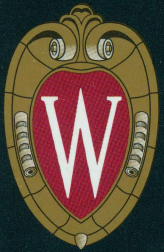


The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY



VOLUME 1
NUMBER 4
WINTER 2000

*From virtual colonoscopy to three-dimensional neuroradiology,
imaging moves from the diagnostic to the interventional realm*

QUARTERLY

The Magazine for
University of Wisconsin Medical School
Alumni and Friends

Volume 1 No. 4

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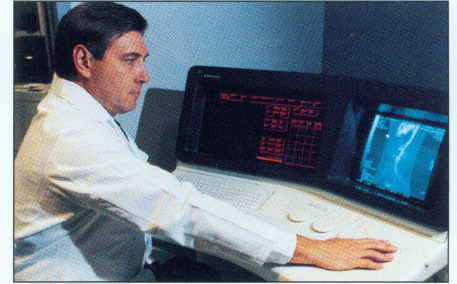
Contents

WINTER 2000

VOLUME 1 NUMBER 4

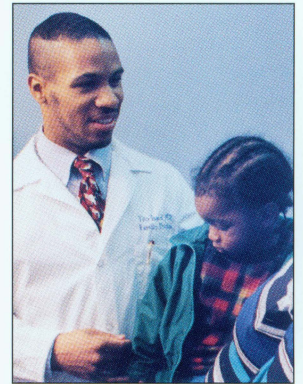
FEATURES

6 With his studies done, physician returns to care for the city that raised him



8 Magnetic resonance imaging opens new horizons for radiology

10 New course gets to the heart of daily doctoring



16 Larry Giles '51: A man of many words

23 Lustok Creative Writing Award

DEPARTMENTS

2 From the Dean

3 In the Spotlight

13 Viewpoint

14 GrandRounds

16 HealthStar

19 President's Message

20 Alumni Notebook



If you recall in my last *Quarterly* column, I discussed Blue Cross & Blue Shield United's intention to convert to a for-profit corporation and establish a foundation dedicated to improving the public's health. The state's two medical schools, the Medical College of Wisconsin and the University of Wisconsin Medical School, were designated as the principal

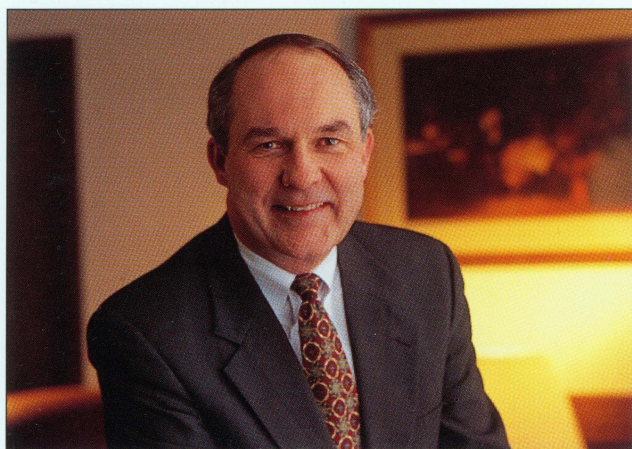
beneficiaries of the new foundation. I'm pleased to announce that we have completed a statewide analysis of Wisconsin's health needs and completed our report that offers a broad outline of how we propose to use the Blue Cross & Blue Shield United of Wisconsin's funds.

What we have before us now is an unprecedented opportunity, an opportunity created through the vision of Blue Cross & Blue Shield United of Wisconsin. It is an historic opportunity to transform our great medical school and, in turn, the lives of all Wisconsinites. Blue Cross & Blue Shield United of Wisconsin's vision, joined with our creative plan, must now suffuse the state. We hope to move forward into this new, healthier century, built on the foundations we have laid before us.

The UW Medical School has worked cooperatively to develop this plan, and will continue to do so as the process unfolds. Opportunities for future cooperation include fields such as women's health, telemedicine and teleconferencing, and basic research in cardiovascular and other major diseases. Additional collaborations are anticipated, as we work to advance the health of the citizens of the state.

This plan will provide Blue Cross & Blue Shield United of Wisconsin with a lasting legacy through its stewards that will improve health for Wisconsin residents, strengthen community capacity for disease prevention efforts, provide national leadership in public health, and help to find the cure for life shortening and deadly diseases. In short, Blue Cross & Blue Shield United of Wisconsin, through this extraordinary gift, will contribute significantly to alleviating human pain, suffering and illness throughout the state and, indeed, the nation.

The paradigm for the future of public health is one of balance. We must improve the preparation of students entering each profession—public health and medicine—to practice in concert. Such a constructive interaction or synergy among health professionals will enhance the quality and efficiency of our health care system and, ultimately, citizens of Wisconsin.



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



UW Hospital and Clinics named “Consumer Choice” Award Winner by National Research Corporation.

University of Wisconsin Hospital and Clinics has been named a 1999 Consumer Choice Award winner by the National Research Corporation, a nationally recognized health care performance measurement firm.

The designation, given to just 126 hospitals nationwide, is based on a national study of consumer assessments of their health plans, personal physicians, local hospitals and health systems as well as their own current health status. This year, more than 170,000 households representing approximately 400,000 covered lives responded to the mail survey, which concluded last June.

“Consumer Choice Award” winners are those organizations in each market achieving the highest composite score on

four measures of consumer preference: best physicians, best nurses, best reputation and best overall quality. In some markets, co-winners were chosen where findings fell within the error range for that market.

UW Hospital was the only Madison hospital named and one of two in Wisconsin.

The hospital was recognized recently by *U.S. News and World Report* magazine as among the top two percent of the nation's hospitals in 10 medical specialties.

National Research Corp., based in Lincoln, Nebraska, was the first organization to introduce performance norms to the health care industry and has advised a number of national health care accrediting bodies regarding standardized performance measures.

Donna K. Sollenberger named president, chief executive officer at UW Hospital and Clinics

Donna K. Sollenberger, executive vice president and chief operating officer of City of Hope since 1997, has been named president and chief executive officer of University of Wisconsin Hospital and Clinics.

The first woman ever to head the hospital, she succeeds Gordon Derzon, who retired last year. The appointment took effect Dec. 1, 1999.

“We are most impressed



with the breadth and depth of Ms. Sollenberger's experience and qualifications,” says Jack Pelisek, chair of the UW Hospital and Clinics Authority Board. “Her leadership at both City of Hope and M. D. Anderson Cancer Center, which yielded significant improvements in cost and operational efficiency, will be invaluable to the hospital.”

As chief operating officer at City of Hope, Sollenberger directed three corporations—a 212-bed hospital with extensive outpatient services, the Beckman Research Institute and a fund-raising operation that brought in over \$65 million annually. She was responsible for all patient care operations, the patient business office, facilities, information systems, patient access systems, human resources and research.

She also held seats on numerous boards overseeing planning, staffing, budgeting, evaluating and operating all aspects of City of Hope.

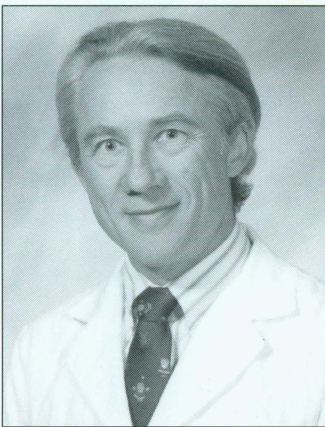
“To be selected to lead the University of Wisconsin Hospital and Clinics is a great honor,” Sollenberger says. “During my interviews, I was impressed with the commitment of the faculty, staff and administrators to the patients they serve. As an academic health care center, UW Hospital and Clinics will be challenged with continuing to find ways to carry out its mission while facing declining revenues for its services. I look forward to working with Dr. Farrell, the physicians and staff in finding solutions to these challenges while also charting a course which will assure a strong future for UW Hospital and Clinics and its continued pre-eminence as a regional and national health care resource.”

