved in the regulation of primary cellular processes of multicellular organisms. The title of his talk was "Cell Adhesion Molecules and the Regulation of Morphogenesis." He discussed how pattern formation during embryonic development might be controlled by the interaction of adhesion, division, movements, death and differentiation of cells. Pivotal to his analysis is how cells of varied developmental history recognize each other (adhesion) which then permits a cascade of events resulting in morphogenesis. This point of view is not without controversy and lively discussion followed the presentation and continued at a wine and cheese in the Anatomy Department Library.



Otto A. Mortensen

Dr. Otto A. Mortensen was a graduate of the UW-Madison Medical School and became a member of the Anatomy Department in 1930. He served as Chairman from 1950 to 1967 and was for many years Associate Dean with primary responsibility for Student Affairs. He was presented with many teaching awards and is remembered as a compassionate friend

and counselor of students. He achieved emeritus status in 1972 and moved to Stanford where he continued to teach Gross Anatomy until his death in 1979.

Members of the Medical School class of 1963 established the Otto A. Mortensen lectureship in Anatomy to honor Dr. Mortensen for his important influence on their lives and careers. Over the years this has led to a series of lectures by distinguished scientists that has contributed to the intellectual life of the Anatomy Department, School and University community.

Max Fox Preceptor Awards

The Board of Directors of the Medical Alumni Association approved the recommendation of Dean Brown that Max Fox Preceptor Awards be granted to **Dr. Donald A. Jeffries '47** of Shawano and **Dr. James W. Merritt** of Eau Claire.

Presentation of the awards will be made in the home community of each recipient.

Dr. Jeffries has served as head preceptor at Shawano, the Cantwell-Peterson Clinic, for 11 years. His nomination for the award cites his insistence that students take part in home visits to the indigent as well as dealing with the health problems of Indians. This experience broadened students' perspectives and influenced their approach to health care.

Dr. Merritt has been associated with the Midelfort Clinic in Eau Claire since 1959 and has served as head preceptor since 1978. The Eau Claire Preceptorship is one of the original components of the program established in 1926. Under Dr. Merritt's leadership, students were exposed to a superb medical clinic and the changing role of a community hospital in its provision of broadened delivery of health care.

Annual Leake Lecture

On November 5, 1986, the fifth annual Chauncey D. and Elizabeth W. Leake lecture was presented by **Peter M. Jones**, Librarian, King's College, Cambridge. The title of this year's Leake lecture was: "Medieval Medical Illustration."

A bequest from Dr. and Mrs. Leake, and additional contributions from

Chauncey Leake, Jr., support the lecture and an annual award for the best student paper in the medical humanities.

A distinguished pharmacologist, Dr. Leake came to the medical school in 1917, earned a Ph.D. in physiology in 1923, and advanced to the rank of Professor of Pharmacology.

At Wisconsin, the University of California-San Francisco, the University of Texas, and Ohio State, he made many scientific contributions to many areas of pharmacology and served as president of both the History of Medicine and History of Science National Societies.



Oliver E. Nelson

Nelson Replaces Susman as Chairman of Medical Genetics

Professor in the Departments of Medical Genetics and Genetics **Oliver E. Nelson** has become Chairman of those Departments, replacing **Millard Susman**, who is now Associate Dean for Administration and Research at the Medical School.

Nelson came to the University in 1969 from Purdue, where he was Professor of Genetics. He has been the Brink Professor of Genetics since 1981. Nelson's research interests include physiological genetics of higher plants, especially the genetic control of protein and starch synthesis, and the application of molecular and physiological genetics to plant improvement. In particular, Nelson is known for his role in developing high lysine corn and

for his pioneering studies in analyzing the fine structure of plant genes. Currently his research involves transposable genetic elements, sometimes called jumping genes.

The author of 90 research papers, Nelson has been honored with many of the most prestigious prizes in plant genetics, including the McCoy Award of Purdue University, the John Scott Medal, the Hoblitzelle Award, the Browning Award, and the Donald F. Jones Medal. He also belongs to the National Academy of Sciences and the American Academy of Arts and Sciences.

Clinical Research Center Funded

The National Institutes of Health recently awarded a \$2.7 million, three-year grant to the Medical School to establish a new center for research and training in patient care. The General Clinical Research Center (GCRC) will serve as an institutional resource for clinical research and training to facilitate a broad range of patient-oriented scientific inquiry such as treatment for the common cold, allergies, pulmonary problems and kidney transplants, as well as areas like human oncology, pediatrics, and neurology. Professor of Human Oncology **George T. Bryon** directs the GCRC.



George T. Bryon

The 1986 Entering Class

Professor of Anatomy and Chairman of the Admission Committee, James Pettersen, reported to the faculty at the November Faculty Meeting on the

characteristics of the 1986 entering class.

The class totals 147, as the phased 10 percent reduction in class size mandated by the state legislature continues to be implemented until the target of 143 entering students is achieved next year. The entering class totaled 159 until 1984-85. Thirty-six percent of the class is female.

Ages of the admitted students range from 20 to 36. Fifty-five percent of the class majored in biology, zoology, chemistry, or biochemistry. Forty-two percent attended UW-Madison as undergraduates. There are 15 students from rural Wisconsin and 13 students from disadvantaged backgrounds—five black Americans, two American Indians, one Mexican American, and five caucasians.

In accordance with university policy, seven (five percent) nonresident applicants were accepted.

Although the applicant pool continues to drop, the quality of the admitted class remains high as expressed by grade point average and scores on the Medical College Admission Test. Both are substantially higher than the average of matriculated students nationally. The overall GPA of our entering class is 3.66. Nationally, the overall GPA of matriculated students was 3.54.

Three Wisconsin residents who completed their basic sciences at a foreign medical school were accepted for transfer into three available third year places.

The complete report of the Admission Committee is available from the Medical Alumni Office.

Ludwig Retires After Directing Electronics Lab Nearly 30 Years

Harry Ludwig, Director of the Medical Electronics Laboratory since 1958, recently retired from the University with Distinguished Service status.

