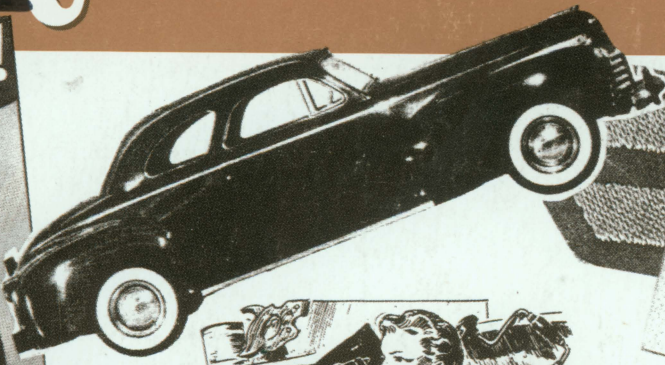


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THE WISCONSIN MEDICAL ALUMNI MAGAZINE

QUARTERLY



SEPTEMBER 1943

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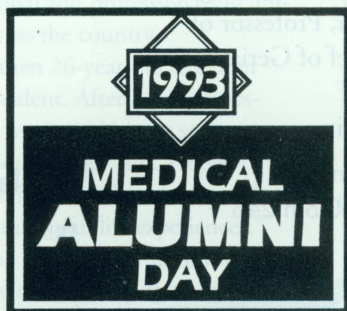
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IS YOUR WATER TOO HOT?
The Hot Water Gauge

1. Place the bottom of this card into a cup of hot water (Run water for 3 to 5 minutes.)

2. If the number appears and it is:
GREEN - that is the temperature of the water.
BLUE - the temperature is more than that number.
TAN - the temperature is less than that number.

3. **DO NOT TOUCH WITH THE RED SQUARE** - the temperature is 100° or more.

4. For most homes, 100° should be adequate. If yours is less than 100° turn your water heater thermostat down and lessen the

UW CHILDREN'S HOSPITAL
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The complex block contains a diagram of a "Hot Water Gauge" which is a card with a red square at the bottom. The diagram shows the card being placed into a cup of water. The text provides instructions on how to use the gauge and what the different colors (Green, Blue, Tan) indicate about the water temperature. At the bottom, there is a logo for Children's Hospital Madison with the phone number 608/263-7337.

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ON THE COVER:
Memorabilia from 1943 to help celebrate the 50th reunion of the
Classes of '43.

1993

**MEDICAL
ALUMNI
DAY**

HONORED
CLASS REUNIONS

1943	1968
1948	1973
1953	1978
1958	1983
1963	1988

Morning

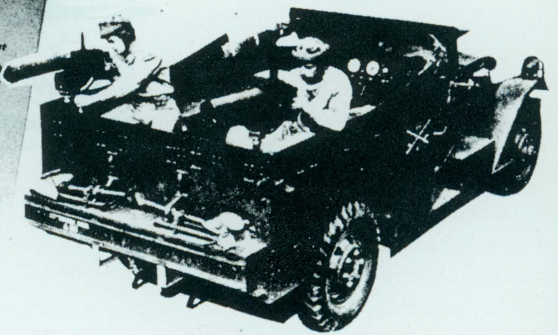
- 9:00 Registration—Continental Breakfast
Medical Sciences Center
1300 University Avenue
- 10:00 Welcome & Annual Business Meeting
Medical Alumni Hall
Room 227 SMI
- 10:30 Scientific Program (CME credits)
“Geriatrics and Gerontology:
What’s New About Getting Old”
William Ershler, Professor of
Medicine (Chief of Geriatrics)
and Director of
Institute on Aging
- 12:00 Wine Reception
Union South, Room 246

Afternoon

- 12:30 Welcome Back Luncheon
Union South
Carousel Room
Welcome by Dean Marton
Presentation of 50-Year Medallions
Awards for Annual Fund Leadership
- 2:00 Special Tour and Seminar
Tour of Campus
Leave from Union South
Seminar
Estate Planning
Union South
Susan B. Anthony Room 260
Richard Z. Kabaker, Attorney

Evening

- 6:30 Reception
Holiday Inn Madison East
(Across from East Towne)
4402 East Washington Ave.
Madison, WI 53704
- 7:30 Alumni Awards Banquet
Holiday Inn Madison East
- Presentation of Awards**
Emeritus Faculty Awards
Duard L. Walker, MD
Peter L. Eichman, MD
- Alumni Citation
Sherman M. Holvey, MD
- Ralph Hawley Distinguished
Service Awards
Howard A. Engle, MD
William E. Gilmore, MD



WMAA Citation Award

“It was a fantastic experience dealing at the highest level as a representative for all people with diabetes.”

SHERMAN HOLVEY

Although Sherman Holvey '49 has devoted the lion's share of his career to caring for patients with diabetes, he also has taken advantage of personal and professional circumstances to improve the lives of people across the country.

Thirteen years ago, for example, his then 26-year-old daughter suffered brain injury in a water-skiing accident. After her convalescence, it soon became evident that there was a void in our society. “There was no place for brain injured people to go,” Dr. Holvey explained, “They are not able to function in the mainstream, yet there was no help for them to get back into meaningful life experiences.”

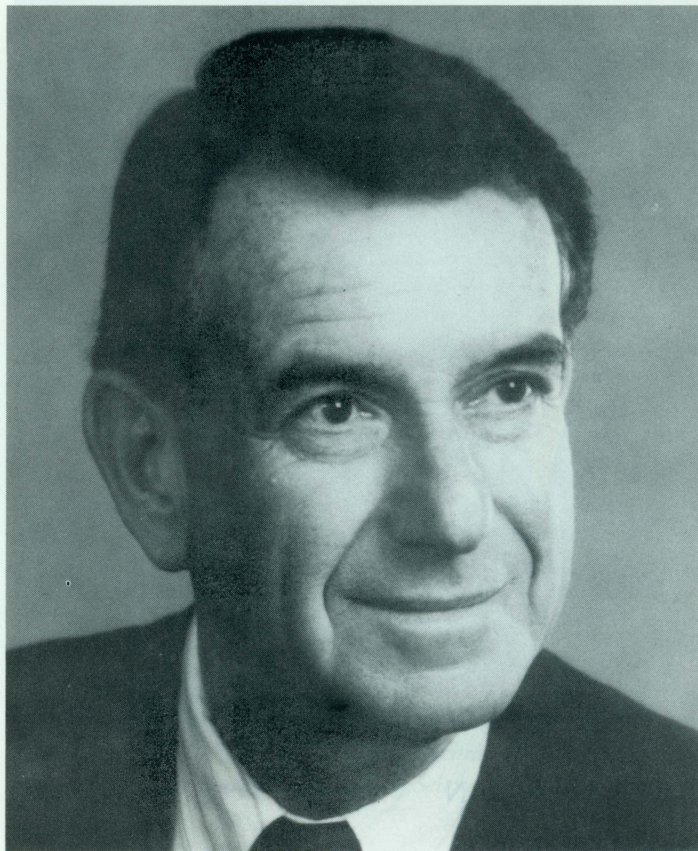
That realization spurred Sherman and his wife Phyllis to form the Betty Clooney Foundation for Persons with Brain Injury to help restore self-esteem, dignity and improved quality of life to survivors of brain injuries, whose numbers are increasing because of recent advances in medical technology.

This highly successful program has become the first of its kind to operate outside of psychiatric facilities and has served as a model for other programs across the country. It was named in memory of the sister of popular singer Rosemary Clooney, first cousin of Phyllis Holvey. Rosemary and Betty Clooney sang together until the latter died from a brain injury.

As a result of professional interests and a desire to “give back” to the community some of the gratification he derived from private practice, Dr. Holvey became involved as a volunteer in the Southern California Affiliate of the American Diabetes Association. After a number of years he was elected to the National Board of the American Diabetes Association. Eventually he became President of this prestigious organization. “It was a fantastic experience dealing at the highest level as a representative for all people with diabetes,” he explained. “I found myself rising to a higher scientific level since I was obligated to increase my knowledge of basic research in diabetes. I had the opportunity and privilege of meeting the experts and learning from them so I could articulate the newest findings to the public.”

This turned out to be a particularly apt role for Sherman Holvey, who said that his satisfaction comes from interacting with patients, their families, and all health care professionals. In fact, the chance to deal with patients from infancy to old age was one of the factors that attracted him to diabetes early in his career.

Another of Dr. Holvey's interests is educating health care professionals in the fundamentals of diabetes and in the care and management of patients with diabetes. He has devoted a great deal of time to



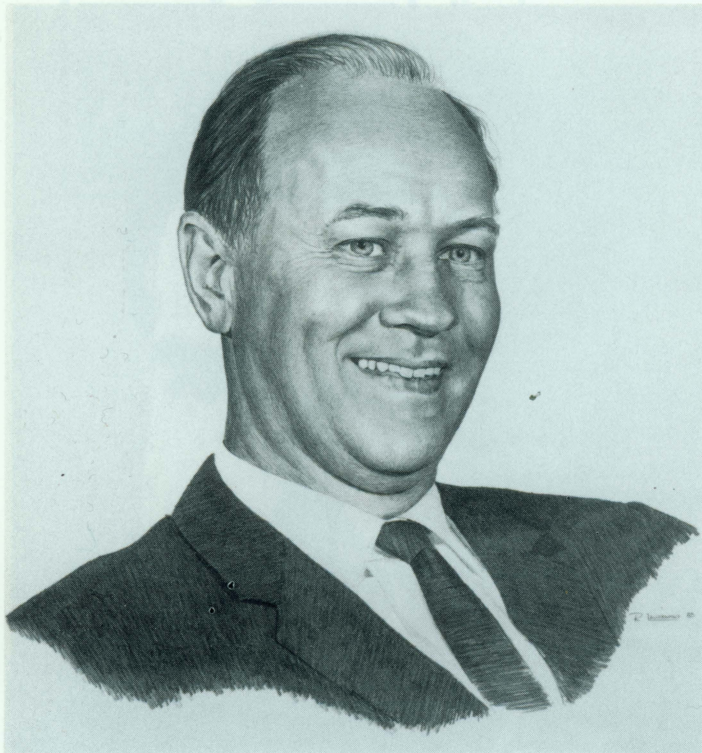
teaching medical students, residents, fellows, primary care physicians, and endocrinologists. He was able to extend these interests recently as Chairman of the new Foundation for Endocrine Fellows, established by an educational grant from a pharmaceutical company. The Foundation provides research funding for young investigators in their endocrine fellowships and career counseling, and keeps them updated via an annual scientific forum and a quarterly newsletter.

“Once a year the Foundation also brings together fellows from across the country,” he explained, “to meet with one another and to attend meetings of the Endocrine Society and the American Diabetes Association. The Foundation permits us to provide young doctors with both the stimulation and motivation to stay in the field and to help them decide whether to proceed into clinical, academic or bench work.”

Dr. Holvey's extracurricular activities are enriched by his interest in music and sporting events. Back surgery nearly a year ago curtailed his 25-year habit of jogging 6-10 miles almost every day. Now he has cut back his outdoor exercise to long-distance speed walking.

After graduating from the Medical School, Dr. Holvey trained in Internal Medicine and Diabetes at The Cincinnati Jewish Hospital and Cincinnati General Hospital. He serves as Clinical Professor of Medicine at the UCLA School of Medicine and is affiliated with Cedars-Sinai Medical Center and Century City Hospital, where he is Medical Director of the Diabetes Management and Research Center. **Q**

H meritus F



PETER EICHMAN

As peacemaker he was able to bring people together to work out their differences. As a determined leader he recruited new blood and did not hesitate to restructure departments and initiate other major changes.

At the age of only 39 Peter L. Eichman, a faculty member for 11 years, was selected in 1965 as the best person to lead the Medical School out of a period of great division and discontent. There were factions pitted against one another, some faculty members were not on speaking terms with others, and the Madison newspapers as well as the Milwaukee Journal made the controversies about how the institution should be run all too public. Even the alumni and the administration were at odds.

At the same time it was obvious that expansion of the Medical School in the near future was inevitable, and some fundamental decisions would have to be made.

Young Dr. Eichman proved more than capable of handling the

sensitive roles he had to fill. As peacemaker he was able to bring people together to work out their differences. As a determined leader he recruited new blood and did not hesitate to restructure departments and initiate other major changes.

As a facility planner, he reasoned that the 11 acres at and around 1300 University Ave. would be incapable of handling the pressures of the increasing call for training more physicians and other health professionals, more research activity, and more patient care.

“Preliminary plans had been made to expand at the old hospital site, but we instead choose a much larger site at the west end of campus, linked with the VA Hospital and near the site of the already-committed Waisman Center. We had to trade separation of the basic and clinical sciences for an amount of space that would last another 50 years. The decision led to much controversy and difficulty, but now –28 years later—I think it was fundamentally sound.”

Although the deanship period was one of the more exciting albeit stressful times in Peter Eichman’s life, he assumed several other positions that proved equally interesting. At the federal level, he lived in the Washington area while he was Deputy Director of the Bureau of Health Manpower Education, whose goal was to increase the nation’s pool of health professionals. The results were so successful that we are now plagued with too many physicians in certain specialties.

In Madison, Dr. Eichman has performed as an outstanding neurologist and a professor in both the Department of Neurology and the Department of Medicine. He also directed the Electromyography Laboratory, where he shared his skills with medical students and residents. Until as recently as last summer, he was frequently called as a consultant for difficult neurological cases.

Peter Eichman’s organizational skills were put to good use in several other facets of University life. He was, for example, Director of the University Student Health Service, Chair of Affiliated University Physicians and a prime mover in the departmental practice plans, Chief of Staff at the UW Hospital, and Chair of the University Committee.

Beyond the University community, Dr. Eichman served as President of the Dane County Medical Society, the Madison Downtown Rotary Club, and the Blackhawk Country Club. As a Rotarian, he led district fund-raising activities for a massive worldwide polio immunization program. He was a member of the Board of Directors of the State Medical Society, and he served as Chairman of the NIH Study Section in Health Service Research.

The multi-faceted neurologist also has gained an enviable reputation beyond the parameters of medicine. He is an avid golfer, plays a mean game of pool, and sings in his church choir. He has competed in chess and bait casting, studied piano and guitar, and participated in the annual Service Club Olympics.

Not least on Peter Eichman’s list of accomplishments is his enthusiastic participation in a weekly poker game that has persisted for half a century among loyal faculty members. Q

Faculty Awards

DUARD WALKER

When Duard L. Walker came to the Medical School in 1952 as Associate Professor of Medical Microbiology, most of his education and training had occurred in California, where he received his undergraduate (Phi Beta Kappa) and master's degree at the University of California at Berkeley and his M.D. and fellowship training at the University of California at San Francisco.

Once in Madison, however, he remained to become an influential faculty member and researcher as well as a respected administrator.

Although some of Dr. Walker's early research involved pathogenic bacteria, most of his investigations concerned viruses and their epidemiology, pathogenesis, laboratory diagnosis, interaction with the host, oncogenic potential and molecular biology.

He earned a world-wide reputation for his pioneering studies in the "slow virus" field, long before it was generally accepted as an interesting and important area. One slow virus in particular caught his interest. Professor Walker and his colleagues recognized, isolated and characterized the JC virus, a human papovavirus that causes progressive multifocal leukoencephalopathy (PML), a demyelinating brain disease. This work constituted the first isolation of a papovavirus associated with systemic human disease.