Sollenberger adds: "Until nine years ago, my family and I lived in Illinois, so we truly look forward to becoming a part of the Madison community."

As vice president for the hospital and clinics at M. D. Anderson, Sollenberger was responsible for the operation of a 508-bed hospital and ancillary services. She also served as chief administrative officer for the M.D. Anderson division of surgery and anesthesiology.

More than 2,700 people are employed by the City of Hope organization, which serves patients with cancer, Parkinson's disease, diabetes and other chronic illnesses. The medical center is located in Duarte, California. The M.D. Anderson Cancer Center employs 7,500 people.

NEWS BRIEFS



Family practice physician **Dr. Robert Przybelski** has

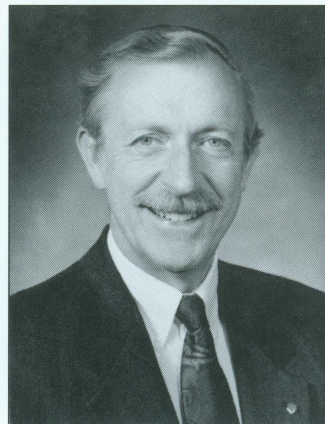
joined the staff at Algoma Primary Care, Algoma, Wis. A 1979 graduate of the University of Wisconsin Medical School, he completed his residency in family practice at Womack Army Community Hospital in North Carolina. Przybelski is assistant professor of geriatrics and gerontology at University of Wisconsin Hospital and Clinics. Algoma Primary Care is a member of the Bellin Health Medical Group.

Dr. Terri Marty has joined Northland Gastroenterology & Surgery, PA, in St. Luke's Clinic Building, Duluth, Minn. Board-certified in general surgery, Marty received her medical degree from the University of Wisconsin Medical School in 1990, and completed her general surgery residency at the University of Utah. She previously worked at St. Mary's Hospital in Rhinelander, Wis., and Eagle River Memorial Hospital in Eagle River, Wis.

Dr. Sandra J. Frohling, Internal medicine specialist, is practicing at the Marshfield Clinic – Chippewa Center. She began that practice last August. Frohling said she joined the Clinic system because it is physician-run and well established, and "we looked in Wisconsin to be

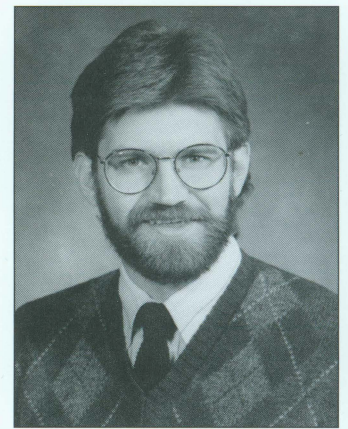
closer to family." She received her undergraduate and medical degrees from the University of Wisconsin, Madison. She served a residency in internal medicine at Maine Medical Center, Portland, Maine.

Dr. Susan E. Montgomery has joined the executive team of Community Physicians' Network (CPN) as medical director. In her new post, Montgomery will oversee the day-to-day management of medical policies and procedures as they relate to CPN practitioners and the health plans who work with CPN. CPN is an independent practice association offering health care through a network of 1,500 physicians in southern and western Wisconsin. Montgomery received her M.D. from the UW Medical School.



Dr. William E. Scheckler, of the UW Medical School, has been appointed to a

three-year term with the Public Health Advisory Committee, a joint committee of the City of Madison and Dane County. Scheckler was appointed by Dane County Executive, Kathleen M. Falk.



Dr. Jonathan L. Temte, a physician in the UW Medical School's department of family medicine, is one of eight doctors nationwide selected to receive an Advanced Research Training Grant from the American Academy of Family Physicians (AAFP). The Leawood, Kans.-based AAFP's primary mission is to strengthen the role of research in family medicine. Temte received a two-year grant worth approximately \$100,000. He plans to use the money to strengthen his professional training in the study and surveillance of infectious diseases.

112 UW Physicians appear in 1999 Best Doctors in America

Madison residents have long known that the UW Medical School faculty includes some of the nation's most highly regarded physicians.

And once again, researchers at Woodward/White Inc. have confirmed it: the South Caroli-

na-based research firm includes 112 UW faculty physicians in its 1999 edition of *The Best Doctors in America* database. The database lists the results of a national survey of more than 30,000 doctors nationwide, each of whom was asked to rate the clinical abilities of other doctors in their area of specialization.

This is the fourth biannual Best

Doctors survey conducted by Woodward/White, Inc., and also the fourth time UW physicians have made a strong showing.

UW physicians scored well in several areas, including ophthalmology, pediatrics, radiology, medical oncology and hematology and surgery.

"To continue to have so many physicians represented

in a nationally respected survey is a tremendously impressive accomplishment," said Gordon Derzon, former UW Hospital chief executive officer when the survey results were published. "It speaks both to the high profile the UW Hospital enjoys nationally and the talent and quality of the physicians who work here."

AT 75, UW School of Nursing ranks among top national schools in nursing research



UW-Madison School of Nursing was named several years ago as one of fewer than 25 nursing schools nationwide with "research-intense" environments. This year, based on its range of existing research expertise, the School successfully competed for one of a handful of National Institutes of Health grants to develop a comprehensive training program in nursing research.

What are UW nursing faculty investigating? Among dozens of current projects:

- The research group of Sandra Ward is delving into one of the thorniest issues in medicine: how to give patients the information they need to make optimal use of pain medication.
- Diane Lauver has examined the psychological and social factors that influence women to seek certain diagnostic procedures, such as mammograms, to determine how to tailor more effective health promotion messages.
- Thelma Wells is investigating a variety of ways to improve inpatient care of elderly people.

"The role of nurses in research may not be widely appreciated," says former Nursing School Dean Vivian Littlefield. "What nurse researchers are discovering today has a profound impact on the care people receive. And, as a profession, nursing has grown to include some very exciting dimensions for people coming into the field."

Nursing alumni recently came to Madison to observe the University of Wisconsin-Madison School of Nursing's 75th anniversary.

They toasted not simply an occasion, but the school's national leadership role in what may be the profession's best-kept secret: the growing importance of nurse researchers.

Established in 1924, the

With his studies done, doctor returns to care for city that raised him

BY KAWANZA L. GRIFFIN

Childhood dreams have become a reality for Tito Izard, a Milwaukee native who has returned home to practice medicine in the central city.

"I look at this as a blessing for me, and part of that blessing is to give back to the community," Izard says.

At 29, he is modest about his achievements: a bachelor's degree in social work from Marquette University, a degree from the University of Wisconsin–Madison Medical School and a few leadership and teaching awards along the way.



He is the first African-American to complete a residency at the Wisconsin Avenue Family Care Center, 1834 W. Wisconsin Ave. This is the site's fifth year in operation as a teaching facility and the residency program's 25th year in existence.

Married for six years and the father of two children, Izard is thankful for the opportunity to serve Milwaukee's inner city.

"I never really thought about doing anything else," Izard says. "Everything has always been geared toward working in medicine and practicing in the inner city."

Izard spent his summers gaining experience for his medical career. He attended premedical summer programs at both Harvard University in Cambridge, Mass., and Washington University in St. Louis during his undergraduate years at Marquette.

He received his medical degree from UW in 1996.

"I had a vision and knew what I wanted," he says. "I just needed to reach that ultimate goal."

With this in mind, Izard joined St. Luke's family practice residency program, which runs the Wisconsin Avenue clinic, also known as the central city site.