Under Ludwig's direction, the Laboratory has developed new research instrumentation, modified existing complex laboratory instruments, and maintained sophisticated electronic equipment of all kinds. Ludwig has authored more than a dozen papers about electronic instrumentation for

medical research and has contributed to research programs in Neurophysiology and Neurology as well as scores of individual investigators.

Before joining the Laboratory, Ludwig was an Instructor in Electrical Engineering at UW. He earned his B.S. at the University of Illinois and his M.S. at Washington University. Currently he works in the Laboratory two days a week.

High School, College Students Sample Medical School

As part of an ongoing program to interest high school and college students in attending the Medical School, two groups of students from around the state visited the School in November and participated in activities they could expect as first year medical students.

About 70 high schoolers and a few of their counselors were told what sort of courses to take in high school to prepare them for a pre-med curriculum—with the emphasis strongly on math—and were encouraged to strive for their goals. Later they attended a chemistry lecture, and heard about the pitfalls and the highpoints of medical school life from a panel of medical students. The day ended with a demonstration session in gross anatomy.

Thirty-seven pre-med college students spent two days on campus, during which they experienced a full day of lectures and labs with first year students, culminating in gross anatomy. The visiting students uniformly praised the exposure and considered it most valuable.

Robert Brown, the Medical School's Specialist in Academic Services, organizes the programs as one approach to reinforce the interests of bright minority and majority students in medicine. "The program works as an information tool," he said. "It's a form of advertising. These students become even more motivated to work towards a career in medicine, and they go back and tell their friends about their experiences." This Medical School, he added, is in competition with other schools for the best students.

Some of Brown's other duties in-

clude supporting and counseling minority medical students, acting as liaison to other campus offices, and developing new materials and methods for making the Medical School better known to potential students. Previously he spent 8 years in UW New Student Services.



Ben R. Lawton

Two New Awards Honor Ben R. Lawton

The Medical School recently initiated two awards to commemorate Regent **Ben R. Lawton '46**.

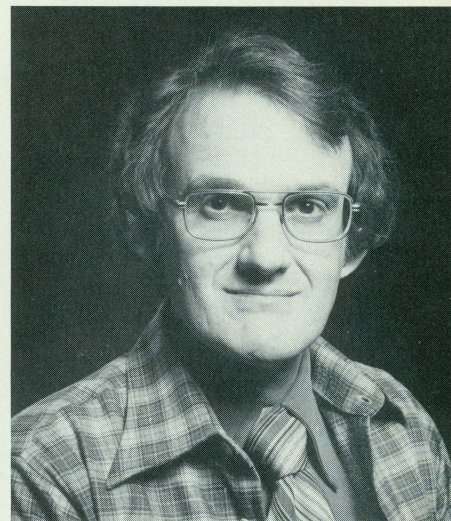
The Ben R. Lawton Award for Distinguished Achievement will be given annually to the Wisconsin citizen, not necessarily a health professional, who has made the greatest contribution to improving or protecting the health of Wisconsin citizens. The cash award of \$1,000 and a bronze medallion with a likeness of Dr. Lawton in relief will be presented at the annual Medical School Recognition Ceremony held in conjunction with commencement. Nominations will be invited from the public and from hospitals, clinics, health planning agencies and health professional schools.

An annual Ben R. Lawton teaching award will be given to a surgical resident who is determined to be the outstanding teacher of medical students.

NIH Grant Promotes Hearing Research

The Department of Neurophysiology recently received a \$669,463 program project grant from the National Institutes of Health for research on hear-

ing. The grant will support research ranging from the measurement of mechanical vibrations of inner ear structures to recording activity of single nerve cells in the areas of the brain that enable hearing.



Millard Susman

Medical School Chooses New Associate Dean

Millard Susman, formerly Chairman of the Departments of Medical Genetics and Genetics and the Laboratory of Genetics, has been appointed Associate Dean for Administration and Research. His multitudinous duties include administration of financial, personnel, planning, physical facilities and other operational activities of the Dean's office. Susman also is responsible for coordination of research development, grants processing and management, and coordination of new, interdisciplinary research programs for the Medical School.

For a total of 12 years, Susman chaired the Departments of Medical Genetics and Genetics, and he was Director for the National Institutes of Health Predoctoral Training Program in Genetics and the Postdoctoral Program in Medical Genetics. He helped create the Biology Core Curriculum and continues to participate in the Biocare program. Recently (1985-86), Susman chaired the influential University Committee, which sets the agenda for the UW Faculty Senate and often makes policy recommendations to the Senate.

Susman continues to teach and write. Currently he is revising a widely-used genetics text. Q

Faculty News

From time to time, the *Quarterly* introduces readers to some of the newly appointed faculty. Following are a few of the recent additions to the faculty. All of them are Assistant Professors.

Department of Pharmacology

Richard Anderson, born and raised on the north shore of Lake Wobegon, Minnesota, received his B.S. and Ph.D. in Biochemistry/Chemistry from the University of Minnesota, where he received the American Chemistry Society Award for undergraduate research and the Sigma Xi Graduate Research Award. He later served as a postdoctoral fellow and Associate Research Scientist at Yale University. His research centers about the regulation of cell morphology by the structural proteins of the cell membrane—specifically, the role of protein 4.1 in erythrocyte function and structure.

Department of Physiological Chemistry

Paul J. Bertics studies the mechanisms involved in cellular growth and differentiation, with an emphasis on the molecular events surrounding carcinogenesis. He received his B.S. in Biochemistry from the University of California-Los Angeles and his Ph.D. in Physiological Chemistry from UW, and was a postdoctoral fellow in the Division of Endocrinology and Metabolism, Department of Medicine, University of California-San Diego. He recently was awarded a five-year faculty research award from the Life and Health Insurance Medical Research Fund, one of six given in the country this year. Nobel Prize winner H. Gobind Khorana was the only prior UW recipient.