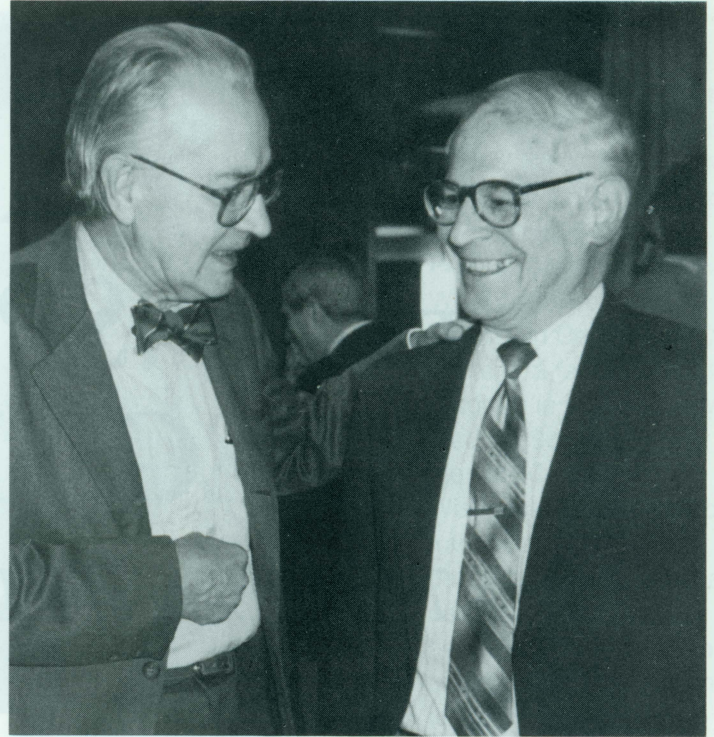
"It's an opportunistic disease," he said, "found mostly in people whose immunity has been depressed by another disease or by immunosuppressive therapy. Four to six percent of AIDS patients have PML. There's no effective treatment and we don't know how it's transmitted." The virus is ubiquitous among humans, he explained, and is commonly found in the urinary track.

In his work with the JC virus, which resulted in about 40 publications, he was able to bring together a diverse group of investigators to tackle the problem from different vantage points. His colleagues included former student Richard Frisque, now at Penn State; Gabrielle ZuRhein, Professor of Pathology; and long-time colleague Billie Padgett, who grew the virus in cell cultures.

Professor Walker added that there is another intriguing aspect of JC virus. It can produce brain tumors in animals. He speculated that it might be involved with human brain tumors. "There is no evidence it plays such a role," he acknowledged, "but it's an interesting possibility to keep in mind."

Duard Walker's talents also included leadership skills that benefited his department as well as the University as a whole. For a total of 14 years, Dr. Walker served as Chairman of Medical Microbiology. His first term began in 1970 after the death of Professor C.V. Seastone. He retired from the chairmanship in 1976 but was again called upon to lead the Department beginning in 1980.

During his first tenure as Chairman, he faced difficult times. This was the period when the basic and clinical sciences shared housing at 1300 University Ave. Space and facilities were at a premium, and he was obliged to carry out judicious juggling. He had to make the most of a restricted budget while complying with escalating state, University and federal regulations.



Dean Arnold Brown and Duard Walker celebrate Walker's election to membership in the National Academy of Sciences in 1990.

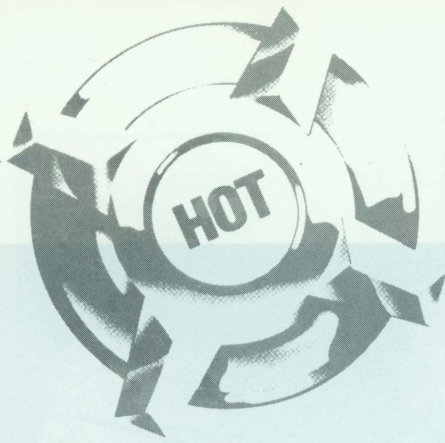
He earned a world-wide reputation for his pioneering studies in the "slow virus" field, long before it was generally accepted as an interesting and important area.

During his more recent tenure, however, the Department was able to expand, recruit new faculty members, and arrange joint appointments with other departments. Dr. Walker summed up his reactions: "I feel positive about Medical Microbiology now."

His personal touch served the University well. He chaired the Chancellor's Principal Investigators Advisory Committee for three years and the Medical School Research Committee for several years, and he was active in the Faculty Advisory Committee, the Admissions Committee, the Promotions Committee and many others.

At the national level he has helped the NIH in many roles, and he served on several journal editorial boards.

And if you happen to be in Madison at the right time of year, you will surely find Duard Walker cheering his Badger hockey team. Q



From **INSPIRATION** *to* **LEGISLATION:**

The History of a Life-Saving Measure

The story of a nearly 10-year effort to protect children from being scalded by hot tap water.

When a public health measure becomes incorporated into legislation, most of us are not privy to the circumstances of its birth and its sometimes serpentine travels to maturity.

Here we follow the evolution of such an idea, which eventually became not only a state law but also part of national industry-wide change in regulations.

The journey began in 1978 when alumnus Murray Katcher, who was about to complete his pediatrics residency at the UW Hospital, attended a meeting of the Ambulatory Pediatric Association. He was particularly struck by a paper given by Ken Feldman, also a UW Medical School alumnus, who spoke about scald burns received by Seattle children from hot tap water.

About a year later Dr. Katcher, who had joined the Pediatrics Department faculty, became the "pediatric burn doctor" and saw a number of children with preventable burn injuries, some caused by hot tap water.

His observations prompted him to investigate how large the local problem might be.

"I retrospectively reviewed the charts of all patients hospitalized in Dane County, Wisconsin, as a result of tap-water scalds during the past 10 years and found that more than half of the 33 patients were children under five. Most of the rest were older than 65 or physically or mentally disabled—people who cannot quickly remove themselves from dangerously hot water." Five of the patients died, three of whom were less than 30 months and two greater than 70 years old.

Studies have shown that exposure to water at 140-150° F will cause a full thickness burn in 2-5 seconds in adults and even faster in children. Some of the burns result in death or disfigurement. On the other hand, a full-thickness burn requires about 30 seconds of exposure to water at 130° F and 10 minutes at 120° F.

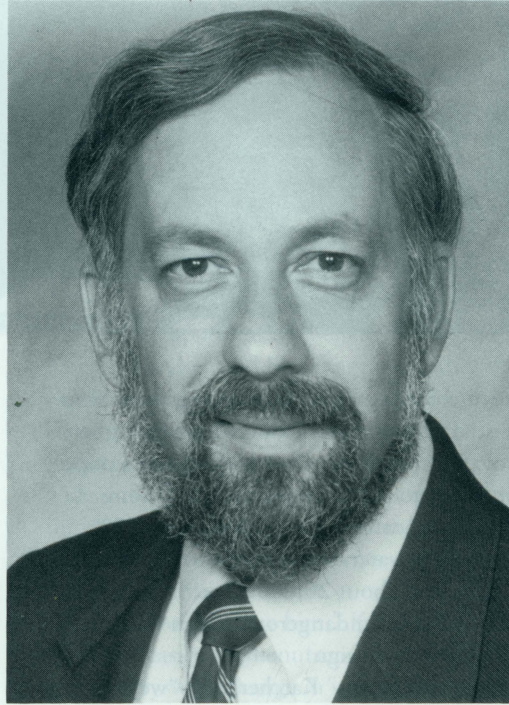
Convinced that tap-water burns could be largely prevented if household water heaters were set at 120° F or lower, Katcher began a local scald-prevention campaign in conjunction with the Madison Department of Public Health.

Educational pamphlets were distributed to primary care physicians and senior citizens groups, pediatricians were asked to warn parents of young children, the utility company included information with monthly bills as well as the offer of help, and public service announcements were carried on television and radio.

The Wisconsin Assembly Commerce and Consumer Affairs Committee also conducted an informational hearing about the danger of scalding and the waste of energy that can result from households maintaining overly-hot tap water. Although no legislative action followed, the hearings brought about statewide awareness of the problem.

Those interested in preventing tap-water burns were no doubt pleased that citizens, especially those in high-risk groups, had been warned about the problem. But how many followed through? Were people actually measuring their tap-water temperature and adjusting their water-heater thermostats to safe temperatures? No one knew.

Fortunately, shortly after Katcher's study of Dane County burn patients was published, Wisconsin Electric Power Company in Milwaukee asked for Katcher's assistance in an upcoming energy-conservation project that included lowering the temperature setting of water heaters. The company agreed to Katcher's



Murray Katcher

stipulation that he could evaluate the program's effectiveness. Now the stage was set to discover what motivated people to take the simple but important step of checking their water temperature and lowering the setting if needed.

During August 1982 the company, which serves 750,000 residential households in the Milwaukee area, took several measures. It enclosed a pamphlet with electric bills inviting subscribers to request a free liquid-crystal thermometer for testing their tap water as well as an educational brochure that described the danger and wastefulness of overly hot tap water and explained how to measure and adjust the temperature.

During the same period the company sponsored a media blitz that included publicizing a toll-free number to request the educational brochure and thermometer. Also posters and pamphlets with the same information were distributed to physicians' offices, hospitals, and social service agencies.

More than 140,000 requests were received.

Random surveys of the general population conducted before and after the program showed an increase in awareness of the danger of hot tap water (72 to 89%) but no increase in what really mattered—testing or lowering water-heater temperatures.

Murray L. Katcher

Murray Katcher '75, Professor (CHS) of Family Medicine and Practice and of Pediatrics, also directs the Medical School Office of Community Health Programs and co-directs the Wisconsin Area Health Education Center (AHEC) System, a federally funded program in which the UW Medical School and the Medical College of Wisconsin collaborate to train health professions students in geographic areas of need, to recruit minority students, and to provide continuing education opportunities to local health care providers.

His research efforts on childhood injury prevention have earned him the 1988 Pediatrician of the Year Award from the Wisconsin Chapter of the American Academy of Pediatrics and the Special Achievement Award from the national American Academy of Pediatrics in 1989.

- He is a member of
- ✓ the Committee on Injury and Poison Prevention of the American Academy of Pediatrics
 - ✓ the Technical Advisory Board of the National Safe Kids Campaign (C. Everett Koop, MD, Chair)
 - ✓ the Children's Safety Network Advisory Board for the Public Health Service, US Department of Health and Human Services

continued on next page



Governor Thompson signing 1987 Wisconsin Act 102, Hot Water Safety Legislation.

Academy of Pediatrics to develop model legislation for the prevention of tap water scald burns patterned after bills passed in Florida and Washington state.

"I thought it would be easy to have a similar law passed in a progressive state such as Wisconsin, especially since there was no fiscal note attached," Katcher said. "The State Medical Society lobbyist agreed and found several sponsors."

The bill, however, was never written up and never introduced to the legislature.

Katcher decided to take a more active role during the legislature's next session. He garnered the strong support of organizations such as the Maternal and Child Health Coalition, the State Medical Society, the Wisconsin Chapter of the American Academy of Pediatrics, and the Wisconsin Public Health Association.

A four-point bill was drafted and introduced. It called for all new water heaters sold in Wisconsin to be preset at 125° F or less; a plainly visible warning posted on the heater regarding the danger and energy consumption of higher settings; yearly inclusion of warnings in gas and electric bills sent by public utilities; a requirement of landlords to set the water-heater thermostat at 125°F or less before occupancy by each new tenant. The bill first went to the Assembly Commerce and Consumer Affairs Committee, where each member received supporting letters generated by a letter-writing campaign. After a public hearing, the Committee approved the bill unanimously and sent it to the Assembly floor. Because the bill's nine sponsors were all Democrats, it was perceived as a partisan issue and hotly debated. After a postponed vote, an interim period, and more lobbying, the bill was reconsidered and passed by the Assembly 69-25.

When the bill advanced to the Senate Judiciary and Commerce Affairs Committee several months later, it was opposed during a public hearing by the national industry regulatory agency, the Gas Appliance Manufacturers Association (GAMA), which claimed that Wisconsin consumers would have to pay more for water heaters that required a special thermostat setting. Nonetheless, the Committee approved the bill 5-2 and forwarded it to the Senate floor.

At this point, an influential constituent threatened to work to unseat the major Senate sponsor in the next election because the bill would be "bad for plumbers." The constituent was a mayor as well as

A third random sampling among those who requested thermometers found a much higher rate of testing compared with the general population (61.5 to 3.4%, respectively). Among those who reported high temperatures, 52% lowered their water-heater thermostats. This translates into about 20,000 water heaters that were lowered from dangerously high levels as a result of this campaign.

"From this study," Katcher said, "we concluded that a large proportion of people were unaware of the danger of hot tap water...A multimedia educational campaign may increase public awareness but not necessarily change behavior. However, among those persons motivated to send for a free thermometer, many will test their water-heater temperature, and if it is found to be high, more than half will lower the thermostat."

Armed with results from the Milwaukee experience, Katcher and colleagues in Madison, including a general pediatrics fellow (now Associate Professor of Pediatrics [CHS]) Gregory Landry, looked at different health education strategies during office visits. They concluded that "the use of a relevant facilitating device (such as a liquid-crystal thermometer) in office anticipatory guidance efforts may increase behavioral compliance."

In a similar vein, Katcher and medical sociologist Mary Melvin Shapiro studied injury prevention education during postpartum hospitalization and found that perinatal nurses may enhance patient education by personally reviewing selected portions of written patient education material with new mothers prior to discharge.

Complications in the Legislature

While Murray Katcher and his colleagues were studying the most effective ways to motivate people, he worked with the American

✓ the Ambulatory Pediatric Association Injury Prevention Special Interest Group

He chaired the American Public Health Association Maternal and Child Health Section, Injury Prevention Committee, and belongs to the Injury Control and Emergency Health Service Section. He also is a reviewer of Injury Prevention Grants for the Centers for Disease Control and the Maternal and Child Health Bureau of the Public Health Service, US Department of Health and Human Services.

Dr. Katcher received his B.S. in chemistry from MIT, and his Ph.D. in chemistry and his M.D. from the UW-Madison. He served his pediatrics residency at UW Hospital.

Editor's note: Dr. Katcher will supply interested readers with reference information concerning investigations mentioned in this article. He can be contacted at 707 WARF Bldg., 610 Walnut St., Madison, WI 53705.

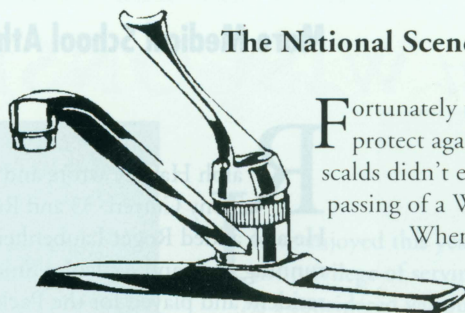
IS YOUR WATER TOO HOT? The Hot Water Gauge

1. Insert the bottom of this card into a cup of hot water. (Run water for 3 to 5 minutes.)
2. If a number appears and it is:
GREEN - that is the temperature of the water.
BLUE - the temperature is more than that number.
TAN - the temperature is less than that number.
BLACK WITHIN THE RED SQUARE - the temperature is 150° or more.
3. If no change occurs, the water temperature is under 120°.
4. For most uses 120° to 130° should be adequate. If yours is hotter, turn down your water heater thermostat to save money, and lessen the danger of tap water scalds.



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A typical liquid-crystal thermometer that measures the temperature of tap water.



The National Scene

Fortunately the effort to protect against tap-water scalds didn't end with the passing of a Wisconsin law.

When the representative from GAMA was in

Madison to appear at the Senate public hearing, Murray Katcher told him that many other states would eventually pass similar legislation, a drive coordinated by the American Academy of Pediatrics and supported by pediatricians nationwide. State by state actions, Dr. Katcher informed him, could result in a hodge podge of slightly different requirements—a nightmare situation for manufacturers.

"I tried to convince him," Katcher said, "it would be easier for manufacturers to recommend an industry-wide change in water-heater settings (self-regulation). I also mentioned the potential liability of the water-heater manufacturers for burns resulting from high preset temperatures."

After the Wisconsin law passed, Katcher and representatives from many interested organizations were invited by to discuss uniform settings and labeling instructions. It was agreed that all water heaters should be preset at a safe temperature of 120-125°F; new water-heater labels detailing the dangers of hot water burns should be required; and installation manuals should be changed to encourage the installer to leave the lower temperature as is.