"The central city site was the only program that focused on urban medicine," he says.

The central city site sees approximately 12,000 patients each year, 70 percent of them African-American. In addition, the majority of the patients are financially disadvantaged. Only 5 percent are able to pay for their services.

In conjunction with UW and Sinai

Samaritan Medical Center, the St. Luke's program has been striving to make physicians aware of the need to increase their presence in underserved areas such as rural and inner-city locations.

"We try to attract those students or residents whose background or interest is working in the underserved areas," says John Frey, chair of the UW Family Medicine Department. "We encourage students to see service to the community as a rationale for their career," he said.

Frey says people with interests or backgrounds similar to a certain population tend to have a better understanding of the type of medical attention and care needed in that area.

In addition, studies indicate that patients feel more comfortable when dealing with a doctor with a similar background to their own, he says.

Izard grew up on Milwaukee's north side, near Capitol Drive and Port Washington Road, and graduated from Rufus King High School. Although he was not surrounded by fancy things or lots of prominent people, he was always aware of the influence that everyone had on each other.

"I think there is a lot of misconception of what the inner city is," he says. "Most people think of drugs and violence. But what I saw were hardworking people and people who always supported me as an individual."

He carries this awareness and perspective into his job. "I knew that people would have medical issues, but you just can't deal with them as just a medical problem," he says.

"You have to incorporate a person's whole being, which has many different factors – spiritual, biological, emotional and socioeconomic. All people have these needs, and as a physician you should have knowledge in all those issues."

For instance, some of the patients may have financial difficulties that may not allow them to buy their medications, or religious beliefs that shun medical treatments.

"If you know how they make day-to-day decisions, then you can come up with a way to incorporate treatments so that you can get the best compliance," Izard says.

Izard also realizes that many of his

patients are dealing with other issues, such as marital problems, that should be considered during treatment.

"There's a lot more to medicine than just the biology of illness," he says. "If you only deal with that, you will miss out on what's really affecting this person from day to day."

But Izard has a plan.

"One of my objectives is to try to teach our physicians and residents how to address issues of spirituality in practicing medicine, not to convert someone to a particular religion, but to use the information they (the patients) tell us to help them accomplish the goals they want."

"If you don't learn it (spirituality) and do it in residency, then you're not going to do it when you get out to practice," he says. "But at least if you're taught, you'll know it and can decide whether to incorporate it into your practice."

The total-person approach to medicine is a key concept in family medicine.

"Family practitioners are trained to look at the whole person and the whole family," says Nick Turkal, associate dean for the Milwaukee campus of UW Medical School. "What we sometimes forget is that we have many definitions of who is underserved."

Turkal points out that the same diseases that affect the nation, such as heart disease, cancer and stroke, also affect people in the inner city. The difference is that the patients in the inner city don't always have access to health care.

"We're not here to judge our patient population," says Anjoo Gharia, chief resident at the Wisconsin Avenue site. "We're here to educate them and meet their needs."

Each doctor agreed that the most rewarding part of the job is giving back to the community.

"By having these experiences, doctors can see that working in the inner city is not as bad as they thought," Izard says. "We realize that these are people with needs, desires, families and dreams and that they are fun to work with. We learn that this (the inner city) is a really good place to be."

Reprinted with permission from The Milwaukee Journal Sentinel

"I think there is a lot of misconception of what the inner city is," he says. "Most people think of drugs and violence. But what I saw were hardworking people and people who always supported me as an individual."

Magnetic Revolution

Magnetic resonance imaging opens new horizons for radiology

BY AARON R. CONKLIN

As recently as ten years ago, magnetic resonance imaging—the process of obtaining scans of bones and body parts by placing them within a strong magnetic field bombarded by radio waves—comprised only a tiny percentage of the work performed in the UW Hospital's Department of Radiology. Today, it encompasses between 25 and 30 percent—and it's continuing to grow.

If department chair Dr. Patrick Turski seems a little giddy about the prospects offered by magnetic resonance imaging, you'll have to forgive him—it's just that he's seen the results first-hand. "Even though MR technology has been around for about a decade, we're still only

using a specialized magnetic resonance scanner—one of eight such units worldwide, and one of only four or five operational in the U.S.—to map arteries. Their efforts are part of a study involving contrast-enhanced MR angiography of the carotid bifurcation.

The difference between this MR machine and equipment used at other clinics and hospitals across the country is twofold: this one can acquire and display clear, detailed images within a fraction of a second. More important, it can provide them in three dimensions. The additional dimension will allow doctors and researchers to get the clearest look ever at a patient's arteries—without the use of invasive

"Not only does this represent a big improvement in the safety margin, but these types of applications are already proving revolutionary in terms of the impact they've had on how we evaluate patients with cardiovascular disease."

scratching the surface of what it can actually do," he says. "The sky is really the limit."

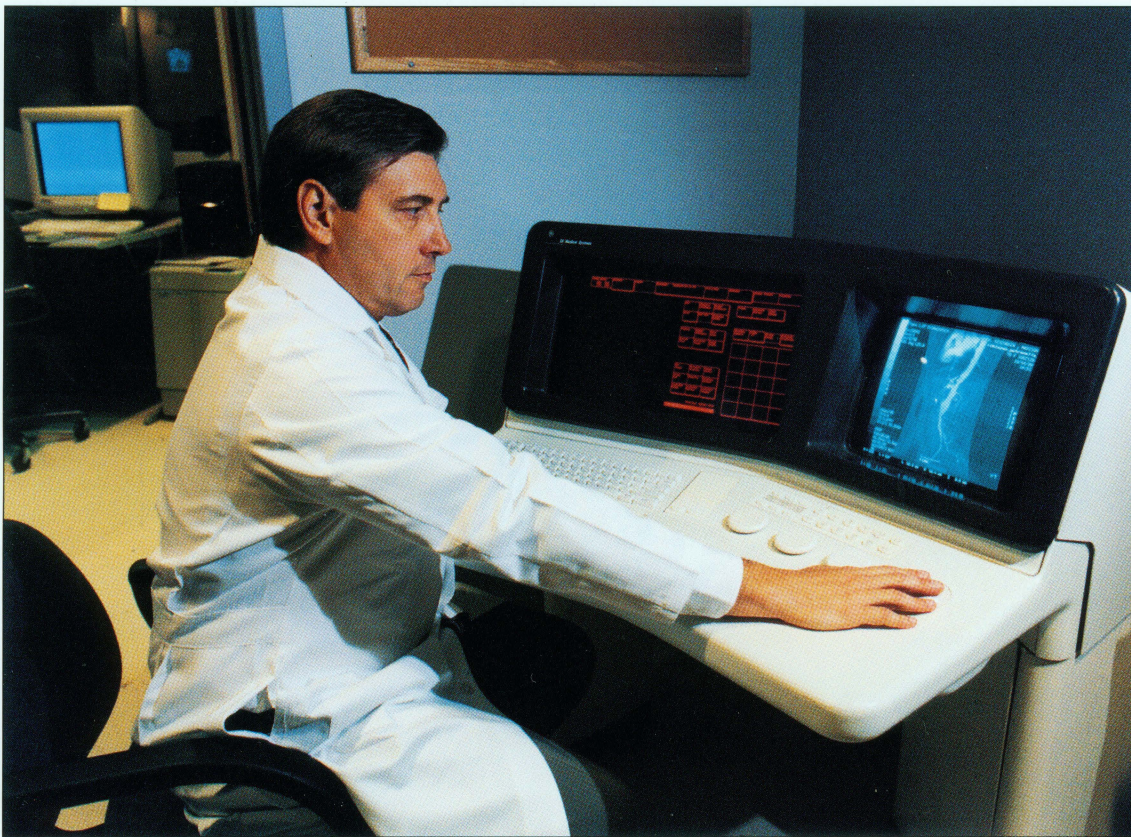
According to Turski, that sky is filled with an intriguing range of possible medical improvements, including the opportunity to provide surgeons with virtual real-time images of body parts to guide them in the operating room. Using hyperpolarized gases such as xenon to obtain detailed images of the human lung during ventilation is also a possibility; eventually, MR images could even be used to map thoughts, tracking changes in blood flow to the brain during standard thought processes.