Department of Physiology

Lea Ziskind-Conhaim is interested in various properties of nerve-nerve and nerve-muscle contacts and interactions. She received her Ph.D. from the Hebrew University of Jerusalem and

later held postdoctoral fellowships in New Zealand at Dunedin Medical School and at the University of California-San Francisco School of Medicine. Most recently, she was an Assistant Research Physiologist at University of California-San Francisco.

Départment of Ophthalmology

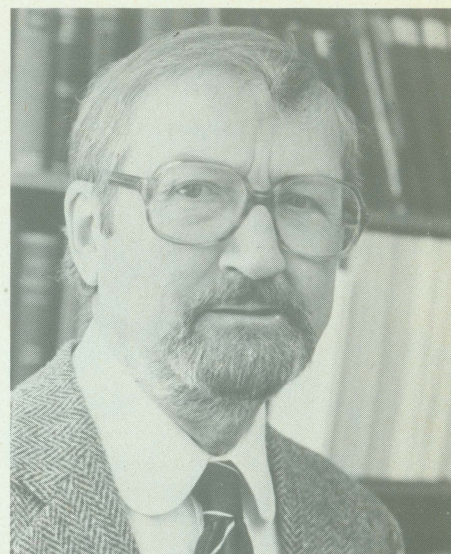
Curtis R. Brandt, also appointed to Medical Microbiology, received his Ph.D. from Columbia University and served a postdoctoral fellowship in Tumor Biology at the Fred Hutchinson Cancer Research Center in Seattle. His research interests encompass ocular, viral and tumor molecular biology. He also teaches graduate students in Medical Microbiology.

Department of Pathology

Daniel S. Greenspan is studying the molecular biology of procollagen secretion. He received his Ph.D. in Pathology at New York University School of Medicine under R. Carroll. Most recently he was an Associate Research Scientist in the Department of Human Genetics at the Yale University School of Medicine, where he also was a postdoctoral fellow.

Donna M. Pesciotta Peters is interested in the mechanisms of fibrillogenesis of fibronectin and procollagen. She earned her Ph.D. in Biochemistry at Rutgers University, and later became a Research Associate in the Department of Anatomy at Albert Einstein College of Medicine. Since 1983 she has worked at the UW as a Project Associate in Medicine and as an Assistant Scientist in Medicine and Physiological Chemistry.

Emeritus Professor of Oncology **Van R. Potter** was awarded the American Cancer Society's Medal of Honor, the society's highest award, at its 73rd annual meeting in New York City. Potter became a member of the McArdle Laboratory as a Jonathan Bowman Fellow in 1940 and retired as Hilldale



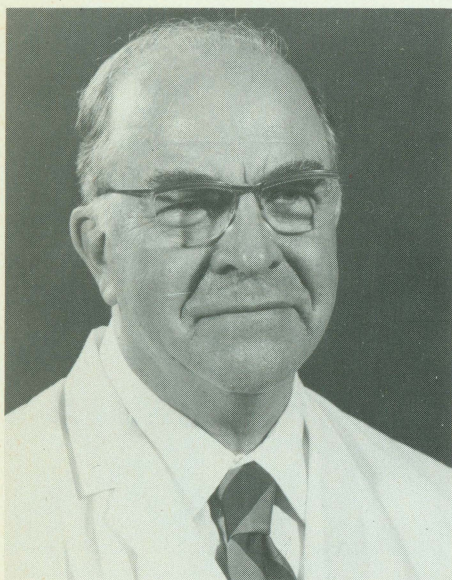
Van R. Potter

Professor of Oncology in July of 1982.

Potter, a member of the National Academy of Sciences, is best known for his studies of phenotypic diversity among similar cancers and for the development of multi-drug chemotherapy, for which he received the Bristol-Myers Award for Distinguished Achievement in cancer. Although his professional career has focused on cancer research, Potter has authored many articles on philosophical issues in the fields of bioethics, a term he coined with the publication of his book, *Bioethics, Bridge to the Future* (1971).

About 40 physicians taught by Emeritus Professor of Surgery **Frederick E. Mohs** gathered in Madison last October to celebrate the 50th anniversary of the Mohs Technique, also known as microscopically controlled surgery, micrographic surgery and chemosurgery. Several medical centers besides UW now specialize in the technique.

The former students came from several parts of the United States and other countries, where they practice the Mohs method of removing skin tumors. The method, which is 99% effective and results in minimum disfigurement, consists of excising tissue from the cancerous area layer by layer; as each layer is removed, it is frozen, examined microscopically and mapped



Frederick E. Mohs

on paper. The map shows the surgeon precisely where to remove more tissue. Most patients can be treated during one day at the Chemosurgery Clinic without general anesthesia.

Hundreds of thousands of skin cancers have been treated with the method. Mohs himself has treated more than 30,000 patients. Emeritus Professor of Oncology **Harold Rusch** said, "I have no doubt that Dr. Mohs has cured far more cancer over the years than any other person in the world."

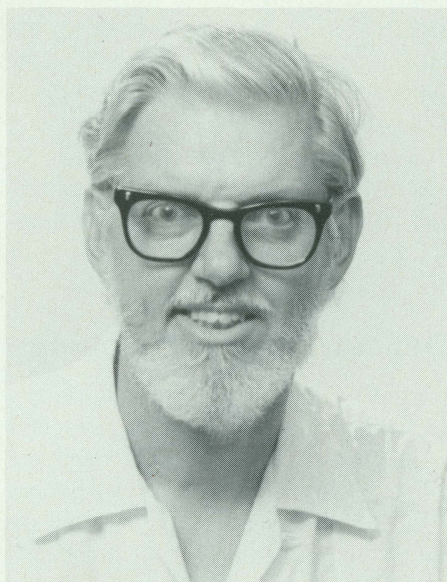
Although retired since 1980, Mohs can daily be found helping with teaching at the Clinic. Readers interested in more information about Dr. Mohs and the origins of chemosurgery can consult the Spring 1985 *Quarterly*, where he was cited for receiving the Medical Alumni Citation.

A symposium to honor Emeritus Farrington Daniels Professor of Medical Physics, Radiology, Human Oncology and Physics **John R. Cameron**, who retired January 1, 1986 was held at the Wisconsin Center October 30-31.