Today all U.S. manufacturers of gas and electric water heaters comply. **Q**

Kenneth W. Feldman

The American Academy of Pediatrics awarded Seattle pediatrician Ken Feldman '70 its 1991 Practitioner Research Award for his investigating and publishing the scalding potential of residential hot-water heaters that are set too high and for helping to initiate and pass Washington State legislation requiring manufacturers to pre-set lower temperatures on water heaters sold in the state. He has long been interested in researching both accidental and abusive childhood injury.

Currently he is Clinical Professor of Pediatrics at the University of Washington and Medical Clinic Chief of the Odessa Brown Children's Clinic in Seattle.

a plumber. The State Medical Society lobbyist stepped in by arranging a meeting between Dr. Katcher and the mayor, who stated that, in all the years of plumbing in his family, he had never heard of a burn from hot tap water. Katcher replied that "when a child gets burned, the parents usually don't call a plumber." Katcher's arguments plus pictures of burned children convinced the constituent to remove his objections.

But the fight was not over. Another obstacle soon surfaced in the form of a Senator's antagonism towards the bill's Assembly sponsor, who had been a political opponent in a prior election. Another meeting as well as arm twisting by the Senator's wife, a nurse, changed his mind.

The bill passed, but the saga continued. The Governor believed the bill to be anti-business and planned not to sign it. More arm twisting and a deluge of letters again intervened and the Governor signed the bill on November 27, 1987.

Better Record Keeping for Injury Prevention

Because injuries are the major cause of death and disability among children over 12 months of age, adolescents, and young adults, the Committee on Injury and Poison Prevention of the American Academy of Pediatrics has urged hospital personnel and other health care professionals to keep more thorough records of injuries. Such information could be very valuable in planning injury prevention interventions.

Under the International Classification of Diseases (ICD-9), injuries treated in a hospital should receive both an N code for

the nature of the injury and an E code for the external cause and intentionality of the injury. Currently, however, hospitals typically don't use the E code. This makes it difficult to determine the true cause of serious injury morbidity in the U.S. and to plan, implement, and evaluate prevention programs.

The American Academy of Pediatrics also has urged pediatricians and others who treat injured children and keep records to document the "where, when, how, who, and why" of each injury to children and adolescents.

EDITOR'S COLUMN



Victor S. Falk, MD, '39

More Medical School Athletes

Ralph Hawley wrote and made several interesting additions. Tony Curreri '33 and Roy Kuboyama '60 were both boxers. He also added Roger Laubenheimer '50 who was a football star running back and Malcolm Snider '78 who was also an orthopedic resident and played for the Packers.

Faculty athletes included Derek Cripps who is Chief of Dermatology and competed in the Olympics as a swimmer for Great Britain. Hans Reese played soccer for Germany. Fran Nagel, Professor of Physiology, was a quarterback for Nebraska. David Allen, a former pediatrics resident and now a faculty member, has won the Syttende Mai marathon race several times. This race is run from Madison to Stoughton where the Norwegian Independence Day is celebrated every year.

Jim McIntosh '47, retired Madison urologist, added several football players of his vintage. These were George Steinmetz who Jim thought was an all-conference center, George Fuchs who was a quarterback and Ken Sachtgen '55 who was an end.

My own list of football players included John Linden '33, Sam Behr '35, James Bingham '37, Richard Embick '43, Richard Botham '52, Ronald Rosendich '59, and Malcolm Snider '78 who also played with the Packers.

The first baseball player on record was Art Kissling '11 who was the father of Art Kissling '45. Other baseball players were Jim Russell '46 and Gibb Zauft '50.

Morie Schroeder '33 was a trackman and Greg Bachhuber '40 was a nationally ranked miler. Otto Hibma and Phil Seefeldt both '39 rowed on the crew as did Scott Springman and Jim Derby both '78. Dave Schuele '34 wrestled, Ernie Davis '42 played basketball, Pete Foseid '39 was on the water polo team, Phil Schoenbeck '57 was a golfer and Roger Hirsch '56 was a fencer.

I am sure that more reports of medical school athletes will turn up and we would be pleased to include these in future publications.

Pushing student memory to the limit with little exposure to the excitement of discovery, or of understandings, will continue to blunt student enthusiasm and encourage apathy.

MEDICAL EDUCATION

PRESIDENT'S COLUMN



Carl E. Olson, MD '69

I have enjoyed this year immensely and want to thank you for the privilege of serving as your President.

As I considered various topics for this last column I felt the urge to write about a subject that has been of some interest to me for many years . . . Palliative Care.

As we progress through life we can focus more clearly at least in part because of the influence of others. We can all look back and identify certain persons who have touched our very soul.

If our only goal is to keep people alive, we're certainly doomed to fail eventually. As obvious as that statement is, I don't believe I understood it until some time after medical school.

As physicians I believe we are in a unique position to be able to help people enjoy life until they die.

With kind permission I will quote from an article I wrote for the St. Mary's Hospice Newsletter:

"As I walked into his room, the man gave me a helpless, mournful look that pierced my soul. As a doctor, I had witnessed this kind of pain before, but this time it was different.

I knew this man well and that his quality of life was important to him. We had been fortunate to have talked about a time like this, a time when death would be near, when modern science would inevitably fail.

Full attention was directed to meeting all of his needs—emotional, spiritual and physical. In response to his physical pain, an intravenous morphine drip was begun. Slowly but surely, the painful fire in his abdomen was extinguished.

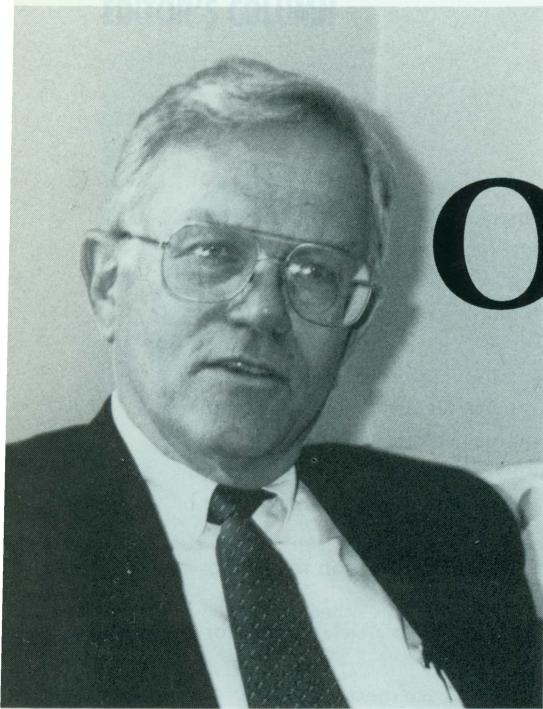
A look of peace returned to his weathered face and a sparkle returned to his eyes.

During his last hours, the man was able to express his love for music. Despite a tube in his nose and throat, he sat up and sang one of his favorite songs. His good humor was evident as he whispered a joke. He also was able to speak of the spirituality that was so important to him.

In the true spirit of the hospice concept, I can most assuredly say that the man lived until he died—enjoying the love and companionship of his family and friends.

I miss him greatly—he was my dad." Q

a radical suggestion for
MEDICAL EDUCATION
at **WISCONSIN**



by Charles C. Lobeck, MD
Professor Emeritus of
Pediatrics and
Preventive Medicine

Our school is responding to legislative intent, enticements and numerous task force reports and thoughtful papers, urging medical schools to take measures that will increase the number of students entering generalist practice (general internal medicine, general pediatrics and family medicine). At Wisconsin we have instituted a number of measures in this direction; we have a department of family medicine and practice; every student must have a primary care experience in the third year; our admissions committee is identifying students with rural and minority status in

an effort to recruit them to medical school; the Educational Policy Council is studying new measures to promote student entry into generalist practice; and we are developing with the Medical College of Wisconsin, a decentralized system (the AHEC program) of rural and urban clinical education funded partly by state and federal resources.

Will these efforts suffice? I ask this question despite my wholehearted support of our strivings to support student interest in primary care. Indeed, I do not wish my questioning of the ultimate effectiveness of these measures to slow changes in curriculum and policy which would enhance our production of generalists, but certain facts are tempering my belief that we can get the job done. Even if 50% of all US medical students entered generalist practice by 2003, Dave Kindig and his colleagues have estimated that it would be 2040 before we achieved 48% in primary care practice. That is almost 50 years from now... too long to wait and besides, the goal is impossible to attain. We would have to reverse the downward trend of numbers of students selecting residencies in primary care. According to the AAMC Graduation Questionnaire, 14.6% of all 1992 graduates were intending to enter primary care residencies and perhaps 20% will end up actually doing primary care. This is contrasted with the intentions of 36% of 1982 graduates to enter primary care residencies. We would also have to make great strides in adapting graduate

medical education; provide loan forgiveness and other inducements to stimulate interest in primary care practice after residency, and greatly improve reimbursement for the professional services of generalists.

I do not believe that the goal of 50% generalists is achievable. I even detect an element of desperation in the recent writings of leaders like Drs. Petersdorf and Schroeder supporting educational changes to reach the goal. Failure to reach it could have an important effect. Kindig estimates that, if we achieved 50% generalists in about 50 years, the number of specialists would stay at about the same number per 100,000 population. If, as I suspect, we fall far short of that goal, the number of specialists per 100,000 will increase proportionately. This magnifies the danger of increasing the costs of health care by providing a stimulus to complex rather than preventive care. It would also increase competition in specialties, and perhaps force more specialists reluctantly into generalist care.

Whatever the scenario, certainly, by 2040 the health care system will change in other ways. This will be particularly true in our State. Managed care will increase and more providers will be needed to serve as gatekeepers in these systems. The fraction of the populace who are elderly will be much greater than now. The number elderly over 80 will exceed the number of children under 5 by 2030. New programs to provide access to care by the uninsured and the elderly will increase demand for primary care. It appears to me that demand for primary care providers will be greater than our present estimates and it is very unlikely that we will have enough physicians to fill the demand. That leads to the inescapable conclusion that health professionals other than physicians will be providing much of this care. Therefore I believe we should produce a new kind of physician prepared to work in a world where part of the job will be the management of care based on an understanding of the systems of health care delivery and the issues which determine community health.

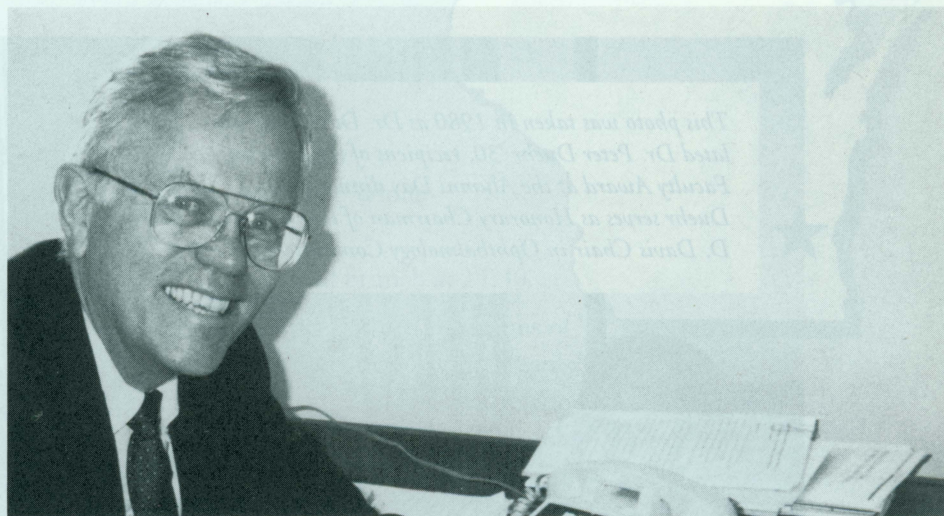
Before I go off the deep end with my proposed educational plan to address these thorny problems, there is another prevalent attitude that further complicates the attractiveness of generalist careers. Specialists and generalists have contrasting images in the eyes of medical students, faculty, and the public. The specialist is thought to be scientific and disci-

Pushing student memory to the limit with little exposure to the excitement of discovery, or of understanding, will continue to blunt student enthusiasm and encourage cynicism.

plined with high intellectual attainment and generally qualified to lead the health care system while the generalist is viewed as humanistic, eclectic, and socially active, not necessarily with high intellectual values and often without leadership qualities. Both of these characterizations are incorrect, but they are often reinforced to students, an unfortunate circumstance. Reversal will be difficult without radical change.

So, how would I change the system? My views of the basic curriculum are not pertinent to this discussion except that we should continue to make the first two years of medical school more exciting by involving students in the scholarly world of the disciplines basic to performance as a physician. Pushing student memory to the limit with little exposure to the excitement of discovery, or of understanding, will continue to blunt student enthusiasm and encourage cynicism. Some basic disciplines should be pushed back into the pre-medical curriculum and required of all entering students. Medical students should be treated to graduate education with independent study, mini-thesis requirements and exposure to faculty in their laboratories and clinics. They should have to process problems in their very first years as they do in the Harvard curriculum. We should put the thrill back in medical education.

I would also substitute, in the first two years, a major course on the Theory of Medical Decision Making for the current course, Introduction to Clinical Medicine and Practice. I would make this a demanding, intellectually stimulating course directed toward achievement of the knowledge and skills which will lead to discipline in the use of technology and to understanding of the imperative to achieve good cost-effective outcomes for our clients. This would still require student practice with the techniques of interviewing and the physical examination, but with emphasis on their use as a means to an end. The concept of the physician's responsibility to manage ethically and work in organized systems of care should be introduced in this course as should the differing roles of generalist and specialist. The need for the future physician to have the



skills to assess community health, lead and manage medical and health care systems should be emphasized. There is a growing body of knowledge in the group of disciplines basic to this curriculum and faculty who could teach it are here.

I save my most radical suggestion for the last two years. Students should select one of two tracks for their last two years of medical school. One track would be the traditional track to specialty practice and the other to a career as a community specialist. Each track would have common experiences but major differences. Students in the specialist track would have experiences very much as they do now, but those in the community specialist track would have experiences that would teach them to become managers and leaders of our health systems and supervisors in addition to being generalist physicians. In this track there would be a heavy emphasis on biostatistics, epidemiology, community assessment, organizational behavior, financial and strategic management, familiarity with the roles of other disciplines, and application of the scientific basis of clinical decision making. These community specialists would become participants in and leaders in managed care systems, multispecialty groups, vertically integrated hospital health care systems, and governmental programs. They would not be expected to spend their entire day personally providing primary care but would be responsible for the

health of their communities, organizing and coordinating the delivery of care by others. Both tracks would reserve a place for those who wish to be physician scientists to populate the faculties of the future.

Graduate medical education would have to change as well. Pediatrics and internal medicine would have a good substrate for producing community specialists with a strong emphasis on their management role and responsibility for the health of children and increasing numbers of aging adults. Family medicine would continue to evolve into a management discipline with an eclectic use of the basic disciplines necessary to management of family and community health and medical programs. The waning popularity of these residencies with US graduates could be reversed by a rise in the credibility of the community specialist and better defined intellectual missions. At Wisconsin we could develop these residency tracks and lead a trend which is starting nationwide. Who knows, we might get a foundation to support our exciting new program of undergraduate and graduate medical education!

It is in the tradition of our State and University to pioneer in new areas. I would be proud if we were one of the first medical schools in the US. to realize the growing need for physicians to be responsible for the health of populations not just their individual patients. Q

The Matthew D. Davis Chair in OPHTHALMOLOGY

This photo was taken in 1980 as Dr. Davis congratulated Dr. Peter Duehr '30, recipient of the Emeritus Faculty Award at the Alumni Day dinner. Dr. Duehr serves as Honorary Chairman of the Matthew D. Davis Chair in Ophthalmology Committee.