For the moment, Turski and his colleagues in the departments of radiology and medical physics are focusing their attention strictly on

angiographic techniques that may put the patient at risk.

Like many researchers, Turski is thrilled with the possibility of using the three-dimensional images created by the magnetic-resonance scanner in interventional applications—for instance, as a guidance mechanism for a biopsy treatment or treatments of diseased arteries that utilize an intravascular approach.

For much of the last decade, the UW has been a leader in using MR techniques to examine blood vessels, so in this respect, it makes sense that UW radiology should also be involved in mapping the coronary arteries, what Turski calls "the Holy Grail of noninvasive vas-



Dr. Patrick Turski, professor and John H. Juhl chair of the UW Department of Radiology, examines a scan of a patient's carotid artery, obtained by a magnetic resonance scanner. Physicians can use the scans to help predict a patient's risk of developing a stroke.

cular imaging.” UW researchers are focusing on the carotid bifurcation, not only because it’s easy to locate and scan, but also because it’s the artery that is frequently the source of the diseases that lead to stroke.

The process is relatively simple: A T1-shortening contrast agent is injected into each patient’s bloodstream. During scanning, the agent responds to the magnetic field, allowing the scanner to capture images of the arteries as the blood passes through them. So far, Turski and his colleagues have recruited and scanned 93 of the 100 patients they eventually hope to include in the study, and the preliminary results are encouraging.

The use of MR technology in this manner represents not just the possibility of medical breakthrough, but also a huge advance for radiology, a department heretofore limited largely to the diagnostic side of patient care. If the study proves successful, researchers and doctors will be able to contribute to patient treatment and assessment as well. For example, radiologists could theoretically use MR imaging to identify a patient who may be experiencing acute stroke, use MR scans to accurately and safely insert a catheter into the diseased artery, and then view

the results of the treatment in real time—all within the same room.

“In the past, in order to diagnose a situation like this, we would have had to use a conventional arteriogram, which had some small risk but was also rather expensive,” explains Turski. “Not only does this represent a big improvement in the safety margin, but these types of applications are already proving revolutionary in terms of the impact they’ve had on how we evaluate patients with cardiovascular disease.”

The study’s implications are more than merely practical from a patient-care and budgetary standpoint. The use of MR technology has also strengthened the far-too-uncommon relationship between the basic and the clinical sciences. In this instance, researchers in the department of medical physics use laboratory space in the Veterans’ Administrative Hospital to develop MR-related software concepts that radiologists have been able to put into practice on the clinical side just scant months later. “We’re going from concept to actual bedside implementation in a clinical setting within a year,” says Turski. “Now that’s what you call synergy between departments.”

New course gets to the heart of daily doctoring

BY DIAN LAND



Eight first year students, two physician instructors and a patient with a concern gather in a small room in Bradley Memorial Hall. It is the fourth week of medical school for the students. They sit in a semi-circle around the patient, ready to try their hand at eliciting a "history of the present illness" from her. It is the first of possibly thousands of patient interviews they will conduct in their medical careers. The students are nervous, but one brave one who thinks he may need extra practice volunteers to go first. "Hello, I'm Paul Atkinson, a student of Dr. Rich Brown's. May I ask you some questions?"

So simple on the surface, the introduction may symbolize one of the most fundamental and challenging aspects of medical practice-communication. The greeting is the first small step in creating the doctor-patient relationship, the intangible bond built on communication that is seen increasingly as being so important to healing.

UW Medical School students begin honing their communication skills and learning other key components of doctoring during their first days at school in the two-year Patient, Doctor and Society (PDS) course. This preclinical exposure to patient-centered medicine sets today's UW Medical School students apart from previous UW graduates and from their peers at many other medical schools.

Communication is the centerpiece of PDS. Nearly half of the course is devoted to teaching students the many, often elusive skills related to this facet of practice. These include developing a communication style, learning to listen, building rapport, responding to patient emotions, exploring and respecting different cultures and values, educating patients and helping them change unhealthy behavior.

In the balance of the course, students learn to perform focused and complete physical examinations of nearly all systems-otolaryngologic, ophthalmologic, cardiovascular, pulmonary, neurologic, genitourinary, gastrointestinal and musculoskeletal. They are challenged to think about and discuss real-life ethical dilemmas they can expect to encounter in their practices. They become familiar with conducting literature searches and interpreting information needed to make the best clinical decisions. They come to understand obstacles they may experience delivering care in the context of an evolving health care system.

PDS is the latest development in the Medical School's on-going curriculum revision emphasizing integrated, interdisciplinary and longitudinal courses, says Dr. Susan Skochelak, senior associate dean for academic affairs.

"The UW Medical School received an Award for Excellence from the federal government for 'Outstanding Curricular Innovation and Interdisciplinary Collaboration' for the development of the components of this new course," notes Skochelak, who is project director of the team of faculty and staff that received the award from the Health Resources and Services Administration. "The Patient, Doctor and Society course is a critical building block in teaching core doctoring and professional skills."

First offered in the fall of 1997, PDS is a refinement of its predecessor—Clinical Management and Practice—in which students learned to obtain histories and perform physical exams in their second and third semesters. And it incorporates the Generalist Partners Program (GPP), the innovative UW Medical School program begun in 1994 that gives first- and second-year students patient experiences with volunteer generalist physicians in area clinics.

"With PDS we've integrated these two into one seamless, four-semester course, carefully coordinating clinic visits, small group sessions and lectures," says Dr. Christine Seibert, who is course co-director with Dr. Laura Zakowski ('90). "Most of what is not basic science is now included in PDS, and we've paid close attention to matching what is presented in PDS with topics taught at the same time in basic science courses."

In the course, students learn the things that most doctors do almost every day, says Zakowski. "Talking to patients, examining them, discussing personal details—all these are best taught through example and observation," she says. "PDS gives students the practice they need to become comfortable with these things."

The course wouldn't be successful—or even possible—without physician involvement. Nearly 80 UW Medical School faculty members from 12 clinical departments are participating this year, as are 192 GPP physicians who welcome students into their offices and clinics. Approximately 110 of the volunteer generalists either graduated from UW Medical School or completed residencies here (see sidebar list).

"Physicians bring the students incredibly rich clinical experiences, they share their 'pearls,' those unique practice details that only clinicians steeped in years of experience would know," says Seibert. "And when students see some of our senior faculty taking communication so seriously, they realize this is not a trivial exercise."

Internist Dr. Thomas Ayala ('75) travels to Madison every Tuesday from his practice in Fond du Lac to teach PDS students the finer points of the physical examination. They eagerly accept his invitations to spend time in his clinic, where he urges them to form their own alliances with his patients. "I do this to give back to my medical school and because I love medicine and physical diagnosis," he says.

Like Ayala, Dr. James Shropshire ('89) agrees that being a teacher demands staying current with medical texts and journals. The family medicine practitioner encourages the first-year PDS students who follow him from patient to patient in his Monona clinic to do their own clinical correlations. "Go back to the tank in anatomy or to biochemistry and see how the lessons you learn there really can relate to the practical things you see here," he suggests.