Speakers from research centers around the country focused on areas in which Cameron has been most interested: medical imaging, radiation dosimetry, bone mineral measurement and, most recently, brain magnetism. The keynote speaker at the banquet

was Professor J.F. Fowler, Director of Gray Laboratory in Middlesex, England. He delivered the 2nd annual John R. Cameron lecture.

Cameron, a prime mover in the field of medical physics, had been chairman of Medical Physics since it became a department 5 years ago, and headed the Medical Physics group in the Department of Radiology for the prior 20 years.



John R. Cameron

Ernest C. Borden, Professor of Human Oncology and Medicine, has received a \$152,058 grant from the American Cyanamid Company to study a new drug which may stimulate the immune system in controlling cancer.

Assistant Professor of Medicine (Pulmonary) **Pamela A. Wilson** has been elected to a three-year term on the board of directors of the American Lung Association of Wisconsin. She also serves on the Lung Association's public policy committee.

Emeritus Professor of Medicine **Helen A. Dickie** has been named to the senior council of the American Lung Association of Wisconsin following 32 years of service on its board of directors. She currently serves on the Lung Association's research committee and

is recognized nationally for her involvement in the battle against TB and for her pioneering research on farmer's lung disease.



Helen A. Dickie

The National Institute of Child Health and Human Development awarded Assistant Professor of Pediatrics **Glenn R. Gourley** a three-year, \$241,524 grant to continue his study of the relationships between human breast milk and jaundice in newborns.

Professor of Medical Ethics **Daniel Wikler** has been awarded a research fellowship by the Ford Foundation and the American Council of Learned Societies for research in medical ethics.

Douglas Golenbock, a fellow in Infectious Diseases, won the 1986-87 \$20,000 National Foundation for Infectious Diseases-Squibb fellowship, which will help support his research in the origination and development of gram negative infections of the blood stream.

Professor of Pediatrics **Gerard B. Odell** received a three-year, \$339,263 grant from the National Institutes of Health to study how the liver processes bilirubin. Odell heads the Division of Pediatric Gastroenterology and Nutrition.

The National Fund for Medical Education has awarded a two-year, \$62,357 grant to Associate Professor of Family Medicine and Practice **James E. Davis** and Assistant Professor of Family Medicine and Practice **Daniel L. Meyer** to develop and evaluate methods of teaching physicians in training how to maintain quality and control costs in both HMOs and fee-for-service practices. The National Fund for Medical Education was chartered by Congress in 1954 to mobilize voluntary support for medical education. The CIGNA Foundation sponsored the grant to Davis and Meyer.

Assistant Professor of Clinical Oncology **Bruce J. Dolnick** has received an \$84,000 grant from the National Cancer Institute to support his studies in newly discovered pathways of RNA metabolism which could act as target sites for cancer chemotherapy.

The American Institute for Cancer Research has awarded a \$94,048 grant to Assistant Professor of Clinical Oncology **Ajit K. Verma** to continue his work in determining the cancer-inhibiting effects of flavonoids, which are found in fruits and vegetables.

The National Institutes of Health recently awarded a \$550,000 grant to



Folkert O. Belzer

Chairman of Surgery **Folkert O. Belzer**, Associate Professor of Surgery **Munci Kalayoglu** and Assistant Professor of Surgery **James H. Southard**, the principal investigator, to



Munci Kalayoglu

study methods to preserve the liver for transplantation. The grant complements the clinical program that has resulted in 32 liver transplantations (as of this writing) during the past two years at the UW Hospital.

While Director of the Renal Transplant Service at the University of California-San Francisco, Belzer developed a portable, suitcase-sized perfusion machine which keeps a kidney alive and well for 72 hours, allowing a comfortable amount of time for travel and preparation of the recipient. There is yet no comparable machine or method to reliably preserve other major organs for long periods. **Q**

In Memoriam

Professor of Surgery Theodore C. Erickson died October 13, 1986, at age 80.

His long and distinguished association with the Medical School began in 1941, when he was appointed Associate Professor of Surgery to initiate a program in neurosurgery. Dr. Erickson not only organized the Neurological Service and instituted a residency program, but he also actively carried out a variety of research projects with Emeritus Professor of Neurophysiology Clinton Woolsey in the Laboratory of Neurophysiology and in the neurosurgical operating room. Much of his research concerned various aspects of epilepsy; he published 47 papers and coauthored, with Wiler Penfield, the book *Epilepsy and Cerebral Localization*.

Dr. Erickson received his B.A., M.A. and M.D. degrees from the University of Minnesota, where he did research in the surgical laboratory of Dr. O.H. Wangensteen and served as a teaching fellow in the Department of Anatomy. After training at the Mayo Clinic and the University of Pennsylvania Hospital, he spent the next several years (1934-1941) at the Montreal Neurological Institute, where he became the first Chief Resident in Neurosurgery, and at McGill University and the Royal Victoria Hospital in Montreal. In 1939 he completed his Ph.D. in Neurosurgery with a minor in Physiology. While in Montreal, Dr. Erickson studied with Drs. Wilder Penfield and William Cone and served as staff surgeon and lecturer in neurophysiology.

Dr. Erickson's family suggests that memorials may be made to the Wisconsin Clinical Cancer Center, McArdle Laboratory or the (Madison) Bethel Lutheran Church Radio Fund.

Alumni Capsules

1935

Mischa Lustok and spouse Burt are continuing their world travels with a February trip to New Zealand and Australia, including attendance at the ninth Asian-Pacific Congress of Cardiology. Recent travels have included the U.S.S.R., a Kenyan photo safari, China, and Scandinavia.

Mischa is emeritus editor of the *Quarterly*, past president of the Wisconsin Medical Alumni Association, recipient of the Medical Alumni Citation and Max Fox Preceptor Award. For many years, with classmate Gerry Cooper, Mischa has been co-representative of the 1935 class.

1937

Samuel B. Harper recently received the Madison, Wisconsin, Downtown Senior Service Award in recognition of many significant contributions to his profession and community.