Dr. Matthew Dinsdale Davis is a professor and former chairperson of the Department of Ophthalmology at the University of Wisconsin-Madison Medical School. The first full-time chairperson of the Department of Ophthalmology, Dr. Davis served in that position for 16 years, from 1970-1986. During his tenure, he recruited top clinicians and researchers to join the department and improved its reputation for teaching, research and patient care.

Dr. Davis is internationally recognized for his work in evaluating treatment for diabetic retinopathy, a condition in which hemorrhages and scar tissue form in the eye, often leading to impaired vision.

Dr. Davis received his bachelor's degree from the University of Pennsylvania in 1950. He completed an internship and ophthalmology residency at the UW and a fellowship in retinal surgery with Dr. Charles Schepens in Boston. In 1956 he became a part-time faculty member in the UW's Division of Ophthalmology.

During the 1960s, Dr. Davis and his colleagues studied the natural course of diabetic retinopathy and established a classification of its features and stages. In the late 1960s, photocoagulation was first used to treat this disorder, and in 1970 the newly established National Eye Institute of the National Institutes of Health organized its first large-scale clinical trial to test the value of photocoagulation.

Dr. Davis was chosen to chair the group of physicians and scientists who designed and carried out the Diabetic Retinopathy Study. Dr. Davis' meticulous attention to detail and his talent for promoting cooperation among the more than 200 health care workers conducting the study were widely recognized as crucial to its success.

An integral part of collaborative clinical trials is the evaluation of the retina, using stereoscopic photographs from participating institutions. Dr. Davis founded and directed the UW Fundus Photograph Reading Center, where he and his staff have developed standard evaluative programs for diabetic retinopathy and other important ocular conditions such as AIDS-related retinopathy, endophthalmitis and age-related macular degeneration.

You are invited to join other alumni, colleagues and friends of Dr. Davis in honoring and recognizing his outstanding achievements and contributions in the field of ophthalmology by contributing to the Matthew D. Davis Chair in Ophthalmology. Please contact Eileen Murphy, Assistant Director of Development for the Medical School, at (608) 263-2202 for additional information.

Editor's note: The UW Foundation, the official fund raiser for the University, is in the initial stages of establishing a professorship in Ophthalmology to honor Matthew Davis. Above is a synopsis of Dr. Davis's work that will appear in Foundation literature. **Q**

Annual **MILWAUKEE** Winter Meeting



Nearly 100 alumni, spouses, and friends met at the Sheraton Milwaukee North, Brown Deer, for the Wisconsin Medical Alumni's annual Milwaukee Winter Meeting on Sunday, January 24.

The Board meeting in the morning was followed by a reception at 11 and brunch at 11:30.

Dean Laurence Marton, the featured speaker, addressed the group about "Future Directions of the Medical School." He explained that the School's infrastructure must be improved so it can attain excellence in all areas as it builds upon an outstanding student body and faculty. He also said that three new areas are being developed; human genetics, health policy including health services research, and accessing and using information via computer. **Q**





MOVIES

The Ox-Bow Incident, Henry Fonda, Dana Andrews

For Whom the Bell Tolls, Gary Cooper, Ingrid Bergman

The Human Comedy, Mickey Rooney, Frank Morgan

Madame Curie, Greer Garson, Walter Pidgeon

The Phantom of the Opera, Nelson Eddy, Claude Rains

Those of us who have reached a mellow age can recall the first half of the 1940s, when the country was on war footing. You drove your car judiciously and planned long trips well in advance so you could accumulate enough gasoline coupons to reach your destination and back. If you enjoyed butter, cheese, meat, fish—and many other “luxuries”—you coveted your limited supply of food-rationing coupons, and you often waited in line for these precious commodities and other goods deemed essential for conducting a major war.

The war effort asked everyone to “wear it up, wear it out, make it do, or do without.”

You were cautioned to keep your windows curtained at night and you taped the top half of your headlights so enemy airplanes could not easily spot cities and roads at night. The air attacks, of course, never materialized.

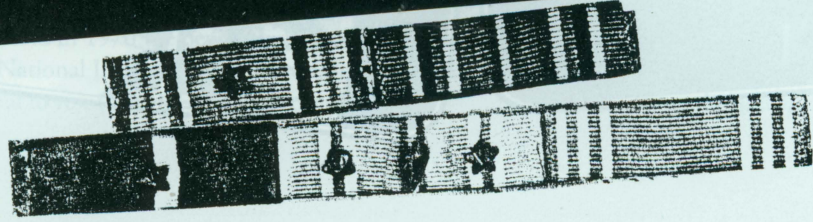
Still, in 1943, life on the home front was far more pleasant and serene than in other areas of the world torn by World War II. Audiences here thrilled to two new musicals, “Oklahoma” and “Carmen Jones,” and moviegoers were transfixed by “Casablanca” and traumatized by “Phantom of the Opera” and “I walked With a Zombie.”

A postcard could be bought and mailed for a penny. You could buy a two-gallon fish tank for \$0.49 and populate it with snails and guppies at 5 cents each. Paying federal income taxes became more painless with the introduction of withholding.

In medicine, Edward Doisy received the Nobel Prize in Medicine and Physiology for discovering the chemical structure of vitamin K. Selman Waksman discovered streptomycin and coined the term antibiotic. Sulfa was credited with a great reduction in U.S. Army fatalities. The AMA was found guilty of violating antitrust laws by interfering with the activities of cooperative health groups.

Some medical schools had to compress their traditional four-year curricula so that the supply of physicians for the war effort could be hastened. At the UW Medical School in 1943, this meant that two classes graduated—one in March (1943 M), the other in November (1943 N).

Two 1943 M graduates of the UW Medical school, Burt Zimmermann and Roger Bender, explain their experiences for *Quarterly* readers:



CLASS OF 1943 M (top)

1st Row—L to R: Robert Schmitz, Wayne Rounds, Joseph Postorino, Howard Engle, Dr. W.S. Middleton, Aubrey Drescher, Dr. J. Evans, Ian Gray, Eugene Grether, Herman Eisenberg, Louis Baehr

2nd Row—L to R: Norman Hankin, Walter Niebauer, Powell Loggan, Elvira Seno, Alice Lemanski, Elizabeth Grimm, Madalyn Johnson, Glee Renick, John O'Neill, Walter Luedtke, Francis Gehin

3rd Row—L to R: Harold Wenger, Roger Bender, Frank Yordy, Harold Harris, David Boyce, Edward Detsen, Homer Holland, William Miller, Franklyn Dowiasch, Carl Johnsen, Bert Lambrecht, Leonard Schrank

4th Row—L to R: Frederic Reichert, Howard Bronson, Karl Liefert, Burton Zimmermann, Laird McNeel, John Flatley, Gordon Strewler, Edward Mortell, Charles Christenson, Charles Finn, Hymie Brenner, John Adametz, William Drischler, Duncan Marsh

5th Row—L to R: James Dean, John Fulton, Norman Becker, Robert Schilling, Robert Gavin, William Gilmore, William Stevens, Philip Christainsen, Eugene Eckstam, Robert Parkin, Howard Tatum, Erland Otterholt, Eugene Nordby, Vernon Burch

Not pictured: Norvan Gordon, Karl Beyer, Jacob Stutzman, Mott Cannon

CLASS OF 1943 N (bottom)

Back Row 1—L to R: Charles Hine, Ernest Macvicar, William Fischer, Creighton Hardin, Richard Rowe, Robert Ramlow, Ruben Schmidt

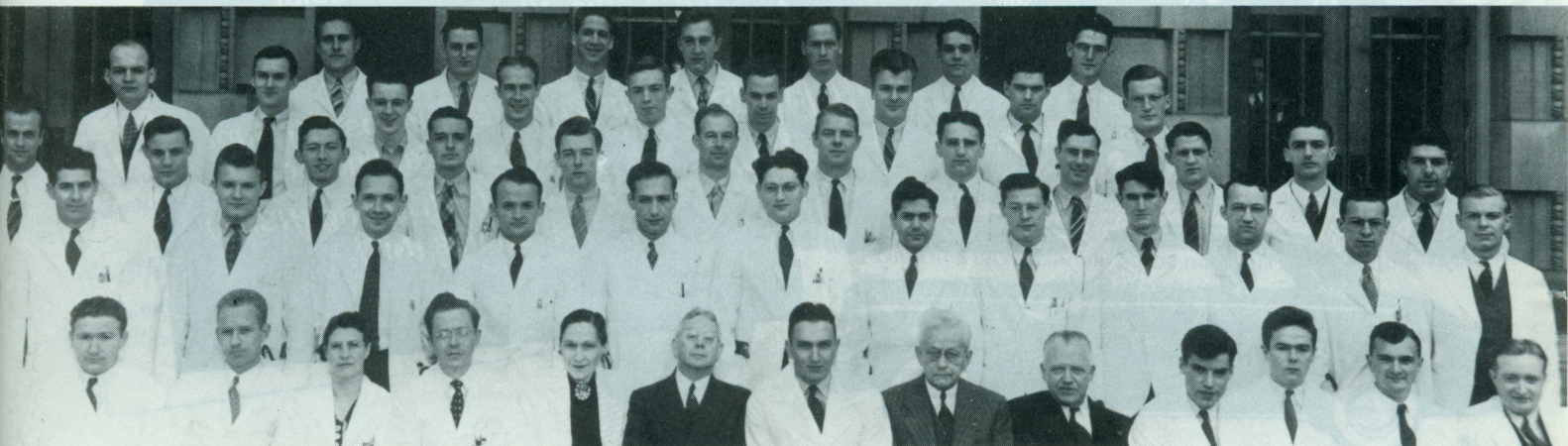
2nd Row—L to R: Richard Heilman, Rollin Osborne, O. Arthur Stienon, Lynn Solomon, Neal Kirkpatrick, H. Laurence Burdick, Walter Babcock, Richard Retter, Joseph Hoeffel

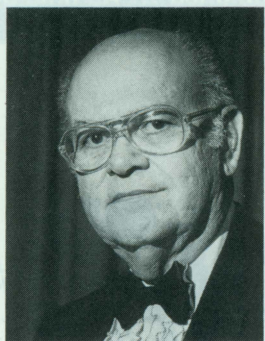
3rd Row—L to R: Kenneth Bill, Norman Johnson, Duane Anderson, Aaron Sweed, Daniel Schuster, Russell Hunter, Noland Eidsmoe, Richard Embick, W. David Haufe, C. Leroy Deland, Aloysius Hickey, William Healy, Richard Schwahn

4th Row—L to R: Robert Lotz, Earl Hillstrom, Clarence Christ, Keith Keane, Harold Lubotsky, John Temple, Louis Sennett, William Merkow, Aaron Mannis, Lee Eby, Brian McCracken, Richard Hennen, James Hildebrand, Arthur Levens

Front Row 5—L to R: Edward Weinschel, Norman Clausen, Barney Becker, H. James Byrne, Elizabeth Knott, Clair Flanagan, Edna Fitch, Acting Dean Walter Meek, Eugene Skroch, Dr. Evans, Dr. Coon, Wallace McCrory, C. Adrian Hogben, Nathaniel Rasmussen, Jerome Maas

Not pictured: Arthur Hoessel, Bert Lambrecht, Charles Taborsky, Fred Wallber





Burt Zimmermann



Roger Bender

The Class of 1943 M

On March 2, 1943, 61 members of our class received their M.D. certificates at the Wartime Commencement exercises held at the Wisconsin Union Theater.

The graduation exercise was unique in that it was held only for our March '43 class with the absence of cap and gowns. However, in the presence of family members, it was a momentous and warm experience.

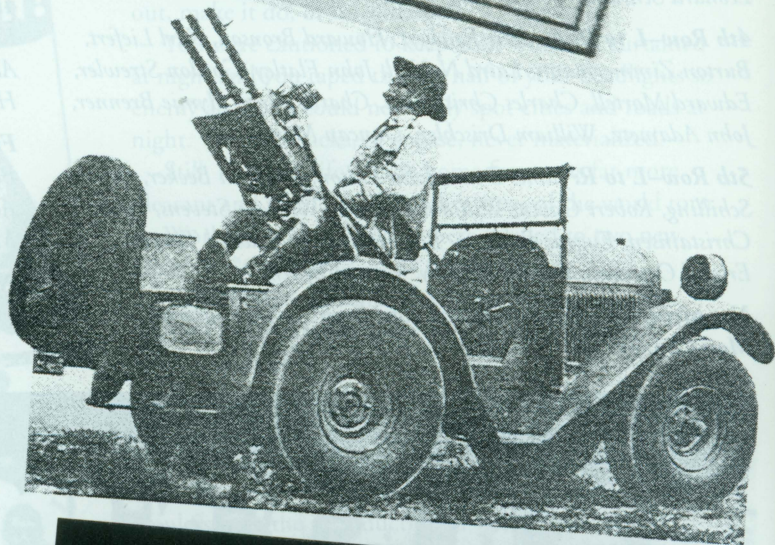
Graduation occurred in March since the senior year was cut from a 12-month year to a 9-month year.

Our classmates who had received 2-year appointments we enjoyed together for that period; most of them subsequently completed their M.D. degree at other fine schools.

Many of the class members were designated as second lieutenants in the Medical Administration Corps of the Army or ensigns in the Medical Corps of the Navy.

Internships and resident training followed except for those that entered military service. Some served for two to four years and then returned for either further training or entered into private practice.

Fond memories persist relative to a wonderful faculty that taught us in the basic science period as well as the clinical years and included Drs. Bast, Bradley, Bunting, Clark, Eyster, Geist, Gonce, Meek, Mortenson, Mossman, Meyer, Schmidt, Sullivan, Tatum, and others.



SPORTS

Rose Bowl: Southern Cal 29
Washington 0

World Series: New York (AL) 4
St. Louis (NL) 1

Batting Champion: Stan Musial
(St. Louis, NL), .357

Stanley Cup: Detroit

US Tennis Open (Men): Joseph Hunt
Women: Pauline Betz

College Basketball: Wyoming (NCAA)
St. John's (NIT)

SCIENCE & TECHNOLOGY

Selman Waksman discovers streptomycin and coins the term antibiotic for the actinomycete streptomyces griseus.

Xylocaine, for local anesthesia, is developed

DDT is introduced in the United States and hailed as a boon to farmers

Sulfa is credited with an extraordinary reduction of US Army fatalities

We were fortunate to have had Dr. Middleton as Dean and Professor of Medicine; he served through our junior year, at which time he entered military service and served so brilliantly as Chief Consultant in the European Theater of Operations.

We all recall our apprehension in being introduced to our cadaver for the first time, but within a short time we "operated" with great ease.

We also recall the collection of urine specimens for physiologic chemistry, many of which went down the drain due to our playing "high-low jack and the game" (quote Roger Bender).

Most important were the friendships and loyalties in the class which in the junior year numbered fifty members plus those working on Ph.D. and M.D. degrees.

On Thursday, May 13th, we are looking forward to our 50th reunion. Although we have lost 20 members, we hope that the kinship we had experienced will serve as an inspiration for a nostalgic return of a goodly number of the surviving members of the class.

by Burton M. Zimmermann and Roger I. Bender

The Class of 1943 N

The new experiment in accelerated military training and education resulted in another class graduating in 1943—this time in November. By skipping two summer vacations (the Class of '43 M skipped one), what would have been the Class of '44 instead graduated in November '43; most received military commissions at the same time.

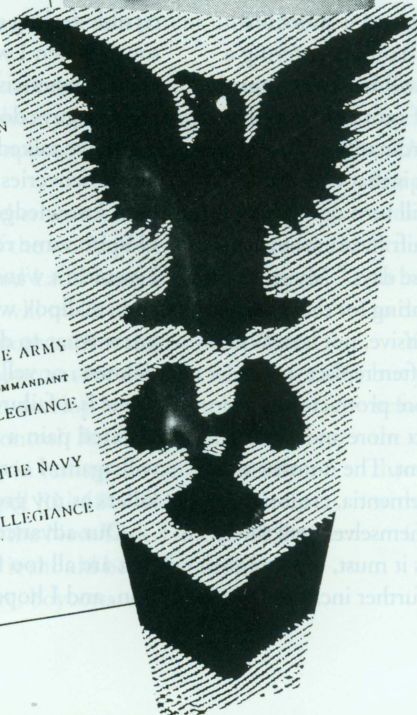
Ruben F. Schmidt '43 N kindly lent the program used in the 1943 N Commencement to the *Quarterly*. Note the references to the war and the military services.