Patients also play a central role in the course. Some act as instructors, showing, for example, exactly how rheumatoid arthritis has altered their bodies or describing the devastating effect eating disorders have had on their families. Some play the carefully-scripted roles of people with acute abdominal or chest pain and a few lend their bodies for an afternoon, serving as teachers for pelvic or prostate examinations.

Once they complete PDS, students are solidly prepared for "wards and boards" and more. They are ready for the national examinations all medical students must take at the end of their second year. They possess the core skills and professional behaviors they will need for the intensive clinical rotations and clerkships that begin in year three. They are equipped with a foundation that will allow them to communicate effectively with other members of the health care team, physician colleagues and, most importantly, their patients—for the rest of their professional lives.

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Generalist Volunteers

Nearly 200 area physicians give precious time and energy to the Generalist Partners Program, a key component of the Patient, Doctor and Society course. By welcoming first- and second-year students into their clinics and offices, the clinicians provide a first-hand look at the many skills involved in doctoring. PDS would not be possible without the participation of the following volunteers, 112 of whom graduated from or completed residencies at UW Medical School (indicated by *).

- | | | | |
|-----------------------|----------------------|----------------------|------------------------|
| Guirish Agni | * Gregory DeMuri | * David Kaiser | * William Ranum |
| Brad Allen | Richard DeWitt | * Sandra Kamnetz | Richard Rice |
| * Gail Allen | * Marjorie DiMaggio | * Peter Karofsky | Gaines Richardson |
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| Richard Anstett | Heidi Eimerman | Wahab Kazi | Louis Sanner |
| * Michael Aughey | * Alida Evans | * John Keener | * William Scheibel |
| * E. Thomas Ayala | * Julie Fagan | * Jeffrey Keil | Richard Schmelzer |
| Tracy Bachhuber | Kenneth Felz | * Catherine Kelley | * Paul Schmidt |
| * Ellen Barbouche | Edwin Ferguson | * Frank Kilpatrick | Sarina Schrage |
| * Daniel Barry | Marrellema Fernando | Kristen Knoepke | * Rita Schultz |
| * John Beasley | Marshall Fields | Ronald Kodras | * Amy Schumacher |
| * Lorna Belsky | Lawrence Fleming | Robert Kuritz | William Schwab |
| * George Benton | Nadine French | * Douglas Kutz | Alan Schwartzstein |
| Thomas Best | John Frey | Daniel LaVoie | * Christine Seibert |
| Rambha Bhatia | * George Gay | Karen Lentfer | * Gregory Sheehy |
| * Evan Blanchard | * Claire Gervais | * Joanne Leovy | Debra Sheno |
| * Mark Boettcher | * James Giesen | * Stanley Livingston | * James Shropshire |
| * John Bohn | * Michelle Gigot | * Karen Loomans | Michael Siebers |
| * Deborah Boushea | Gary Giorgi | Ken Loving | Carl Silverman |
| * Fred Brodsky | * Mark Goelzer | Lucille Marchand | Susan Skochelak |
| Richard Brown | Kenneth Gold | Daniel Marley | * Jean Slane |
| Calvin Bruce | Brian Goldshlack | * Edward McCabe | * Jeffrey Sleeth |
| * Deidre Burns | * Randy Haas | * Anne Means | * Douglas Smith |
| * Rebecca Byers | David Hahn | * Peter Meyer | Paul Smith |
| * Robert Cape | * Juanita Halls | Bernard Micke | James Sosman |
| * Sanford Carimi | * Kurt Hansen | * Eric Miller | Joseph Spurgeon |
| Ethan Carlsson | Mark Hansen | Joel Miller | * Robert Steele |
| * Susan Carson | * Cynthia Haq | Maureen Murphy- | * Melissa Stiles |
| * Donald Carufel-Wert | Thomas Hartjes | Greenwood | * Barbara Stowe- |
| * Thomas Casper | * Paul Hartlaub | * Thomas Murwin | Carpenter |
| * Robert Cates | Kent Hartung | * Paul Neary | * Eric Streicher |
| * Diana Choles | * Kay Heggstad | * Steven Neish | Patricia Tellez |
| * Timothy Chybowski | * William Heifner | * James Nettum | * Jonathan Temte |
| Timothy Correll | * Jerry Hisgen | * Susan Nondahl | * Michael Thom |
| Linda Cripe | Mae Hla | Dennis Oeth | * Mary Thompson |
| * Laurence Crocker | * Erane Huie | * Pamela Olson | Marc Timmerman |
| * Kathryn Dalsing | * Peter Idsvoog | Kathy Oriel | Robert Trautloff |
| James Damos | * Catherine James | * Sandra Osborne | * Elizabeth Trowbridge |
| * James Davis | * Norman Jensen | Megeen Parker | Marc Tumerman |
| * William Davis | * Julie Jernberg | John Pascoe | * Terry Turke |
| Richard Day | * Janet Johansson | Zorba Paster | * Robert Turner |
| | | Jane Pearson | * Stuart Turner |
| | | Cheryl Peterson | Kanchana Viswanathan |
| | | * Karen Pletta | * Kathleen Wick |
| | | * Amy Plumb | * Alev Wilk |
| | | Susan Poe | Gary Williams |
| | | * Samuel Poser | Brett Wilson |
| | | Eugene Pruitt | Michael Wilson |
| | | * Robert Pryzbelski | Vincent Winkler-Prins |
| | | * Richard Qualy | * Julia Wright |
| | | * David Queoff | David Yang |
| | | * Laurel Rabson | * Laura Zakowski |

Medical students as health activists

Recently I was asked to give the introduction to the “Physicians as Health Activists” course. Initiated solely by first-year medical students, the course was created in part to fill a gap in the formal curriculum, which didn’t adequately address the “big picture” in medicine. I began by asking the students why they chose to go into medicine. The answers varied: to satisfy altruistic desires; to help less-fortunate people; to work in a third-world country; to learn about the power of physicians to change society. By taking the course, they could work with other students who had a similar service mission, and as a group, they could make a difference.

The Health Activists course is one of many student-initiated, extra-curricular volunteer efforts. Some others include:

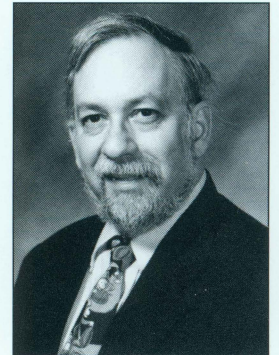
- More than 200 students in the “MEDIC” program run clinics (with volunteer faculty) at the Grace Episcopal Church homeless shelter, the Salvation Army homeless shelter, the South Madison Health and Family Center and the Safehaven Center
- In the “Doctors Ought to Care” (DOC) program, students visit local schools and talk to children about healthy lifestyles
- The Medical Students for Minority Concerns holds an annual community health fair
- Students keep other volunteers with domestic abuse victims in Madison emergency rooms
- Medical students participate in a “Reach Out and Read” program for children at the Salvation Army homeless shelter

Our curriculum is quickly catching up to the students’—and our changing society’s—vision and needs. Through the leadership of the dean, associate deans and faculty, the school has received many major grants and gifts that have been key to the innovative changes we’ve made to our formal curriculum. These changes place increased emphasis on population health, evidence-based medicine, health promotion, primary and generalist care, continuity of care, community-based care, cultural competence and interdisciplinary practice, allowing us to deliver comprehensive health care to medically underserved populations.

Last fall I attended a hearing on proposed legislation requiring bicycle helmets with second-year student, Dan Kaiser. After Dan’s testimony on MEDIC’s support, Senator Judy Robson, chair of the committee, said, “It’s nice to see students getting involved in the political process so early in their careers.” However, third- and fourth-year medical students, under significant pressures from clinical work, are generally unable to continue volunteer service. Observing this pull-back, first- and second-year students have expressed concern that their own altruistic feelings may soon be extinguished. All of us in practice know well how they feel.