These contributions include the establishment of a unique employee health screening program and Employee Assistance Program while serving as Medical Director of CUNA Mutual Insurance Group; service as a volunteer physician for Viet Nam, caring for civilians in the MeKong Delta and initiation of a woodland/prairie project at CUNA Mutual to preserve the vanishing prairie.

His other activities include teaching a UW Extension Course in native plant propagation and their use on home plots, the study of watercolor painting and participating in a voluntary UW Program introducing foreign graduate students to word processing using micro computers.

1943

St. Joseph's Hospital Medical Center, Parkersburg, West Virginia, honored **William E. Gilmore** on December 1, 1986, on the occasion of his retirement after 36 years as a practicing surgeon at the hospital.

Bill served long and well as representative of the 1943 class until being replaced recently by classmates Roger Bender and Burt Zimmermann.

1948

After practicing radiology in Sterling, Colorado for 34 years, **E.E. Tennant** and his wife June plan to take on the challenge of locum tenens radiation oncology in the High Plains region—primarily Montana, South Dakota, Wyoming, Nebraska and Colorado—after this June, when their last two children finish high school. The Tennants have raised 12 adopted children.

1953

Board member and former preceptor **Herbert Sandmire** of Green Bay received the first "Annual Clinical Teaching Award," presented by UW Family Practice residents. The award recognizes valuable contributions to the education of resident physicians.

1957

Hugh D. Riordan, Director and President of The Olive W. Garvey Center for the Improvement of Human Functioning, Inc. in Wichita, Kansas, brings us up to date about his family. Wife Jan has recently earned her Ph.D. from Oklahoma State University while twin sons Brian and Quinn graduated from Kansas and Duke Universities respectively. Oldest son Michael completed Johns Hopkins Medical School and the Harvard Business School and works in a venture capital firm. Son Neil provides energy management devices for the home and daughter Teresa is Associate Editor of *Common Cause*.

1958

Thomas Peterson was recently selected as "Family Practice Educator of the Year" by the Wisconsin Academy of Family Physicians. Tom is past

chairman of the UW Family Practice Residency Program in Wausau.

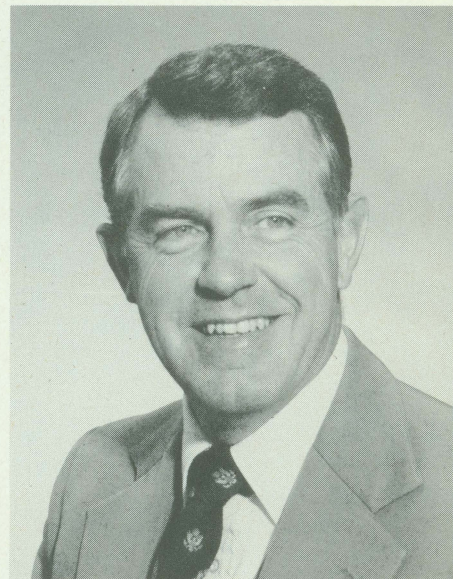
Gloria Sarto, a member of the UW Medical School Faculty based at the Mt. Sinai-Milwaukee clinical campus, has been appointed Professor and Chairman of the Department of Obstetrics-Gynecology at the University of New Mexico School of Medicine.

1959

David J. Ottersmeyer has moved from Albuquerque, New Mexico to Nashville, Tennessee, in conjunction with his appointment as Senior Vice President and Chief Medical Officer of EQUICOR, a joint venture between Hospital Corporation of America and Equitable Life Insurance.

Since 1976, David has been Medical Director and Chief Executive Officer of the Lovelace Medical Center. He will retain the posts of Chairman of the Boards of Lovelace Medical Center, Inc., Lovelace Health Plan, Inc., and of Lovelace Medical Foundation.

David is Clinical Professor of Neurosurgery at the University of New Mexico; immediate Past President of the American College of Physician Executives and of the American Group Practice Association.



David J. Ottersmeyer

1962

William Martens is looking forward to the 25th reunion of the 1962 class in May. William is Assistant Clinical Professor of Obstetrics and Gynecology at the Medical College of Wisconsin. He is currently serving as President of the Milwaukee Gyn Society and as secretary/treasurer of the Wisconsin Society of Obstetrics and Gynecology.

Dr. Mary Schmidt, Sun Prairie Clinic, will retire from family practice medicine on October 3, after serving families in the Sun Prairie area for nearly 20 years.

However, the classical definition of retirement, "to rest, to withdraw from business and public life," doesn't fit very well into Dr. Schmidt's scheme of things. She says, "My father used to tell me, 'be thankful when you get up in the morning that you have something you need to do, even if you don't want to do it.' Well, I can think of so many things I need or want to do, I expect to be fully as busy as I have been for the past 20 years."

Dr. Schmidt's vitality is nothing new. Prior to receiving her medical degree from the University of Wisconsin and completing an internship at Madison General Hospital, she earned a Ph.D. in Immunology and taught labs and quiz sections for the UW Zoology Department. Prior to that, she taught high school science and biology in Columbus, Wisconsin. And in the midst of all that activity, she and her husband Carl, a general practice physician and anesthesiologist, raised two sons.

Dr. Schmidt began her medical career in Sun Prairie with Drs. William Russell and Joseph Behrend. "One of the first things I realized as a physician, and still feel strongly about today, is that patient teaching is fundamental to good patient care," says Dr. Schmidt. "There have been remarkable changes in the field of medicine over the years, but the need for patient education remains constant."

As much as she'll miss her medical practice and patients, Dr. Schmidt is eager to get on with new things. She has an intense interest in ecology. She's a bird watcher and a music lover. She plans to take some courses "just

for fun this time" and to become more involved in church activities. "Basically," she says, "I want to do all the things I didn't have time for as a full-time physician."