EDITOR'S NOTE: Some of the nostalgia material came from the book "AMERICAN CHRONICLE Seven Decades in American Life" by Alan Gordon '63 and Lois Gordon. Q



Medical School Wartime Commencement Program

HYMN AMERICA
WALTER JOSEPH MEEK, ACTING DEAN, Presiding
GREETINGS FROM THE STATE
ACTING GOVERNOR WALTER S. GOODLAND
MUSICAL SELECTION
THE ARMY AND THE MEDICAL PROFESSION
DON G. HILLDRUP, COLONEL, M. C. U. S. A.
THE NAVY AND THE MEDICAL PROFESSION
WARWICK M. BROWN, CAPTAIN, M. C. U. S. N.
MUSICAL SELECTION
CHARGE TO THE GRADUATING CLASS
PRESIDENT CLARENCE ADDISON DYKSTRA
PRESENTATION OF DIPLOMAS
PRESIDENT DYKSTRA
PRESENTATION OF COMMISSIONS TO THE ARMY
GRADUATES
LIEUTENANT COLONEL F. W. CLARKE, UNIVERSITY COMMANDANT
ADMINISTRATION OF THE OATH OF ALLEGIANCE
CAPTAIN D. A. LILLEGREN
PRESENTATION OF COMMISSIONS TO THE NAVY
GRADUATES
ADMINISTRATION OF THE OATH OF ALLEGIANCE
COMMANDER L. K. POLLARD, U. S. N.
NATIONAL ANTHEM



GRADUATING MEDICAL STUDENTS

G



Editor's note:

The *Quarterly* was requested by some faculty members to reproduce the comments delivered by James F. Crow on May 15, 1992 at the Medical School Recognition Ceremony. Here are excerpts from that address. Dr. Crow, who served as Acting Dean of the Medical School and Chair of Medical Genetics, is Emeritus Senior Research Professor of Genetics, Medical Genetics, and Zoology.

A still more important trend is more old people of both sexes. You are entering a time in which there will be fewer young people to take care of more old people. Lewis Thomas, whose writing I ordinarily admire greatly, recently wrote: "My guess is that new technologies of disease mechanisms will turn out to be inexpensive relative to the makeshift measures that medicine is obliged to rely on these days." My guess is different: I think it is likely that caring for the diseases of old age will become more expensive, not less. When we prevent or cure a disease, we often replace a relatively quick early death with a more protracted, more expensive later one. We can expect more and more people to live to become dependent. The number who live in prolonged discomfort or dementia, creating a burden on their relatives and to themselves, will surely increase. If the birth rate drops, as it must, the proportion of incapacitated elderly will further increase.

The human survival curve is nearly rectangular, but not rectangular enough. What we want is to live in health, vigor, and happiness up to the moment of death at, say, age 94.7. But, unfortunately, as longevity increases so does the period of terminal incapacitation. Our civilization has brought many new freedoms. But among the freedoms we do not have is the freedom to choose the time, place, and manner of our own death. I for one would like the freedom and the social approval to choose to die while I am in reasonably good health and still have a brain—preferably after a jolly party with family and friends. And if I become mentally incapable, I want the choice made by a trusted relative or friend.

Perhaps in your lifetime our society will evolve socially acceptable customs for suicide and euthanasia. I hope so.

Molecular biology has given us a whole new understanding of evolution. We are no longer constrained to study fossil bones. Who would have thought that we could identify homologous genes in fungi and man that now have quite different functions. More remarkably, who could have thought that we could know this? Of course we are still evolving, but the genes that are important are not those that made for survival in caves, but those that determine fertility in our present society. If there were a gene rendering its bearer incapable of using contraceptives, it would spread like wildfire. I hope, and of course believe, that no such gene exists.

It's all most exciting. As a geneticist, I have a terrible feeling of having been born 50 years too soon. When I was your age I always had to explain what a geneticist does; now the question is "What are you guys doing to us?"

I have talked of the intellectual excitement of new discoveries. But that is only part, of course. New knowledge has brought us a better life. Despite some romantic nostalgia for a simpler past, I wouldn't want to live in the times when plague and smallpox wiped out whole cities, when no one knew what to do about cholera, malaria, sleeping sickness, or yellow fever. That these diseases still occur is a failure of will, not of knowledge. I have suffered pain a few times in my life and probably will again; I certainly don't want to do without pain killers as my great grandparents had to do.

Our advanced technology has brought problems that are all too familiar to you. They demand attention, and I hope your generation will do better than

The greatest problem is population growth. If we don't solve this, nothing else matters.

mine in solving them. We have learned to live with the threat of extermination by nuclear war, but it's not over. Overpopulation is with us. The twin problems, overpopulation and no population. We have ozone depletion, we have global warming, we are using up oil and topsoil, and we have no coherent energy plan. We have a combination of xenophobia and poverty that is turning our cities into jungles. We have litigation strangling the economy; decisions that should be made on rational grounds are being made so as to defend against lawsuits; and we are wasting brains that could be doing something more socially useful. Native habitats are being destroyed. I recently read that all five species of rhinos—I didn't know there that there were five species—are on the verge of extinction. I don't know the practical value of rhinos; I do know that the presumed practical value of their horns is nonsense. But I would hate to live in a world in which rhinos were extinct. It seems almost impossible for a democratic government to look into the future, especially if it involves—as does any really important program—some sacrifice at the present time. I hope the man who four years ago promised to be the environmental president will live up to this promise by going to Rio and playing an active role.

The greatest problem is population growth. If we don't solve this, nothing else matters. We could perhaps manage to feed a world 5 times as large as the present, but what a dull diet it would be. And it would be at the price of extinction of much of animal and plant life, and with it much of the beauty in our lives. And it would take a degree of world organization for which we have no precedent.

The world population is now well over 5 billion and will be 6 billion by the turn of the century—the same as the number of nucleotides in a single diploid cell. It is doubling every 50 years and the rate is still increasing. Most of the increase is in the poorest countries; Rwanda holds the record with about 8 births per mother. The birth rate in the United States is relatively low, but every unwanted child is one too many. Every birth to a parent unwilling to try to care for it is one too many.

Graduation speakers are expected to come out resolutely in favor of God and motherhood. I'm no authority on God, but I have a strong opinion on motherhood. I'm opposed to much of it. There is too much in the world.

I am opposed to early teen-age, fatherless motherhood. I worry about the high birth rates in much of the world. The greatest areas of population increase are in Africa and Latin America. I don't think that our preaching to these countries will make much difference. They may well be suspicious of our motives. But the world is eager for our technology. That makes it important for us to do what we can do well, if only we will. That is to develop better, simpler, and especially cheaper methods of birth control. Research in this area is pitifully weak. Consider the difficulty in testing the new—actually no longer so new—post-conception pill RU-486. If this were freely available, according to an editorial in the New York Times, "abortion would be as private a decision as it should be." The drug manufacturers are afraid of political pressure, boycotts, and lawsuits.

For the past 25 years organizations interested in preserving the environment—Sierra Club, National Wildlife Federation, World Wildlife Fund—have emphasized conservation and environmentalism—which is great—but they said precious little about the population problem. I am happy that these and other organizations have had a turnabout, and are adding their voices to those urging population limitation. We'll see if this can get the United States to change some of its international policies. The United States policy, the so-called Mexico City Policy, stated that "the relationship between population growth and economic development is not a negative one." Representative Chet Atkins said: "That was voodoo demographics to go with voodoo economics."

Well, I don't have the answers. But I am sure, as I said before, that unless the population problem is solved nothing else matters. You may be the last generation in which reproduction is regarded as a right rather than something to be rationed.

Should we look forward to the future with optimism or pessimism? I have great faith in knowledge and creativity, and in people's willingness to work together when our leaders articulate a common purpose. What a pity that we seem able to do this only when there is a war, or an earthquake. In many ways the world is better. Some people who used to eat only sporadically now eat more regularly. But many don't. The new idea is that people everywhere now believe that it is at least possible for the common people of the world to enjoy the comforts that used to be regarded as the exclusive property of the rich. We can conceive of a world in which every person can have "what those who have never been hungry call the finer things of life." But we can't do it without solving some political problems and lowering the birth rate.

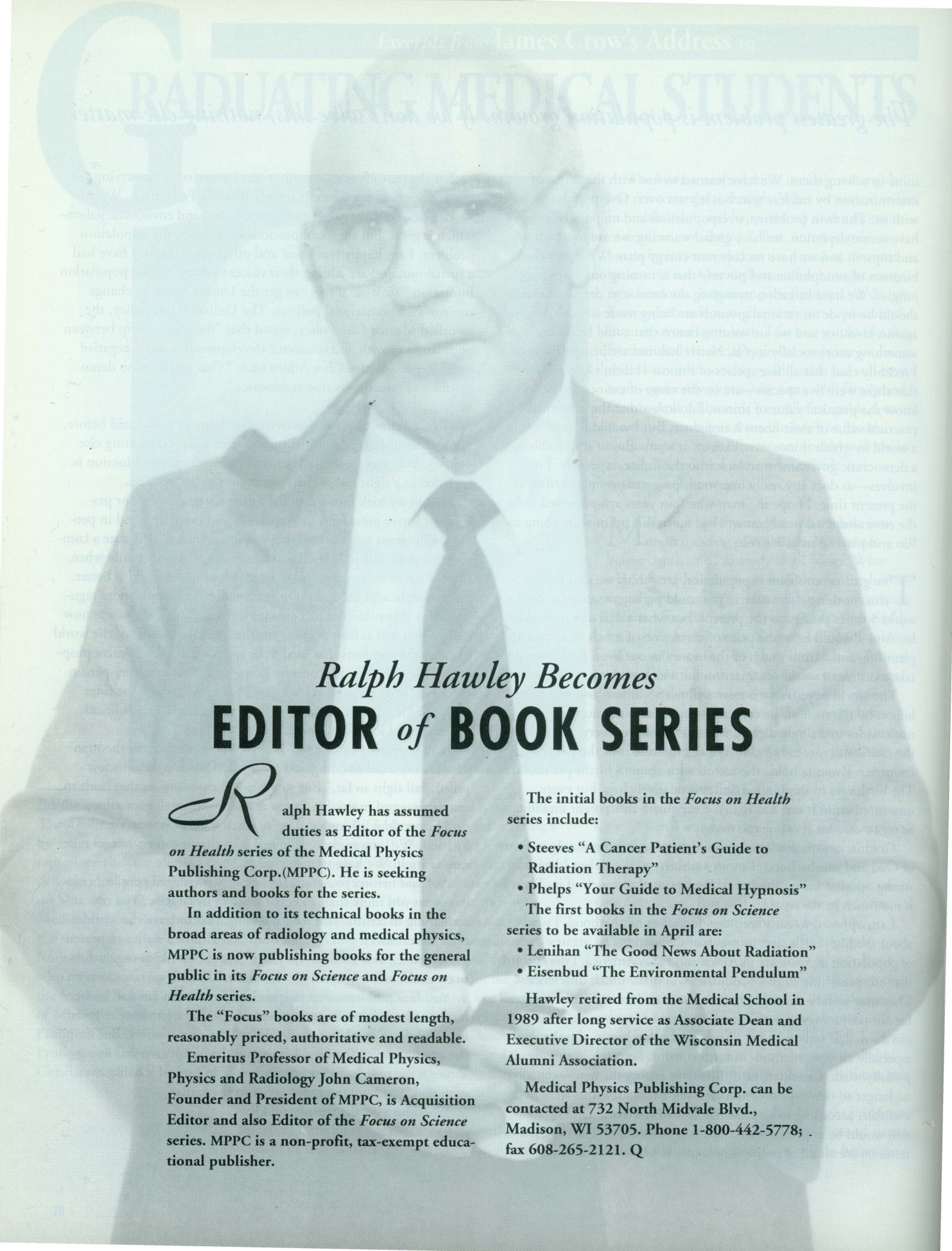
I am guardedly optimistic. Not the silly optimism of the man who fell off a tall building and as he passed each open window yelled, "all right so far." But surely not the pessimism that leads to resignation and inactivity. I urge realism, and intelligent effort.

This world is all we have; we're stuck with it. It won't get better by itself. We humans have changed it so that it can no longer take care of itself. We have to take charge.

As I said before, you graduates are very privileged people. Society has given you more than an equal share of its largesse. You owe it something in return. You have the obligation to leave the world a little better than if you had not been here. Mark Twain is reported to have said: "It is noble to do good. It is also noble to urge others to do good, and it is a hell of a lot easier." My advice is to do both.

You face problems that no previous generation has had to face; but you also have skills and opportunities that none have enjoyed before. I don't think the challenges will be easy to meet. But despite the certainty of difficulties, I envy you the opportunity of living through the next half-century, and wouldn't mind starting over with you. But I'm afraid that is not in the cards.

Good luck on the trip ahead! Q



Ralph Hawley Becomes EDITOR of BOOK SERIES

Ralph Hawley has assumed duties as Editor of the *Focus on Health* series of the Medical Physics Publishing Corp. (MPPC). He is seeking authors and books for the series.

In addition to its technical books in the broad areas of radiology and medical physics, MPPC is now publishing books for the general public in its *Focus on Science* and *Focus on Health* series.

The "Focus" books are of modest length, reasonably priced, authoritative and readable.

Emeritus Professor of Medical Physics, Physics and Radiology John Cameron, Founder and President of MPPC, is Acquisition Editor and also Editor of the *Focus on Science* series. MPPC is a non-profit, tax-exempt educational publisher.

The initial books in the *Focus on Health* series include:

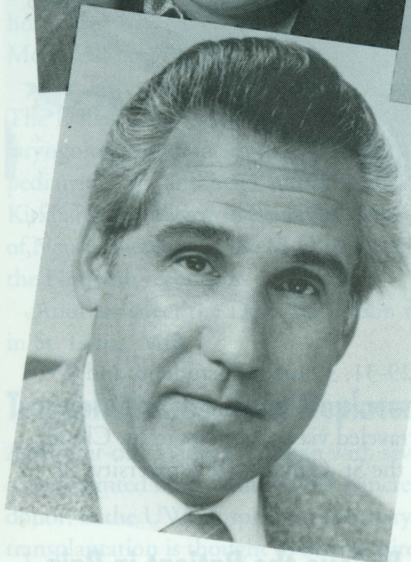
- Steeves "A Cancer Patient's Guide to Radiation Therapy"
- Phelps "Your Guide to Medical Hypnosis"

The first books in the *Focus on Science* series to be available in April are:

- Lenihan "The Good News About Radiation"
- Eisenbud "The Environmental Pendulum"

Hawley retired from the Medical School in 1989 after long service as Associate Dean and Executive Director of the Wisconsin Medical Alumni Association.

Medical Physics Publishing Corp. can be contacted at 732 North Midvale Blvd., Madison, WI 53705. Phone 1-800-442-5778; fax 608-265-2121. Q



right to left: Donna Shalala, Jay Noren, Laurence J. Marton

Changes at the Top

Donna Shalala has left her position as Chancellor of the UW-Madison to become Secretary of the U.S. Department of Health

and Human Services. Provost David Ward was appointed Interim Chancellor by UW System President Katharine C. Lyall.

Jay Noren, Vice Chancellor for Health Sciences since 1985 and a faculty member since 1976, left Madison in March to become Chancellor of Minnesota's 62-campus, 161,000-student Higher Education System. In his new job, Noren is expected to plan and carry out the largest reorganization of higher education in Minnesota's history—the merger of the state universities, community colleges and technical colleges into a single system.