Students in a physician-activist class last year suggested the following as a remedy. Rather than doing more volunteer service outside of work (extra-curricular), why not change the mission of the organization to include community service (curricular change). Successful corporate CEOs realize that money must be spent to accomplish changes embodied in a strategic plan. In our industry this would mean that compensating employees (physicians) for community service could result in health care cost savings and a healthier population.

Rudolf Virchow, a 19th century German pathologist, anthropologist and political leader, said medicine “must enter the larger political and social life of our time” if it was to fulfill its true potential. UW Medical School’s educational emphasis is striving for that “true potential” by recognizing the importance of “primary prevention and health” as well as “cure of illness.” Not only is the “doctor-patient” relationship recognized as critical, but so also are population health, public health and community health. Student leaders deserve much credit for this broadening focus that now includes the physician’s important role in community and political advocacy.



Murray L. Katcher, M.D. (75), Ph.D., is professor of pediatrics and of family medicine and director of community outreach for the department of pediatrics. He has been teaching medical students and residents at UW Medical School for more than 20 years.

Participants sought for age-related macular degeneration study

The UW Medical School Department of Ophthalmology and Visual Sciences is recruiting patients to participate in a five-year clinical trial to determine whether mild, low-level laser treatment can decrease vision loss for older individuals at risk of developing severe age-related macular degeneration.

Age-related macular

degeneration, or AMD, affects an estimated 1.7 million older Americans, and is the leading cause of severe visual impairment in individuals over 60. As a person ages, yellowish waste deposits called drusen begin to accumulate under the macula, the small area located in the center of the retina. Research has shown that having a large number of macula drusen may be a risk factor for AMD, a leading cause of severe visual impairment in

people over 60. In the study, a low level-laser is used to treat the area around the patient's macula where drusen can accumulate. Pilot studies showed that the number of drusen were reduced, often as early as six months after these treatments.

According to ophthalmologist Dr. Suresh Chandra, the study's principal investigator, the risk to the patient in this particular trial is minimal. But the results of the trial, if encouraging, could be highly significant.

"The long-term significance of this study could be tremendous," says Chandra. "If we find out that the use of mild laser is helpful, we can pick out patients in the early stages of AMD, apply the treatment and save them from blindness."

The UW trial is one of 24 sites nationwide where this study is being conducted as part of the Complications of Age-Related Macular Degeneration Prevention Trial sponsored by the National Eye Institute. To be eligible to participate, patients must meet all of the following criteria:

- Age 50 or older
- Large drusen deposits in the retinas of both eyes. These deposits can be

viewed and identified by eye care professionals as part of a dilated eye exam.

- Visual acuity of 20/40 in both eyes
- No other eye diseases that affect vision
- Available for five years of follow-up
- No previous laser treatment to the retina.

Each patient will have one eye treated with a laser and one left untreated. Both eyes will be carefully monitored following the procedure to ensure that no complications ensue. In the following five years, participants will be required to have their eyes periodically examined by a trial-certified ophthalmologist – three times during the first year, two times during the second year and once a year thereafter.

Patients interested in participating in the clinical trial should contact Wendy L. Walker of the ophthalmology department at 608/263-9035 or by e-mail at wwalker@facstaff.wisc.edu

Further information about the National Eye Institute's study can be obtained by visiting www.med.upenn.edu/ophth/research.html

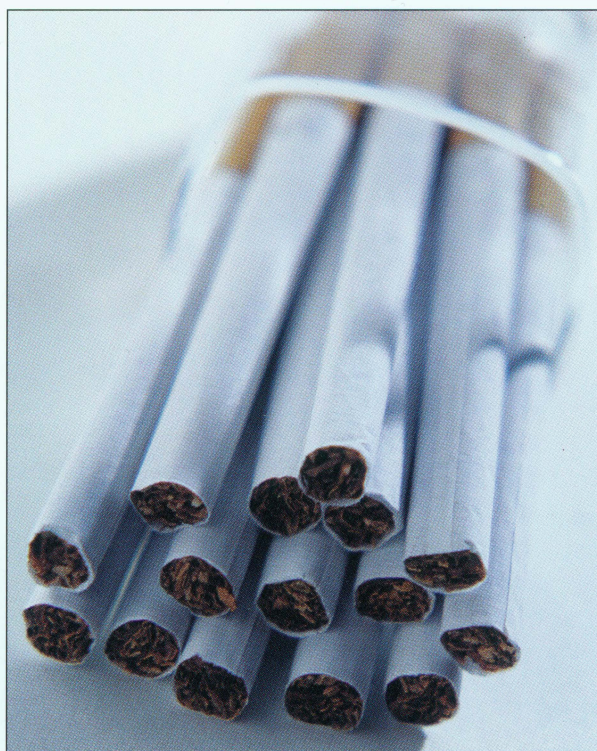


UW Medical School receives \$9.9 million grant on smoking relapse

Using an array of technology that will include hand-held computers and magnetic resonance imaging of the brain, research teams at the University of Wisconsin Medical School will launch a comprehensive assault on one of the most persistent problems in the treatment of smokers: relapse.

The Center for Tobacco Research and Intervention (CTRI) at the Medical School will conduct that assault with a \$9.9 million grant from the National Cancer Institute and the National Institute on Drug Abuse (NIDA), university officials recently announced. The largest grant in CTRI history, it will be used to fund a series of tobacco-related studies. One of only seven institutions nationwide to receive such a grant, the UW is the only institution in the nation to receive an award for research projects targeted at examining relapse to tobacco use, the largest challenge in the search for a method of controlling tobacco addiction.

"In the United States this year, one-third of all smokers—representing 20 million adults—will try to quit smoking," says Dr. Michael Fiore, director of the Medical



School's Center for Tobacco Research and Intervention. "Unfortunately, only one million will succeed. The purpose of our research will be to try to change this discouraging statistic. By investigating why people relapse to smoking, we believe we can help people who want to quit succeed in doing so."

Last December, the Medical School announced plans for its \$2 million share of the state tobacco settlement.

State drug policies interfere with pain

Good pain control is an essential component of medical care for people with serious illnesses, but state policies can stand in the way of pain relief, according to a study released by the Pain & Policy Studies Group (PPSG) at the UW

Comprehensive Cancer Center. The study is the first phase of a pain and public policy research project funded by the Robert Wood Johnson Foundation, Princeton, NJ.

"Some states' laws and regulations that govern the use of pain medications lack balance," according to David Joranson, who directs the PPSG at the University of Wisconsin. "State policies aimed at preventing drug abuse often fail to recognize that these drugs are also necessary for medical purposes. Federal law addresses both points. The situation perpetuates misunderstandings about these drugs. Ironically, some new state laws that were meant to improve patients' access to pain management may actually make them harder to get."

Although there are many treatments for pain, pain experts agree that opioid drugs (like morphine) are the most effective treatment for severe pain, which may accompany many illnesses, including cancer. But, according to Joranson, opioids are underused in pain management for a variety of reasons, including greatly exaggerated fears of addiction, lack of physician training and physicians' reluctance to prescribe them because they are afraid of being investigated for violating the law.

The PPSG has been working with the state medical boards that license doctors to update their knowledge about state-of-the-art pain management and to revise their guidelines in this area. Now PPSG has expanded its scope to a review of state laws and regulations.

"Achieving Balance in State Pain Policy" presents the results of the PPSG analysis of 17 states' policies that govern controlled substances and medical and pharmacy practice. Phase 2, a comprehensive evaluation of all 50 states and federal policy, is due later this year.