Dr. Schmidt resides in Marshall, Wisconsin.
(from Dean Medical Center, Madison Bulletin)

Jerry Petasnick is a Professor of Radiology at Rush Medical School and on the staff of Rush-Presbyterian St. Luke's Medical Center. Jerry is actively involved in a number of national radiological societies and is serving as secretary/treasurer of the Chicago Radiological Society.

His radiological interests are computed tomography and interventional radiology and he is involved in comparative studies on computed tomography and magnetic resonance imaging.

1963

Doug Olk has joined the suburban Minneapolis Fridley Children's and Teenager's Medical Center in Fridley, Minnesota, after completing a UW Pediatric Residency. While a medical student, Doug received the Harry A. Waisman Award for excellence in the study of the health problems of children. His interest in helping developmentally disabled children was developed when he was a camp counselor and activity director during the summers of 1976 through 1982.

1965

Former WMAA Board Member **James Esswein** is serving a term as President of the American Academy of Family Physicians for the 1986-87 year.

1967

Treasurer of the California Thoracic Society is the new role of **Michael G. Cleary** who is Medical Director of the Intensive Care Unit and Respiratory Care at Mercy Medical Center, Redding, California.

Michael has been active in the California Thoracic Society since 1972, serving as editor of a newsletter and a member of several of its committees. He is a fellow of both the American

College of Physicians and the American College of Chest Physicians.

1971

Bruce L. Thomas was recently elected President of the Pennsylvania Society of Internal Medicine. Bruce has served as Legislative Chairman of the Society from 1983-86, as Society Secretary for 1984-85 and as President-elect for 1985-86. He has been a member of the Laboratory Committee of the American Society of Internal Medicine for 1984-86 and is co-chairman and author of a *Guideline for Physician's Office Laboratories* published by the National Committee for Clinical Laboratory Standards. Bruce has also served as a consultant to the Center for Disease Control for physician office labs.

Elected to membership in both Phi Beta Kappa and AOA, Bruce served a residency in Internal Medicine and a Fellowship in Nephrology and Rheumatology at the University of Virginia. He is in the private practice of Internal Medicine and Rheumatology in Huntingdon, Pennsylvania. Bruce is a past president of the Huntingdon County Medical Society and serves as a Board member of the Central Pennsylvania Chapter of the Arthritis Foundation.



Bruce L. Thomas

1976

Jessica and Thomas Ambelang have joined the Sheboygan Clinic after practicing in Viroqua, Wisconsin, where

Thomas was city health officer. Jessica served an Ob/Gyn residency at St. John's Mercy Medical Center, St. Louis, Missouri, while Thomas completed his residency training at the University of Missouri Truman Medical Centers in Kansas.

Frank Gloss is practicing orthopedic surgery at the Burlington, Wisconsin Clinic. Frank completed a residency at Michael Reese Hospital, Chicago, and is Board certified by the American Board of Orthopedic Surgery.

David Mertens has joined the Marinette-Menominee Clinic after completing a hematology-oncology fellowship at the Medical College of Wisconsin. David's internal medicine residency was served at the Marshfield Clinic.

1980

Charles F. Jung is now practicing orthopedics with Group Health Cooperative in Seattle, Washington. Charles and Carol enjoy Seattle's exciting pace and numerous diversions, but miss the beauty of the Vermont countryside where Charles completed his orthopedic training.

1982

Michael Bayer is currently practicing dermatology in Duluth, Minnesota, following postgraduate training at the Marshfield Clinic and Mayo Clinic. Michael and Cindy are the parents of two year old Michelle.

Barbara Dennison is a postdoctoral fellow at Johns Hopkins in pediatrics. She is doing research in physical fitness and pediatric sports medicine. Racing sailboats remains a major interest.

Thomas Kunstman is in his second year of an adolescent medicine fellowship at the University of California, San Francisco, following a pediatric residency at Dartmouth and an adolescent medicine fellowship year at Boston Children's Hospital.

A June wedding in San Diego is the highlight for his 1987 plans.

1983

Four members of the Class of 1983 recently joined the Dean Medical Center, Madison, Wisconsin.

Susan Nordstrom Isensee completed a UW residency in Family Medicine and Practice and is staffing the Dean Waunakee Clinic. Susan also received UW training in pharmacy;

Dean G. Kresge also served a UW Family Practice residency and is working in the Dean Stoughton Clinic;

Darrell W. Rauwerdink completed residency training in Internal Medicine at the Dartmouth Hitchcock Medical Center, Hanover, New Hampshire, before joining the Dean Clinic; and

Brian D. Templeton served his Internal Medicine residency at UW before joining the Dean Medical Center.

1986

Mary Jean Bruce is serving a family practice residency at the UW program in Appleton. Mary earned a B.S. degree in elementary education from UW-Oshkosh in 1963. She is a native of Berlin, Wisconsin. The Bruces have three children ranging in age from 9 to 18.

Necrology

Vernon V. Bass, '50
Saginaw, Michigan
September 14, 1986

Eli M. Dessloch, '35
Prairie du Chien, Wisconsin
November 6, 1986

Harry Y. Fredrick, '27 (2 year)
Madison, Wisconsin
October 25, 1986

Delbert L. Miner, '44
East Troy, Wisconsin
August 26, 1986

George Parke, '37 (2 year)
Richland Center, Wisconsin
November 18, 1986

Robert C. Parkin, '43M
Arlington, Virginia
July 1, 1986

Daniel N. Pickar, '38
Louisville, Kentucky
August 3, 1986

L.O. Rupe
(former resident General Surgery)
Elkhart, Indiana
July 6, 1986

Caleb O. Terrell, Jr.
(former Intern)
Fort Worth, Texas
March 27, 1986

Daniel R. Werba, '22 (2 year)
Phoenix, Arizona
December, 1985

Former House Staff

Eric K. Anderson (UW Family Practice) received the first annual "Physician of the Year Award" from St. Clare Hospital, Monroe, Wisconsin. The award recognizes his excellent delivery of patient care and his relationships with other health care professionals.