Medical School Dean Laurence J. Marton was appointed Interim Vice Chancellor for Health Sciences.

Construction Continues at UW Hospital

New facilities are taking shape as a fourth and fifth floor are added to the K6 module of UW Hospital and Clinics. The Department of Ophthalmology will soon be able to relieve crowding in existing research facilities and to hire three more basic scientists in the areas of immunology and cell and molecular biology. The construction is being funded by the National Eye Institute as well as private donors such as the Lions Clubs of Wisconsin and Lions International.

The fourth floor also will house faculty from the Department of Biostatistics so that specialists on research design and statistical analy-

sis can work closely with their colleagues in basic and clinical research. The National Cancer Institute helped fund the construction.

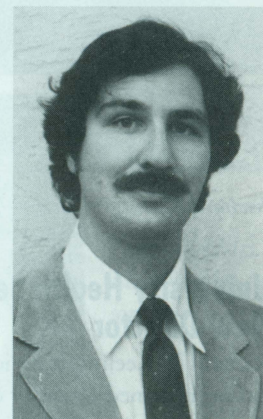
The fifth floor will remain a shell until the UW Comprehensive Cancer Center raises more than \$ 2 million to complete the interior, which will house facilities for research on urologic cancers and on cell regulation and pharmacology.

Medical Student Appointed to National Family Practice Committee

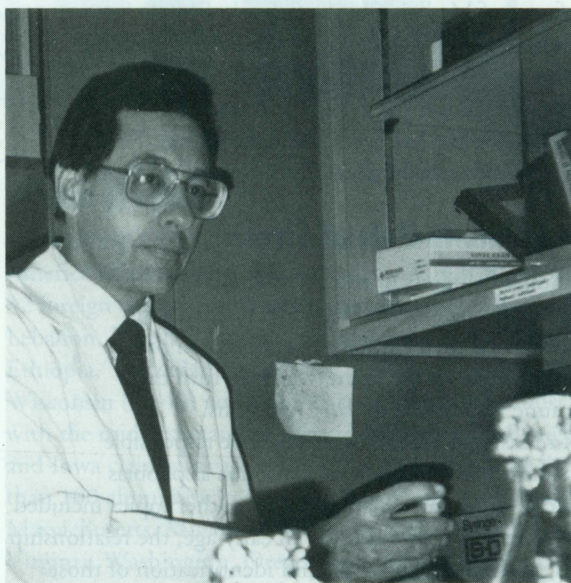
Medical student David Rossmiller was appointed to the Committee on Public Relations and Marketing of the American Academy of Family Physicians.

Joint Lecture Kicks Off New Seminar Series

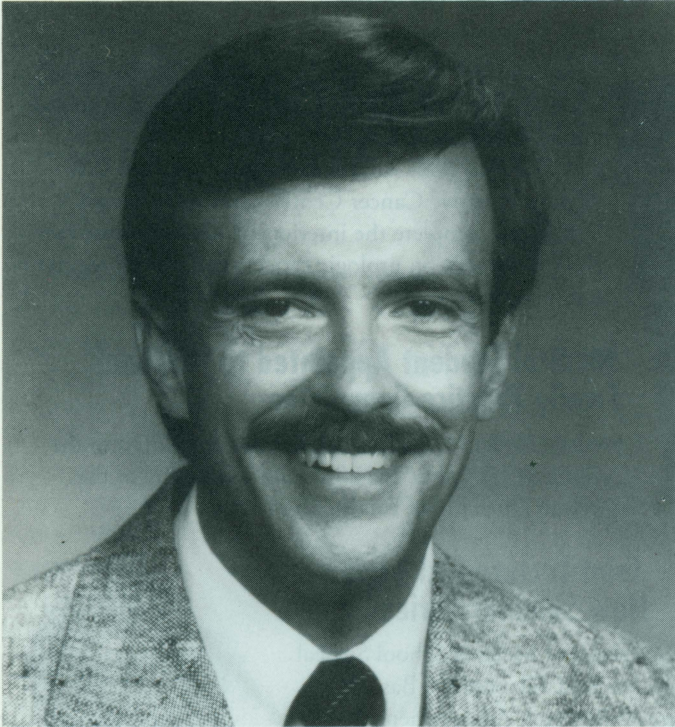
A new series of Medical School Special Seminars on Collaborative Basic/Clinical Research Achievements has been established. The first presenters were Paul Bertics, Associate Professor of Biomolecular Chemistry and Richard Proctor, Professor of Medicine and of Medical Microbiology and Immunology. They discussed "The role of adenine nucleotides in endotoxin-mediated macrophage activation."



Paul Bertics



Richard A. Proctor



Richard Keeling

University Health Service Acquires New Director

Richard P. Keeling, a national expert on student health services, has been named Director of the UW-Madison University Health Service replacing JD Kabler, who retired last summer. Keeling came to Wisconsin from the University of Virginia in Charlottesville, where he was Director of Student Health and Associate Professor of Medicine in the School of Medicine.

A 1973 graduate of Tufts University School of Medicine, he has served on the Board of Directors of the American College Health Association since 1987 and was its President in 1988-89. He has been President of the Foundation for Health and Higher Education since 1989.

Conference Points to Role of Stress

At the 23rd annual Congress of the International Society of Psychoneuroendocrinology held in Madison, investigators discussed their findings that stress can produce hormonal changes in the brain, which in turn can affect the immune response and other functions. Corticotropin-releasing hormone, which may be responsible for depression and anxiety-related problems such as phobias and panic attacks, drew particular attention. Other topics included identification of anxiety in children at an early age; the relationship between stress, hormones, and HIV; and identification of those susceptible to eating disorders.

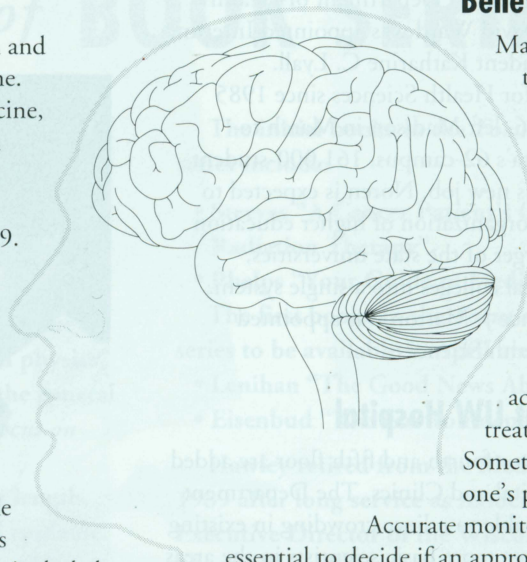
Ned Kalin, Chair of the Department of Psychiatry, chaired the conference.



Medical students Sean Thomas and Lee Faucher cheer the Badger hockey team.

Time Out for Fun

On the weekend of January 29-31, 39 medical students and 9 physical therapy students, accompanied by Associate Professor of Anatomy Edward Bersu, traveled via car convoy to St. Cloud, Minnesota to see the UW vs the St. Cloud State University hockey games.



Believe the Patient in Pain

Margo McCaffery, a pain consultant from Los Angeles, addressed Multidisciplinary Grand Rounds at the UW Hospital on February 16. She emphasized that a health care professional must frequently ask the patient about his or her degree of pain, listen carefully to the patient's assessment, accept the patient's report, and treat the pain accordingly.

Sometimes this requires putting aside one's personal opinions and intuition.

Accurate monitoring using a pain scale is essential to decide if an appropriate amount of pain medication is being administered.

Fear of addiction to opioids should not be a consideration. Major studies have shown that addiction is an extremely rare or non-existent outcome of pain management, although physical dependence—which can easily be treated—is not uncommon.

"Meet the Dean" Receptions Welcomed in California and Texas

Medical School Dean Laurence Marton introduced himself to four gatherings of Medical Alumni in the West in early February. The Dean spoke to each group about the direction he envisions the Medical School will head during the next several years.

The Los Angeles Reception on February 3 was hosted by Dr. Frank Murray '60, CEO and Chairman of southern California Kaiser Permanente. The Orange County Reception held February 4 in Costa Mesa, California was hosted by Dr. Robert Parke '73, Chief of Staff of Anaheim Memorial Hospital.

The Texas Receptions were held in Houston and Dallas. The Dallas hosts were Drs. Wayne Kirkham, former otolaryngology resident, in the private practice of adult and pediatric ENT and head and neck surgery, and Sally Kirkham. Dr. Victor A. Levin '66, Chair of the Department of Neuro-oncology at the M.D. Anderson Hospital, hosted the Houston reception.

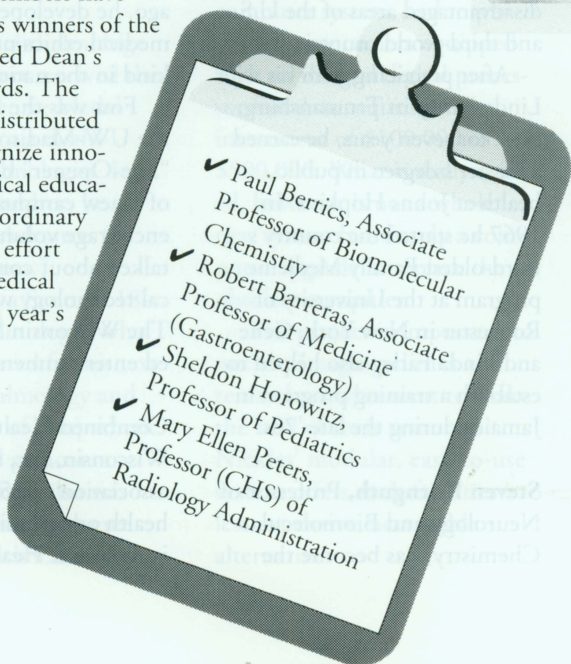
Another Meet the Dean Reception will be held May 6 in St. Louis, MO.

Transplantation Team Replaces Three Organs

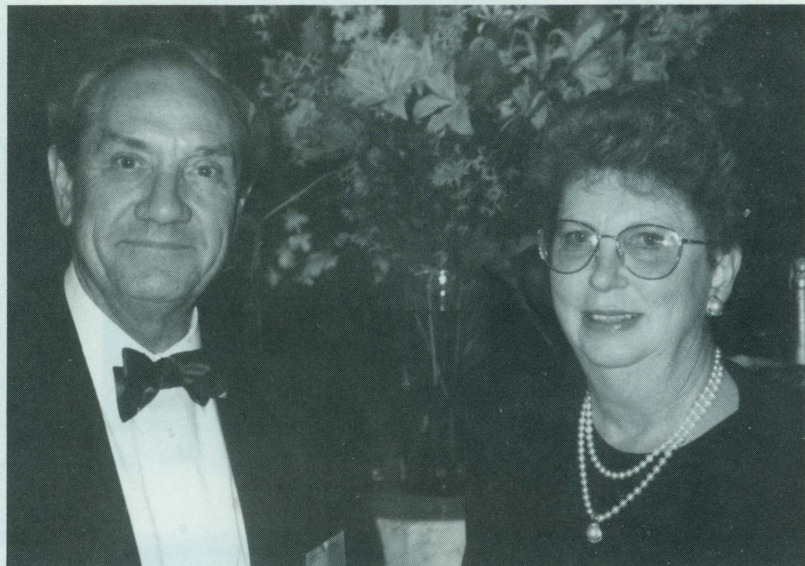
A 30-year-old Madison woman with severe diabetes received a transplanted heart, kidney, and pancreas, all from one donor, at the UW Hospital on February 22-23. The triple transplantation is thought to be the third such operation in the world. As of this writing the patient was in critical condition, which is normal after transplantation.

Dean's Teaching Awards Announced

Four faculty members have been selected as winners of the newly established Dean's Teaching Awards. The awards, to be distributed annually, recognize innovations in medical education and "extraordinary dedication and effort on behalf of medical students." This year's awardees are:



At the Los Angeles Reception



Hosts Dr. and Mrs. Frank Murray



Dean and Mrs. Marton with son Eric

Where We Are

As of spring, 1992 UW Medical Alumni lived in all 50 states, American Samoa, Puerto Rico and the Virgin Islands as well as 32 foreign countries including Iran, Norway, Thailand, Japan, Lebanon, Brazil, Columbia, Paraguay, Greece, China, Israel, India, Ethiopia, Switzerland, and Saudi Arabia. Within the States, Wisconsin (2,840) and California (833) host the most graduates, with the midwest states of Illinois, Minnesota, Michigan, Indiana, and Iowa claiming large numbers. Also high on the list, with more than 100 alumni each, are Florida, Arizona, Colorado, Massachusetts, Missouri, New York, Texas, North Carolina, Virginia, Washington, Oregon and Pennsylvania. (The listing is in no particular order.)

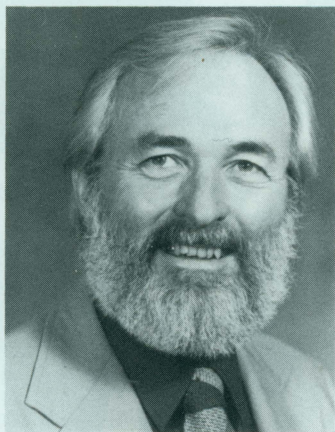
FACULTY NEWS



David Kindig

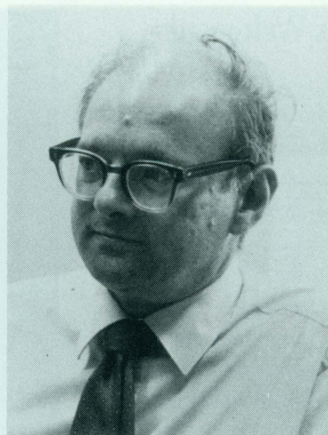
Professor of Preventive Medicine **David A. Kindig** has been appointed Senior Advisor to Donna Shalala, Secretary of the U.S. Department of Health and Human Services. He spends about three days every other week in Washington helping to plan for health care reform and advising on policy and management issues in the Department, particularly in the U.S. Public Health Service and the Health Care Financing Administration.

Kindig served as the first Medical Director of the National Health Service Corps, Director of New York's 1,200-bed Montefiore Hospital and Medical Center, and Vice-Chancellor for Health Sciences at UW-Madison. He recently co-authored "Universal Care: Issues and Options." Currently he conducts research on rural health and health reforms and directs the Medical School's Programs in Health Management, a graduate training program focusing on health care administration and policy studies. He also serves as a Commissioner on the Prospective Payment Assessment Commission, the agency that advises Congress on Medicare Policy.



Eugene Farley

Eugene Farley, who retired from his position as Chair of the Department of Family Medicine and Practice last summer, is splitting his time between the Medical School and Meharry Medical College School of Medicine, a historically African-American institution in Nashville. At Meharry he is helping to establish a faculty development program to prepare general internists, pediatricians and family physicians to teach medical students and residents to meet the medical needs of diverse patients who have little money and limited access to health care. He



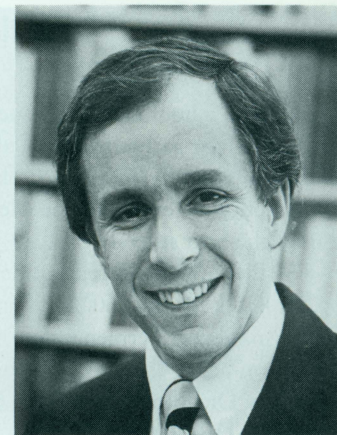
Steven Kornguth

also plans to start exchanges of medical students, residents and faculty between the two schools and he hopes to further Family Medicine and Practice's programs to explore ways in which family practitioners can respond to the needs of underserved patients.

Farley, long concerned about the growing shortage of primary-care physicians, was instrumental during his 10-year chairmanship in creating a primary-care requirement for UW medical students. He also has devoted much of his career to promoting better health care for people in disadvantaged areas of the U.S. and third-world countries.