HealthStar promises to be the campaign that will bring the UW Medical School into the new millennium as a leading medical school. When the goal of HealthStar is satisfied, the medical school will house two new buildings with advanced facilities and research opportunities. The success of HealthStar depends on the support it receives from medical school alumni and other members of the community who wish to see the medical school remain one of the best. So far, concerned individuals have donated generously to HealthStar. Here are a few of them, who they are, and why they felt it was important to invest in the future of the medical school.



Dr. Katherine Budzak

"We have been interested in HealthStar since the beginning. I like the way HealthStar has continued to keep us well-informed in the progress of the campaign.

"UW is one of the most outstanding medical schools in the country and HealthStar will keep us in that position. I've always felt proud to say I was a graduate of the medical school. We've been regular contributors to the medical school for two reasons. One is loyalty to my

alma mater, and the second is gratitude for the high level of education I received from the medical school."

Dr. Budzak and her husband contributed to the Medical Learning Center through the Medical School Alumni Association. Dr. Budzak is a graduate of the medical school and continues to be active via the Medical School Alumni Association. She is the secretary-treasurer and is on the board of directors.

Dr. David and Sacia Morris

Dr. and Mrs. Morris donated \$500,000 to the Allergy Pulmonary Laboratory division of the Interdisciplinary Research Complex.

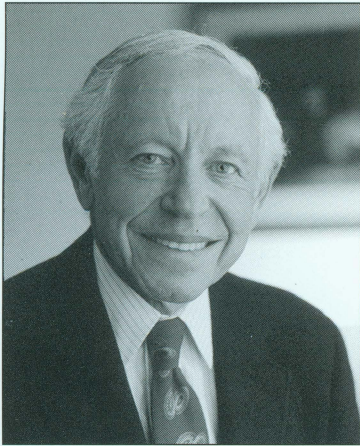
"I received my degree from the medical school in 1954. My daughter was also a medical school graduate in La Crosse. I am an allergist and proud of UW research in allergy, particularly its role in viral infections. I realize that without generous private support, a great medical school would not be possible."

Dr. David Riese

"We, as alumni, have to recognize that much of our social, financial and overall economic status is due to the fact that we are physicians. Therefore, we owe a great debt to the medical school for providing the education we received, which benefits our personal lives.

"Alumni should give money to HealthStar to provide the best care to citizens of Wisconsin and to thank the medical school for what we personally have achieved and enjoyed as alumni of the medical school."

Dr. Riese graduated from the medical school in 1968 and specialized in anesthesiology. He is a member of the board of directors of the Medical School Alumni Association.



Dr. Leon Rosenberg

“Education and research facilities, which are the cornerstone of HealthStar, are essential if the medical school is going to be the center of medical research nationally. The medical school should be one of the top 15 in the country. For this to happen, it must have HealthStar creating an infrastructure that will make it possible. This is why, as an alumnus, I thought it was important to contribute as much as I could to HealthStar.”

Dr. Rosenberg has a strong connection to the medical school. Aside from being a graduate, he was born in Madison and received his undergraduate from UW–Madison as well.

A former medical school dean at Yale University, he is currently the president of Research and Development at Princeton University.



Dr. Harvey Wichman

For Dr. Wichman, contributing to HealthStar is “a way of paying back the university for educating us and allowing us to practice our craft as well as for all of the enjoyment we’ve gotten out of our profession.

“Donating money is a way of showing appreciation to the medical school that trained you at the cost of the citizens of Wisconsin.

Dr. Wichman graduated from the medical school with a specialty in orthopedic surgery. He is the president-elect of the UW Medical School Alumni Association.

*For more information about HealthStar, contact:
Kathleen O’Toole
University of Wisconsin Foundation
1848 University Avenue
Madison, WI 53705 (608) 262–9409*

GIVING TO THE UW MEDICAL SCHOOL

The HealthStar campaign is a partnership among the State of Wisconsin, the University and generous people in Wisconsin and around the country. The state has pledged \$50 million over six years toward the facilities construction portion of HealthStar. UW Medical School seeks an additional \$200 million in private gifts from organizations and individuals, including faculty, alumni, staff, patients, families and friends in Wisconsin and beyond.

There are many ways to become part of the HealthStar campaign. You can make an outright gift or a pledge payable over several years. The campaign also welcomes commitments fulfilled by appreciated security, life income trusts, bequests, life insurance or other giving plans. By giving to the campaign, you not only have an impact on the future of medicine — you also perpetuate a legacy of giving in your name or the name of a loved one.

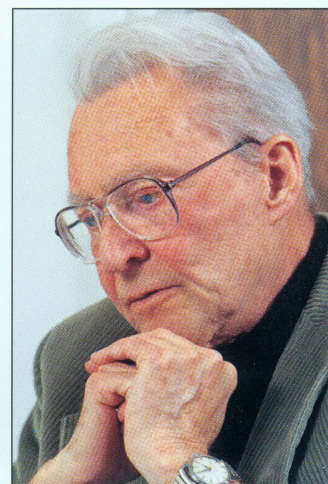
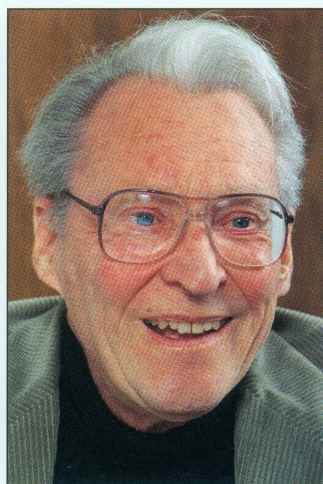
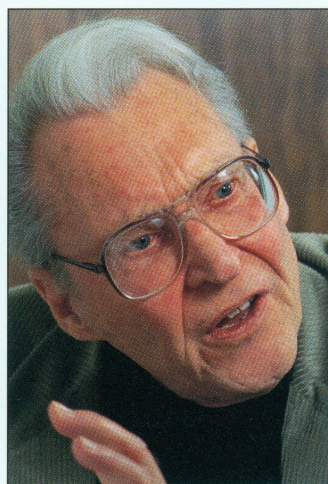
The University of Wisconsin Foundation would be happy to work with you to discuss naming opportunities and to develop a giving plan that helps you meet your philanthropic goals.

LARRY GILES '51 A man of many words

Laurence T. Giles first was inspired to write prose nearly 50 years ago when, as a medical resident in San Francisco, he met the famed novelist, poet and physician, William Carlos Williams. Giles has been writing ever since. He first published poems as an undergraduate at the University of Wisconsin and continued the practice during service as a U.W. Army medic during World War II. A member of the national Phi Beta and the Wisconsin Fellowship of Poets, his writings have appeared in several anthologies of poets.

Though retired from his internal medicine practice, Giles continues to explore artistic pathways of expression. "I write for myself, but also to share ideas, celebrate words, realize the dream," says Giles. "Writing is an inner guide, it knows what you don't."

Four years ago, Giles was diagnosed with a rare blood disease, which currently is being treated with chemotherapy. Though tired and spent from endless treatments and doctor visits, his spirits remain high and his writings continue. We wish him well.



COOL

Cool, she said, cool.

How to be cool

holding that long

slim dark

body

that pushed me away

that swallowed me whole

into her shadows.