James H. Killpack, M.D. has joined the Madison, Wisconsin Dean Clinic in Child and Adolescent Psychiatry. He is a graduate of Case Western Reserve University School of Medicine and completed an internship in the Department of Pediatrics, residencies in the Departments of Pediatrics and Psychiatry, and a fellowship in the Division of Child Psychiatry, all at the

University of Wisconsin. Dr. Killpack was a staff child psychiatrist at Children's Psychiatric Institute in Butner, North Carolina, prior to returning to Madison.

Edward B. McCabe, M.D. has joined the Dean Medical Center in Madison. He is a graduate of the University of Colorado and completed an internship and residency at the University of Wisconsin Hospitals, Department of Pediatrics. Dr. McCabe is Assistant Clinical Professor of Pediatrics at UW and also serves as Associate Director of the Cystic Fibrosis Center, University of Wisconsin Hospital. Dr. McCabe has practiced in the Madison area for 15 years. Q

our readers Write

The following is a letter from the daughter of Dr. Jean Chapman Born '46 to Dr. Dorothy Betlach '46. Deborah is Born's daughter and Price is her son-in-law.

Dear Mrs. Betlach:

It was a great surprise and pleasure to talk to you a couple weeks ago—I just wish I had full use of my voice.

The following is a description of the trip, which I hope you'll find useful:

Mom, Price and I left Oakland, California, on September 8, arriving in Bangkok the night of September 9. We had three full, exhilarating days of sightseeing, visiting the National Museum, temples, and Jim Thompson's house. We also shopped for silk and were faced with dazzling selections of multi-hued and patterned fabrics. Enhancing our Bangkok stay was our hotel—the Oriental—a most gracious, service-oriented establishment. We enjoyed it and its staff immensely.

Leaving Bangkok the 13th, we flew to Calcutta and were struck by immediate and harsh contrasts—insistent beggars, overwhelming crowds, dirt, and general disrepair. It's a hard city to experience openly and without fear, but we did find points of interest and merit.

Very early on September 15, we departed for Paro, Bhutan, a spectacular one and a half hour trip on a small (sixteen or so seater) plane, over the plains of northeastern India through the mountainous terrain of western Bhutan. We were met by a driver in a WHO four-wheel drive vehicle, who took us the short distance to Thimphu, the capital. Price and I had hoped to

accompany Mom to her post in eastern Bhutan, but we were advised against attempting the trip in a period of five days, as the drive covers 400 miles of circuitous, narrow (and perhaps washed out in places from recent rains) road. We were disappointed not to be able to report first-hand on Mom's living and working situation, but we were extremely pleased to be able to see the temples and monuments of the Thimphu area. As guests of the Foreign Minister, Mom, Price and I were treated royally, with attentive and helpful guides, a car and driver for our five-day stay. One of our official visits was to Dr. Younten, the Minister of Health, a charming, hospitable man, who briefed Mom on Kanglung College and health problems.



Jean C. Born '46, driver, Deborah Amerson (Born's daughter) and guide in Paro, Bhutan

After three days in Thimphu, we returned to Paro for a two-day stay. Like Thimphu, Paro is located in a verdant, fertile valley, where maize, barley, and rice are grown. Despite the lack of agricultural machinery, Bhutan does produce enough crops to be self-sufficient. It was fascinating to experience a country that is in many respects still very much in the past—we saw women sitting at the side of the road, winnowing. The aim of the Royal Government of Bhutan is to modernize the country, to better life for its people, but while accomplishing this goal, to

preserve the cultural integrity of the country and not to let the western world dominate Bhutan, an admirable objective.

One of our excursions out of Paro took us to the end of paved road, where, had we had the energy and time, we could have set off on a five-day journey on foot to Tibet! Although the Tibet-Bhutan border has been officially closed since the Chinese takeover in 1960, there evidently still is foot traffic, human and animal; yaks, an important source of meat, milk, and fur to Bhutan, are frequently brought from Tibet along this route.

For Price and myself, Bhutan was a tremendous experience—magnificent scenery; gentle, charming people. It was the most peaceful place we have ever visited. We couldn't think of a more deserving place or a more pleasant environment to leave Mom to practice medicine.

I don't know how long Mom will be gone, but I should have more information as time goes by if she plans to stay the year. Her address is:

Dr. Jean Chapman Born
Kanglung College
Kanglung Post Office
Tashigang, Eastern Bhutan

I have enclosed several photos (marked on the back with location) of the trip. Since one of us was photographer, we never managed to get the three of us together, unfortunately.

*Best regards
Deborah*

Gentlemen:

I regret to say I will not be able to attend our meetings later on this month. I do not travel as much as I used to and have to forego many meetings. But salutations and if I'm behind in dues, let me know.

Karl Menninger, M.D., F.A.P.A.

Dear Colleagues:

On behalf of the Medical Alumni Association and the medical students, I again am extending heartfelt thanks to all of you who have shared your homes with the seniors at the time of their residency interviews.

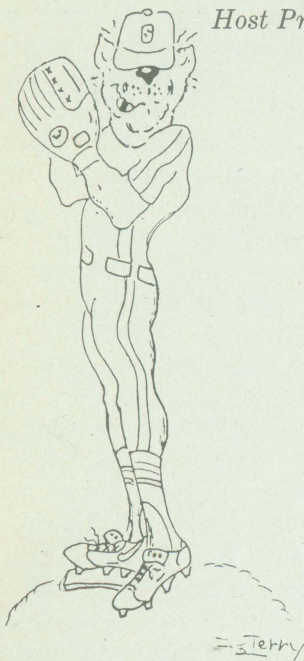
We have received many expressions of thanks for your kindness and hos-

pitality. Because this year's seniors have received such favorable reports from their predecessors, we anticipate an increase in the numbers of students taking advantage of the program.

Your comments and suggestions are welcomed. To all of you who have participated and those who will be participating, warm thanks.

God bless.

Sincerely,
Roger Bender, M.D., '43
Coordinator
Host Program



Dr. Walter Schwartz, M.D.:

On behalf of "Pairs That Share," the new support group for married medical students and their spouses, we would like to thank you and the alumni for your financial support of our fall picnic. The food was delicious.