After practicing with his wife Linda Farley in Trumansburg, N.Y. for seven years, he earned a master's degree in public health at Johns Hopkins. In 1967 he started the country's third-oldest Family Medicine program at the University of Rochester in New York. Gene and Linda Farley also helped to establish a training program in Jamaica during the late '70s.

Steven Kornguth, Professor of Neurology and Biomolecular Chemistry, has become the



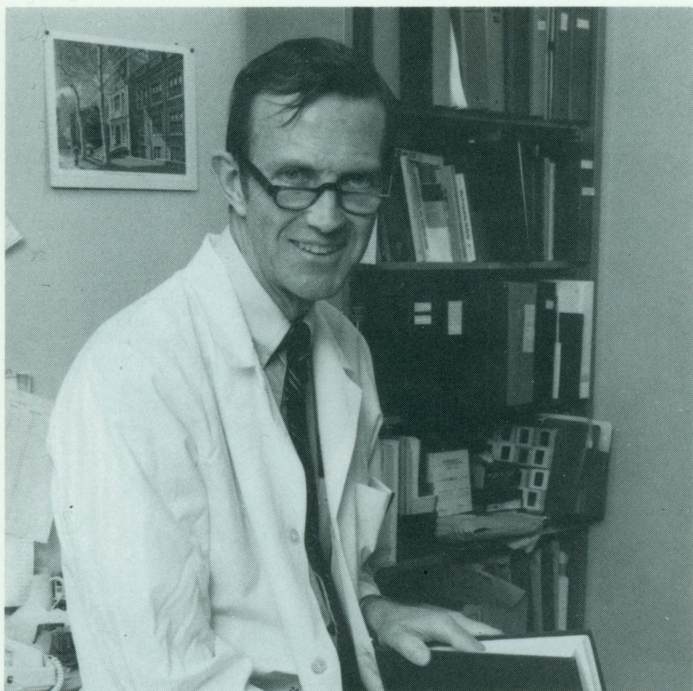
Norman Fost

editor of Professional Scholar, a newsletter for higher education published by Magna Publications of Madison, WI. **Norman Fost**, Professor of Pediatrics and Director of the Medical Ethics Program, was asked by Hillary Rodham Clinton to advise her on the health care policy she and colleagues are establishing for the nation. He will focus in particular on the ethical implications of various proposals. For the next several weeks he will spend much of his time in Washington. When Fost came to the Medical School 20 years ago, he developed the first medical ethics program of its kind in the nation.

Fost was the first speaker in the UW-Madison's series of "Eye-Opener" breakfasts, part of a new campus initiative to encourage volunteerism. He talked about combining medical technology with tenderness. The Wisconsin Singers provided entertainment.

Combined Health Appeal of Wisconsin, Inc, a statewide association of 25 not-for-profit health organizations, presented its first-ever Health

FACULTY NEWS



Matthew D. Davis

Advancement Award to **Matthew D. Davis**, Professor of Ophthalmology, at its annual banquet. Selected from among more than 30 nominees, he was honored for his 30 years of diabetic retinopathy research on the detection and diagnosis of the disease, which have led to more effective treatment.

Chairman of Ophthalmology **Daniel M. Albert** received the William MacKenzie Medal annually given to a distinguished ophthalmologist. In his MacKenzie address he spoke of "New Advances in Ocular Melanoma."

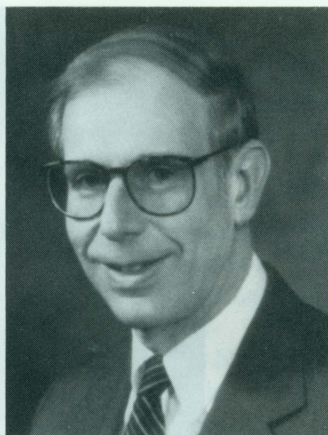
MacKenzie was a Scottish 18-century ophthalmologist who is best remembered for his text book on ophthalmology and his descriptions of sympathetic ophthalmia and glaucoma.

Professor Albert also was awarded an honorary degree (Docteur Honoris Causa) by

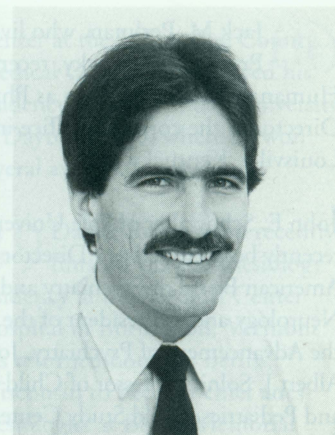
the University Louis Pasteur, Strasbourg, France.

Professor of Medical Physics **Jerry Nickles** and his research group have developed a low-cost, high-quality computer system to function with a gamma camera. Before their efforts, they and other users of a gamma camera system with a good camera but an outdated computer system, had to purchase a new camera equipped with an integral digital processor for data acquisition—an investment of \$100,000 to \$500,000. What is really needed, however, is not a whole new system but simply a computer upgrade to replace the obsolete computer.

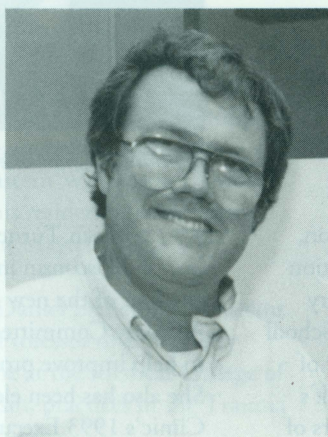
The project is important to nuclear imaging clinics and researchers who want to make the best of their resources. Nickles' modular, easy-to-use system offers such facilities a less expensive, acceptable alternative.



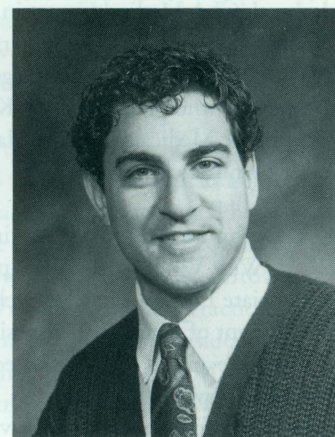
Daniel Albert



Patrick McBride



Jerry Nickles



Ross Levine

Patrick McBride '80, Assistant Professor of Family Medicine and Practice and Co-Director of the Preventive Cardiology Program, has been appointed to the NIH Cardiac Rehabilitation Guidelines Project. He also has been named President of the American Society of Preventive Cardiology.

Ross L. Levine '78, Associate Professor of Neurology, has been named Chief of the Rehabilitation Medical Service at the William S. Middleton Veterans Administration Hospital, Madison, where he

continues his work in cerebrovascular disease. He focuses on neuroimaging and acute intervention in stroke as well as the functional recovery from stroke.

Professor of Ophthalmology **George H. Bresnick** has been chosen for the Senior Honor Award by the American Academy of Ophthalmology. This is the highest honor bestowed by the Academy. He also was honored by the UW Ophthalmology Alumni Association for his many contributions in research and education. **Q**

60 Jack M. Perlman, who lives in Prospect, Kentucky, recently joined Humana Health Care Plan as Physician Director at the corporate office in Louisville, Kentucky.

John E. Schowalter of Yale University has recently been elected as a Director of the American Board of Psychiatry and Neurology and as President of the Group for the Advancement of Psychiatry. John is the Albert J. Solnit Professor of Child Psychiatry and Pediatrics, Child Study Center.

68 John Wolf has been promoted to Clinical Professor of Pediatrics at Harbor-UCLA Medical Center in Torrance, California. He also serves as Chairman of the IRB at Harbor-UCLA. John is a general pediatrician who practices at the Kaiser-Permanente Medical Center in Harbor City and lives in Rancho Palos Verdes.

69 John M. Adams of Huntington, West Virginia has a new position as Associate Professor in the Psychiatry Department of Marshall University School of Medicine and as Medical Director of University Psychiatric Associates. Jack's subspecialty focuses on adult survivors of childhood abuse and dissociative disorders.

72 Samuel Cohen has been named Professor and Chairman of the Pathology and Microbiology Department at the University of Nebraska Medical Center in Omaha. He has been in the department since 1981. Sam received national acclaim in 1991 when he determined that although saccharin does cause bladder cancer in rats, it does not likely cause the disease in humans.

76 William J. Charboneau, Professor of Radiology at Mayo Clinic, visited his home town of Lancaster, Wisconsin to speak about "Radiology: Windows to the Body" at the annual meeting of the Lancaster Memorial Hospital Auxiliary.



William J. Charboneau

79 Susan Turney, a Marshfield, Wisconsin internist, has been elected co-chair of the new Medicare Carrier Advisory Committee (MCAC), created to help improve provider-carrier relations. She also has been elected to Marshfield Clinic's 1993 Executive Committee. Previously she served three terms as the Executive Committee's Secretary.

80 Alan Strobusch was elected President of the Wisconsin Academy of Family Physicians last June. He practices in Waupaca, Wisconsin.

83 Thomas H. Bartell recently returned to Madison to open his own practice in plastic, reconstructive and hand surgery and says it's great to be back. Previously he practiced with a group in the Chicago suburbs.

85 Lorene S. Chicoye, who practices in the Family Health Center at the Milwaukee County Medical Complex, has been appointed Assistant Professor of Family and Community Medicine at the Medical College of Wisconsin. She is particularly interested in adolescent medicine

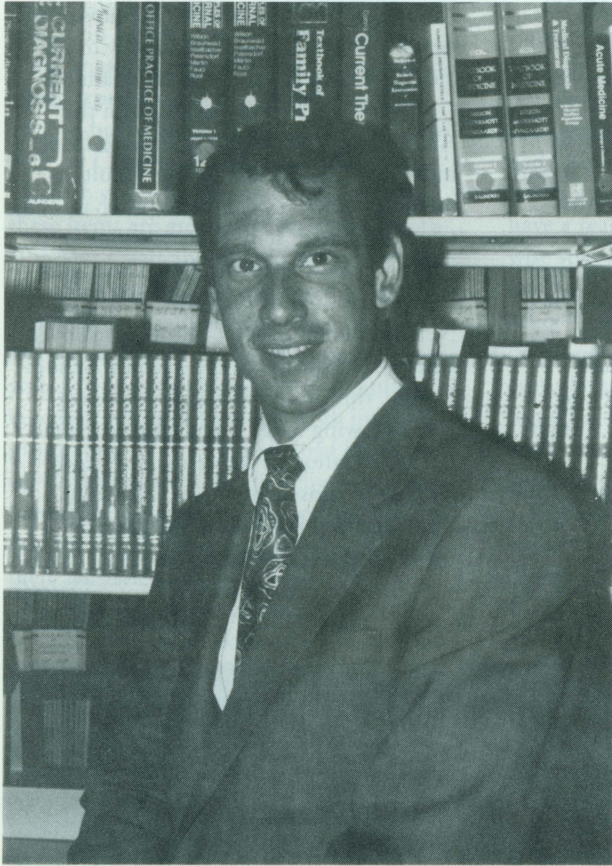


Susan Turney

and teaching family and community residents the special medical issues of the adolescent and adolescent parents.

Ron Myers, who started a clinic in an underserved area of the Mississippi Delta, has been appointed to the Health Care Advisory Committee of the Mississippi Legislative Black Caucus.

Ken Solis, an emergency room physician at Ripon, Wisconsin Memorial Hospital, has built a successful second career as the developer and promoter of Robics, a fitness program focusing on jump roping. He has authored books with companion videos rated highest in four categories and best overall in 1992 by "Shape" magazine. Ken and his wife Debbie have performed Robics as an opening act for Phyllis Diller, at schools, trade shows, sports shows, fairs and festivals, and they have appeared on TV's "Dance Fever" and "Regis and Kathie Lee." His work also has appeared in major magazines and newspapers. Twice he was included in the "Guinness Book of World Records" for jump roping feats.



Thomas Bartell

87 Elizabeth Bartos has been working with the Adirondack Medical Center's Placid Health Center in Lake Placid, New York for the past 1 1/2 years and recently accepted the position of Chief of Medicine for the hospital while continuing to work within a family practice group. She was married in September and honeymooned by rock climbing in New Hampshire. Another highlight of her past year was visiting fellow '87 alumnus Debbie Wanta in Juneau, Alaska along with another '87 grad, David Rohde.

David M. Nienhuis has joined Medical Associates Health Centers, a Menomonee Falls-based group practice, one of the largest in Southeastern Wisconsin. He completed his residency in otolaryngology at Mayo Clinic.

88 Daniel DeBehnke, Assistant Professor of Emergency Medicine at the Medical College of Wisconsin, practices in the Trauma

Center at the Milwaukee County Medical Complex. He served his residency at Wright State University in Dayton, Ohio, where he won several awards.

89 Daniel Resop, who recently finished his anesthesiology residency at the Medical Center Hospital in Burlington, Vermont has returned home to Berlin, Wisconsin to become chief anesthesiologist at Berlin Memorial Hospital. A Captain in the Army Reserve Medical Corps, he spent four years as a Navy hospital corpsman. Dan and his wife Tammy have a seven-year-old daughter, Renee.

Donene Rowe, who received her BS and MD and well as a PhD in anatomy/developmental biology at the University of Wisconsin, is now affiliated with Watertown [Wisconsin] Family Practice. Donene served her residency in family practice at St. Mary's Hospital in Madison. **Q**

House Staff

Jonathan Lubens recently joined the Medical Associates Health Centers, a large group practice near Milwaukee, as an internist/endocrinologist. He received his medical degree at the University of Michigan and his training in medicine and endocrinology at the UW Hospital.

Other

Nagalingam Suntharalingam, of the Thomas Jefferson University Department of Oncology, received the 1992 Coolidge Award of the American Association of Physicists in Medicine for his distinguished career in medical physics. He is a graduate of the Division of Medical Physics, then a section of the Medical School's Department of Radiology. He received his PhD under his mentor John Cameron, Emeritus Professor of Medical Physics, Physics and Radiology. The award has been presented each year since 1972.

Correction

We apologize for twice misrepresenting Krishna DasGupta's name in the Annual Giving Report.

Our Readers Write

Editor's note: Some of these communications were received many months ago; we have not run Our Readers Write recently. We still welcome letters and we will try to be more timely in including them!

Dr. Harvey C. Slocum

This is to inform you that Col. (Ret.) Harvey C. Slocum, M.D., expired October 3, 1992, at 83 years of age. He was one of Dr. Ralph Water's "Droplets" in 1937, 1938, and 1939, and an instructor in 1940, the year we married.

He was also the first full professor of anesthesiology in the University of Texas system, so he became well-known by all of the military establishment in the Southwest.

He also became the first doctor (M.D.) of anesthesia in the military to offer a training program for residents that prepared them for board certification at the request of the Surgeon General.

"We" served at Walter Reed AMC almost ten years (his base of operation).

Mary M. Slocum

Concerning Dr. Middleton:

I graduated from the University of Wisconsin Nursing School, a diploma grad in 1939. I did private duty which involved the usual "bedside" nursing and also had to cook the patients' meals if the menu didn't please them.

One patient was an Illinois Senator who suffered a heart attack on his way back to Chicago following his northern-Wisconsin vacation.

His daughter was with him and could not even breathe to suit him—he yelled at her and at me—nothing was right. I finally had enough and asked Dr. Middleton to take me off the case. He refused, saying that the gentleman needed the quality care I was giving and that I needed the discipline to do and care for any and all cases whether they were easy, likeable or not.

The Senator died on a March 11 shift as a result of his insisting on having an enema though he'd been warned of the possibility.

Another Middleton case I had was Dr. William Snow Miller who was a sweet gentleman. However, it was a "home care" case which were and are more difficult.

Mrs. Miller was lovely too. I left the case because of a health problem and did not return. Dr. Middleton was unhappy with me because I called Mrs. Miller before calling him.

We saw each other in the late 1950s when he was Head of the VA in D.C., and we were stationed at Walter Reed AMC—a happy but tearful reunion.