Despite the cool weather, approximately fifty people attended and enjoyed the warm fire and fellowship, as well as the energetic, if not skillful, volleyball games. A planning committee of med I and II students was established to organize future events for "Pairs That Share."

Thanks again for your support.

Sincerely,
Dee Lacy, Med II
Chris Neal, Med II

Thought I would let the Alumni office know how much I enjoyed the Homecoming Festivities.

J.J. Magnino, M.D.
Class of 1975

Dear Friends:

Hope all is well at UW.

Very much enjoy "the warmth" of the Baylor College Hospitals Pediatric internship.

Please share with me the Wisconsin and Washington mailing addresses of **Dr. Kirk Hjeltness**, my former med school classmate and roommate.

Gratefully yours,
John Meurer '86
8299 Cambridge Drive #2001
Houston, Texas 77054

Dear Sir:

In reading Volume 26, No. 2, the spring issue of the Wisconsin Medical Alumni Quarterly, my attention was drawn to the pictures on page 8, particularly the picture at the bottom left side of the page. The caption of the picture is "President Conrad Elvehjem and Milton Senn, 27th recipient of Medical Alumni Citation 1961." May I respectfully suggest that this is either the wrong caption for the picture or the wrong picture for the caption. I think that the gentleman on the right must be Dr. Leland S. McKittrick, one of your outstanding alumni, one of my teachers and long-time friends. My information indicates that Dr. McKittrick was one of the first, if not the first, recipient of the Medical Alumni Award accorded him in May of 1959. If the picture referred to on page 8 is not that of Dr. McKittrick, it is enough like him to be his twin.

Respectfully yours,
Daniel S. Ellis, M.D.
Former Resident, Internal Medicine

Dear Medical Alumni Association:

Please announce in your alumni capsules that three of the four first year neurology residents at the University of Utah Medical Center in Salt Lake City are 1985 Wisconsin graduates. My husband, Dave McCarthy, and myself have started here this year after finishing our internships in Grand Rapids, Michigan, and Dave Smith after doing his internship in Hawaii.

Thank you.

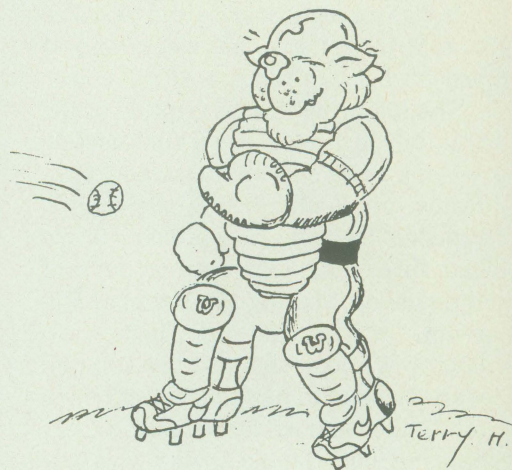
Mary Goodsett, M.D. ('85)
2240 Foothill Drive E218
Salt Lake City, Utah 84109

To the Editor:

I would like to attest to the value of the alumni host program for the 4th year medical students in the process of interviewing at residency programs. I just completed two weeks of interviewing in widely dispersed regions of the country. I appreciated being able to stay with old Wisconsinites and share their perspectives on their homes.

I would especially like to thank Mary Favaro in Charleston, South Carolina, Del Endres in Albuquerque, New Mexico, and Joy Greenway and Steve Vig in Tucson, Arizona, all University of Wisconsin Medical School Alumni, for their generosity and hospitality in opening their homes to me.

Sincerely,
Julia Arnold, Med IV
UW Medical School



Gentlemen:

My check #418 is enclosed (\$15) for a copy of Dr. Harold P. Rusch's book: *Something Attempted, Something Done*.

I also enclose a personal letter to Dr. Rusch, who was a classmate of mine in Medical School, in 1933 (grad. class).

Will you please forward my letter to Dr. Rusch as I do not have his present address. I would appreciate it, if you will enclose a note of his address for me. Thanks.

Very sincerely,
Connelly M. Dobson, M.D.
San Ysidro, California



Continuing Medical Education

DATE: March 12-13, 1987
TITLE: Comprehensive Management of Chronic Respiratory Problems
SITE: Sheraton Inn and Conference Center, Madison
CREDIT: AMA Category 1, AOA Category 2-D, and University of Wisconsin CEH's—all 11 hours

DATE: April 23-May 7, 1987
TITLE: Continuing Medical Education Joint Conference—Scandinavia
SITE: Denmark, Sweden, Norway and Finland
CREDIT: AMA Category 1 and University of Wisconsin CEH's—both 25 hours

DATE: April 24-May 10, 1987
TITLE: International Conference on Anxiety Disorders
SITE: China
CREDIT: AMA Category 1 and University of Wisconsin CEH's—both 34

DATE: May 28-June 11, 1987
TITLE: Continuing Medical Education Study Tour
SITE: Switzerland
CREDIT: AMA Category 1 and University of Wisconsin CEH's—both 24

FOR FURTHER INFORMATION CONTACT

Ann Bailey
Continuing Medical Education
465B WARF Bldg., 610 Walnut Street
Madison, WI 53705
Telephone: (608) 263-2854

Coming Events

February 23, 1987

Wisconsin Reception at Annual Meeting of Orthopedists
6:30 to 8:30 pm, Charles Room, New Orleans Marriott Hotel

April 3, 1987

Wisconsin Reception at American College of Physicians Annual Meeting, New Orleans
Time and specific location to be announced

April 5, 1987

Annual Spring Meeting—River Edge Country Club, Marshfield, Sunday Brunch
Guest Speaker—Presentation of Distinguished Service Award
Tribute to Past President Ben R. Lawton, '46

May 15, 1987

Annual Alumni Day—Madison
Class Reunions on May 14 or May 16 for Classes of 1937, 1942, 1947, 1952, 1957, 1962, 1967, 1972, 1977, 1982

The Wisconsin Medical Alumni Association
Room 1239
1300 University Avenue
Madison, Wisconsin 53706

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