I also remember being with Chauncey Leake and Majorie Barthoff—Wisconsin people - serving at U.T.

In passing - "old lady recollection"—I scrubbed for Dr. Erwin Schmidt and worked alongside Virginia Apgar, a bright nice lady ahead of her time.

Mary M. Slocum

Holiday Spirit

This past holiday season the Medical Student Association undertook an effort to share the generosity and goodwill of the

student body, faculty, administration and alumni with the community. Groups of students volunteered time and money to provide food baskets for twelve local families.

A very generous donation from the Alumni Association and donations from individual administration and faculty members made it possible to purchase Christmas trees, stands, decorations and hams for these same families. These gifts were distributed through the Wil-Mar Neighborhood Center. Through the overwhelming response of the Medical School Family, this project was a great success. The following letter is included to extend the appreciation of the center staff and families to those who made it possible. Once again, thank you to all who contributed to this rewarding project.

*Sincerely,
Jennifer Goedken, Med I*



Wil-Mar Neighborhood Center at Christmas. Jennifer Goedken, Med. I, and Program Director Anthony Cina organize holiday baskets.

To the Members of the Medical Student Association,

I am writing to thank you for all your efforts on behalf of Wil-Mar's Family Christmas Project. Your time, money, and effort expended to put together food baskets, to buy Christmas tree decorations, to pick up Christmas trees, to purchase Christmas tree stands, and to deliver all of these items are greatly appreciated by both Wil-Mar's staff and the families this project assisted. Families have expressed to me their gratitude for your work on their behalf and so I would like to pass their gratitude on to you. My own special thanks to Jennifer Goedkin who put so much work into this project and to those who helped her to pick up Christmas trees and to deliver the items. I would not have been able to have done all this by myself and am indebted to them for their assistance.

I think the success of the project could be measured by the looks on the faces of a family that I visited after the deliveries had been made. They had already decorated their tree and had proudly displayed it in the window of their apartment. It was obvious that the children had helped to decorate it and were glad for the tree's presence there.

Thanks again for making this all possible. Please pass our gratitude on to the alumni and faculty who made financial contributions toward the purchase of hams and Christmas tree stands.

*Yours truly,
Anthony P. Cina
Youth Coordinator*

Dear Wisconsin Medical Alumni Office:

We just thought we'd drop a note describing our experience while staying with host alumni during our recently-completed interviewing excursion.

While interviewing at the University of North Carolina's Department of Psychiatry, we stayed for one night with a married alumni couple, Danny and Renee Schust. As it turned out, Renee was the only one at home the night that we stayed (Danny was on call). We thoroughly enjoyed our stay that night—we arrived around 7 p.m., visited with Renee until about 11, and then turned in. When we awoke, she had muffins and cereal waiting for us in the kitchen. (She even gave

us more muffins for the road!)

We were extremely appreciative for Renee and Danny's kindness and hospitality. Our stay not only saved us some money, but also provided us with good company and a little bit of emotional support. We had been on the road for three straight weeks interviewing, and it was refreshing to have a real "home" to stay in in an otherwise strange town. What was really neat was how quickly we "got to know" each other—having come from the same medical school gave us lots in common, and even though we were really strangers in someone's home, we didn't feel like we were. Instead, we felt very comfortable and welcome.

Next year, when we become established at our new residency, wherever that may be, we will return the favor to future Med 4's. We think that you have a very valuable program. Thanks!

*Sincerely,
Jeff Marcus and Deb Arter*

Dears,

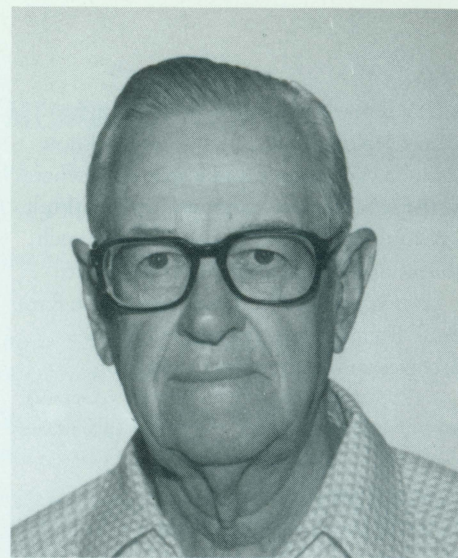
Here we are again and happy to be able to say so. My annual contribution is enclosed.

Just a reminder, if you are at all interested, we came back to Madison in 1985 for my 50th Medical School reunion but all I saw were a bunch of old men who didn't remember me. I didn't do much better, so when it is time for the 60th, please don't look for me.

In looking through some memorabilia the enclosed ticket appeared. It was for the dedication of the new, very deluxe University Field House at which the first game was played. It had been built during the depths of the depression and I was there and I was hungry as most of us were but this was a big event. Maybe someone at the field house would like to see it framed if they didn't have one.

We are getting along quite well, except for some hypertension that Rema is handling quite well and feeling fine—having just celebrated becoming an octogenarian. Well, so much for the rambling.

*Yours,
J. G. Rosenbaum, MD FACS 2-35
Beachwood, Ohio*



Sture A. M. Johnson

"Murph" Remembered

The passing of Dr. Herman "Murph" Shapiro was sad news. His photo always seemed to appear on some page of a Wisconsin Medical Alumni Magazine. The summer edition of this well edited magazine was more newsy than any I have read over the years. How I enjoyed Vic Falk's "Old Signs and Tests" since most of them were a part of my era in medicine. At the Sun Cities Physicians Club, from which I recently retired as secretary, I have run into several former students who state without hesitation how much they gleaned from my lectures in dermatology. The medical center seems to continue moving in the right direction with the appointment of new highly qualified individuals and to obtain finances. Maybe some day I will be able to squeeze some time away from the golf course to attend a Wisconsin Medical School Function.

*Sture A. M. Johnson
Former Professor of Dermatology*

Dear Dr. Falk,

I just read through my copy of the *Alumni Quarterly*, Fall 1991. The feature on "The Way it Was... 1935" was fun to read. I think you know about it, but I'd like to remind you, that Dr. Wynn donated his complete undergraduate Medical School notes to the Middleton Library. He had kept his class notes as well as some of the laboratory exercises, some of his grades, and other very interesting material. It is

such a remarkable collection, I thought others of your readers might like to know about it. You might find a spot somewhere in the next issue to comment on it. I think we would be pleased to receive other such collections, if there are others out there.

Dr. Wynn's collection is kept in the Rare Book Room, but is part of the Library's Archives and Manuscripts Collection.

Sincerely,
Dorothy Whitcomb

Wisconsin Alumni Association

You will note from the enclosure that Dr. Pattison died on November 14, 1992.

How he would have enjoyed the *Quarterly* that just arrived with the article on William S. Middleton, M.D. whom he greatly admired as a teacher and as a friend.

I was just reading Middleton's book "Values in Modern Medicine," and in the chapter on 'Deans and Dieners' he pays tribute to Dean Bardeen.

Mrs. Donald H. Pattison
Pomona, California

Gentlemen:

Thank you for sending me a copy of the *Quarterly*, Volume 31, Number 3, Summer 1991.

May I please have three more copies for our children?

Your tribute to Dr. Hine was very comforting. Thank you; and from it we heard from so many friends that it proves your magazine is read quite thoroughly.

Dr. Hine was very proud of his school, was a life member of the Alumni, and so honored by the 1989 Alumni Citation.

Thank you.

Sincerely,
Betty Hine

Dear Doctor Marton:

Thank you for your kind and instructive acknowledgment of my gift to the Medical School. It is a paltry sum compared to the lifetime gift given to me by the School.

I cannot better express my gratitude to the Medical School than did my late cousin, Doctor Herman Shapiro, who said that he 'got more than he gave.' I doubt that any of us who have gotten our education at Wisconsin could refute his claim or say it better.

I remain sincerely yours,
Edwin S. Sinaiko, M.D. '33

Dear Mr. Griffith and the entire Membership of the Medical Alumni Association,

I recently received my engraved Cross pen which you presented to me in recognition of my class leadership as a class president. I want to thank you all for your generosity and thoughtfulness. It's a beautiful gold pen but I'm already afraid of losing it on the wards!

The extra hours spent as a class president are outweighed by the extra memories and friendships I acquired during that time. Thank you for your recognition.

I also want to thank you for your support of the many student activities that just would have never occurred without you. I thank you as a representative of the Class of 1992!!

Sincerely,
Dorothy M. Delisle

Dear Dr. Falk,

I've just been notified by the University of Wisconsin Medical Alumni Association of your generous contribution in memory of Dr. William Horowitz.

—"The gift will support a worthy Medical School need"—

The Medical School was a very important and precious part of Bill's life, and your gesture would have pleased him no end. Bill often looked back to the time of the fiftieth Medical School class reunion (1989) and talked fondly and affectionately of his classmates—the events, etc. And the fact that he had actually made it in fairly good health fulfilled a goal he had set for himself.

But not too long after that—at the end of 1989—he started on a long hard road struggling with cancer (Melanoma). Bill put up a brave fight against the disease that finally took his life.

All through the years he maintained a cheerful and optimistic outlook and went on practicing medicine—at the Bronx VA on a part-time basis—up until June 18th. On June 19th he was no longer ambulatory and died on July 1st—literally dying with his boots on!

He was never ready to bow out. I had hoped that he might have a bit longer.

He was a unique and caring person—a presence not easily dismissed, especially after almost 50 years of marriage (Jan. '93) and memories.

To quote from the tributes to the man—sent to me by colleagues, nurses, etc:

"Bill was a dedicated physician with great humanity and compassion for the patients under his care."

And from musicians—

"A devoted, serious and passionate musician, and we all marveled at his continuing efforts to refine his art of playing chamber music."

Alas, he went gently into the good night!

Lastly, he was the bravest of men, full of courage throughout.

My sons join me in wanting to express our appreciation for your thoughtfulness and generosity.

Sincerely yours,
Bess J. Horowitz

Dear Carl Olson,

I was pleased to see notice in the *WMAA Quarterly* of your assuming the Presidency of the Medical Alumni Association this past May. You were certainly one of the more thoughtful and concerned medical students in my experience, and your first President's column shows me that you have lost nothing of your own enthusiasm in the intervening years. Without making invidious comparisons, your column stands out from many others in my recent memory as lively, thoughtful, and provocative, in the best sense of that word.

During the time that I was Assistant Dean for Students, I was, time and again, impressed with the care and concern expressed by the Alumni Board, and with their insightful financial generosity on behalf of the students. I want to encourage you to continue to seek new ways to meet the needs of students—and especially to remind your colleagues of the many ways that their predecessors contributed so that their lives as students might be enriched. Some of those who benefitted so strongly from such programs might be encouraged to contribute generously now.

Again, congratulations on your new and challenging position. It is good to know that the Association is in such good hands.

John Anderson
UW Professor of Anatomy Emeritus

COMING EVENTS

May 3: Wisconsin Reception, The American College of Obstetrics and Gynecology, Washington, D.C., Room 2, Ramada Hotel, 5-7:30 p.m.

May 6: Meet the Dean Reception, UW Medical Alumni and Friends, St. Louis, Missouri, Time and place to be announced

May 13, 15: Class Reunions 1943 M and 1943 N, 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988

May 14: Medical Alumni Day

October 9: Homecoming, Union South, UW-Madison vs Northwestern, Madison, WI

November 1: American Academy of Pediatrics, Wisconsin Reception, Washington, D.C., Time and place to be announced

CONTINUING MEDICAL EDUCATION

April 29-30, 1993: Doug Miller Symposium on Organ Transplantation, The Concourse, Madison

May 13-15: Sports Medicine Conference, Holiday Inn West, Madison

May 21-22: Aging and Illness in Primary Care: Cancer and Aging, The Edgewater, Madison

October 8-10: Seminar in Pediatrics, University of Wisconsin Hospital and Clinics, Madison

October 14-15: Mammography: Update 1993, Holiday Inn West, Madison

November 18-20, Infectious Disease Update- 1993, Holiday Inn West, Madison

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

NECROLOGY

Todd F. Anderson, '83
Phoenix, Arizona,
December 10, 1992

Gamil T. Arida, (Former
Resident Urology), Flat
Rock, North Carolina,
October 26, 1992

Sheldon R. Braun, (Former
Resident Internal Medicine,
and Fellowship in
Pulmonary), Columbia,
Missouri, January 13, 1993

Robert R. Brazy, '44,
Milwaukee, Wisconsin,
October 19, 1992

Everett C. Burgess, '37,
Wooster, Ohio

John W. Doolittle, '37,
Madison, Wisconsin,
February 8, 1993

Ely Epstein, '30 (2 year),
Milwaukee, Wisconsin,
September 5, 1992

Doreen C. Finch, '45 (2
year), Bristol, England,
February 1, 1993

Fred G. Gaenslen, '40,
Milwaukee, Wisconsin,
December 1, 1992

I. Ralph Goldman, '39,
Rancho Mirage, California,
February, 1993

Francis C. Johnson,
(Former Intern & Resident
Internal Medicine),
Wausau, Wisconsin,
February 11, 1993

Robert W. Marek, '75,
Milwaukee, Wisconsin,
November 27, 1992

Denny G. Ortmeier, '63,
Sioux Falls, South Dakota,
December 12, 1992

Thomas J. Pauly, '71,
Cedar Rapids, Iowa,
March 2, 1993

Henry B. Perlman, '25 (2
year), Evanston, Illinois

Louise E. Petty, '32 (2
year), Walnut Creek,
California,
October 15, 1992

Lester H. Quinn, (Former
Intern & Resident
Ophthalmology), Dallas,
Texas,
November 13, 1991

Louis A. Ravitz, '41 (2
year), Birmingham,
Michigan,
August, 1990

David D. Ruehlman, '30 (2
year), Sunnyvale,
California,
May 10, 1992

Paul H. Schmiedicke, '31,
Mulberry, Indiana,
November 10, 1992

James K. Theisen, '44,
Oconto Falls, Wisconsin,
January 21, 1993

John H. Urabec, '33 (2
year), La Canada,
California,
October, 1992

Harry VanderKamp, '27,
Kalamazoo, Michigan,
January 15, 1993

John M. Wilson, (Former
Resident Ophthalmology),
Johnson City, Tennessee,
June, 1992

Clinton N. Woolsey,
(Emeritus Faculty),
Madison, Wisconsin,
January 14, 1993

The Wisconsin Medical Alumni Association
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Madison, Wisconsin 53706

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HOLTZ MS VIRGINIA
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MADISON WI 53706

The U.W. OUTLINE FOR DIRECTING CONTRIBUTIONS

If you are solicited by either the UW Medical Alumni Association, or by the UW Foundation, make certain that your intentions are clear as to where your contribution should be directed. Your gift can be directed to the Medical Alumni Association through the UW Foundation.

- I. Undirected contribution—this will go to the general University Funds and can be used anywhere the University decides—i.e. Law School, Music School or General Operations.
- II. Directed contribution—this will go wherever you designate. It is hoped that primary consideration be given to:
 - A. The U.W. Medical Alumni Association
 1. Restricted—this can go to a Class Fund, the low interest student loan program, scholarships, guest lectures, Medical School teaching or research programs or any other specific project of the Medical Alumni Association.
 2. Unrestricted—this can go into general operating funds to be used as directed by the Board of Directors for student activities, class reunion planning, The *Quarterly*, receptions at national meetings, student or teaching awards and other regular activities.
 - B. The U.W. Medical School
 1. Restricted—this can go to a Department, an activity such as the Cancer Research Center, or a specific such as an endowed Professorship.
 2. Unrestricted—this goes into the general fund of the Medical School to be used for building, equipment, teaching, etc.

Your contributions are generous and appreciated. The purpose of this outline is to make sure that your contribution gets to the place you originally intended, and is used for the purpose that you had in mind when you contributed. If there are any questions, call 608-263-4915.