THE CONDUCTOR

Madison Symphony Orchestra 10/25/95

We keep our ears open Joann Falleta
when you conduct immortal Beethoven

pulling music
from dark places into light

energy from passionate fingers
your body shakes its own cri de coeur

swooping down like a wind shadow
a woman on her own cross

burying genders
what is woman is also man

vivid and transparent music
intent on application
stories that come true

THE DOCTOR BLUES

Refrain

- 1) I went to see the doctor
This is what he said:
Can't tell you what's the matter
You're in way over your head:
the way you hold your head
yeah, you already dead
dead to the world, that is, bro'
- 2) We got paradigms
We got algorithms
We got protocols
But we got no time:
we got no time for people
not no mo', no mo', no mo', no mo'
The way you goin'/you're already dead
- 3) Refrain
- 4) We got practice guidelines
We got standards of care
We got critical pathways
an' synapses to share
- 5) Refrain
- 6) We've re-engineered the hospital
with disease state management
We're cost effective, cost contained
We're a world accounting web that went
- 7) Refrain
- 8) We got income/and outcome
and outcome based results
We focus on your head
the way you goin', bro', you already dead
- 9) Refrain
- 10) Jus' sit in the E R. and look around you
check the world wide web

President's Message

The academic year is off to a great start. The Alumni Association, in cooperation with the medical school sponsored a dinner and awards ceremony recognizing the contributions of the past presidents of the Alumni Association. Unfortunately, many of the more amusing anecdotes cannot be repeated here. Each of the former presidents received a plaque recognizing their contribution as president emeritus, including your current president (who has no intention of relinquishing his soapbox so easily).

The attendance at the homecoming "tailgate" party and game was excellent. A virtually flawless effort by the football team gave many of the younger players a chance to demonstrate their ability, justifying optimistic support for next year's team.

Homecoming also marks an exciting opportunity for the medical school and the Alumni Association as we begin active fund raising for the HealthStar Project. The new \$200 million Health Learning Center, to be built near University Hospital, will include a new medical school, medical library, nursing school, pharmacy school and research facility. The urgency of this project is highlighted by the commitment of \$50 million by the State Legislature, an unprecedented level of support.

The current medical school lacks usable space for research. The space currently in use for classrooms, student laboratories and research is so outmoded, the only way the school passed its last accreditation cycle was because of existing plans for this new facility. Completion of a state-of-the-art medical school is planned for the year 2002.

The alumni board of directors has elected to support this project by providing an auditorium, Alumni Hall, large enough to seat two medical school classes. Without your support this much needed lecture hall will not be built. It will be a lasting tangible reminder to the faculty and students of our commitment to the medical school. It is a substantial project with a substantial cost-\$500,000 per year for five years for a total of \$2.5 million. This goal is attainable. Various furnishings, audiovisual equipment, lecterns and artwork will be available for class gifts or other individual recognition.

The project represents a significant challenge, but I believe our 8,143 graduates and 5,602 postgraduates are equal to an even larger commitment. Already our alumni have contributed \$1.5 million to the HealthStar Project, but so far only \$400,000 is specifically designated for Alumni Hall. We need to raise one million dollars by June 2000 for the architects to be able to include Alumni Hall in the plans for the new medical school. Your active support has never been more important. The future of our medical school hinges on the success of the Health Star Project, and Alumni Hall will be the centerpiece of the educational complex, allowing visiting professors to address large audiences. Please consider pledging \$1,000 per year for ten years to join the Middleton Society or \$2,500 per year for ten years to qualify for the Bardeen Fellows, Bascom Hall Society and the Middleton Society. With this demonstration of pride in our school and commitment to the students we also honor our oath to promote the welfare of our patients both this and future generations. Please join me in supporting this essential project.

Fraternally,

Robert J. Jaeger, MD



*Robert J. Jaeger '71,
president of the
Wisconsin Medical
Alumni Association*

Class Notes

This year, *The Merck Manual of Diagnosis and Therapy* celebrated its 100 anniversary with the publication of its Centennial Edition. Four UW medical alumni were selected to contribute: **Cynthia Harden** '83, chapter reviewer; **James W. Jefferson** '64, anxiety disorders; **Ruth W. Schwartz** '50, gynecology and obstetrics; and **E. Richard Stiehm**, immunodeficiency disease.

1939 (two year)

M. Wesley Farr died from pancreatic cancer August 13, at home in Palo Alto, Calif., under the compassionate care of Mid-Penninsula Hospice.

After leaving the US Air Corps as major in 1946, he spent his career as a general practitioner in various locations in California until retirement in 1987. A violinist, singer in church choirs, school board member and backpacker, he hiked all but 30 miles of the John Muir Trail and presented slide shows to nursing home residents. His daughter Patty Edwards writes that he enjoyed telling stories about Drs. Middleton and Midelfort and recalling pranks such as the time older students told rookies to look for a benzene ring in a laboratory cabinet.

1950

John Robert Guy of Waukesha, Wis., received the Physician Citizen of the Year Award from the State Medical Society of Wisconsin for his extensive efforts in gathering

and sending much needed medical supplies to Kazakhstan. Last summer he welcomed a Kazakhstan woman into his home while she underwent chemotherapy for breast cancer, treatment not available in her native country. Now he is arranging surgeries in the US for Kazakhstan children who have congenital heart disease. At home in Waukesha, he works at a pediatric free clinic.

1954

Leo Joseph, an ordained Roman Catholic deacon from Fond du Lac, Wis., is particularly interested in caring for the elderly, the indigent and those with physical and mental handicaps.

Two sons of **Duane Larson** are training in cosmetic surgery and plan to join their plastic surgeon dad in practice in Beaumont, Texas.

Edward Pezanoski, now retired, keeps busy as a corresponding officer of the Southwest Ob/Gyn Society. He lives in La Mesa, Calif.

Retired radiologist **Marvin Roessler** of Clearwater, Fla., has won national and international championships in five different sailing classes, from 16-ft. catamarans to 34-ft. keelboats.



Retired dermatologist **Frank Urban** continues to be an active assemblyman in the Wisconsin Legislature. He lives in Brookfield, Wis.

1959

Asher L. Cornfield of Milwaukee and his wife live in a suburb of Tel Aviv, Israel, for six months of each year to be near their three children and five grandchildren. Asher and his wife have become dual citizens of the United States and Israel.

David L. Cram of Piedmont, Calif., has published two books, *The Healing Touch: Keeping the Doctor-Patient Relationship Alive Under Managed Care* and *Understanding Parkinson's Disease: A Self-Help Guide*, both from Addicus Press, Omaha, Neb.

Alan A. Ehrhardt from Beaver Dam, Wis., along with his wife and other family members, have been doing medical mission work in the Philippines and Mexico.

Fredarick L. Gobel practices cardiology and is vice president of medical affairs at Minneapolis Heart Institute Foundation for Research and Education.

Donald I. Guttman, a retired anesthesiologist who has lived in San Diego for 40 years, frequently participates in cleft lip and palate reconstructive surgery in Mexico and Central America.

1960



John Schowalter, who lives in Hamden, Conn., is the Albert Solnit professor of child psychi-

atry, pediatrics and psychiatry at the Yale School of Medicine and also director of clinical services at the Yale Child Study Center. In January 2000, he will become president of the American Board of Psychiatry and Neurology and president of the Benjamin Rush Society.

1964

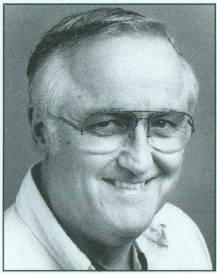
James I. Cease, who practices family medicine in Denver, was slowed down a good deal after fracturing his distal tibia and fibula while mountain climbing in June 1997. The hardware was to be removed this past summer.

John L. Duffy lives on an Iowa farm and has practiced correctional medicine at the Anamosa Penitentiary for the past seven years.

Thomas A. Handrich of Mequon, Wis., stopped his OB practice in late 1998 after about 14,000 deliveries. He says "life is good" with no night or weekend call.

Mark F. Mergen, who lives in Mt. Kisco, N.Y., is a computer science researcher. He has worked for IBM for 33 years. Much of the Mergens' energies have centered around daughter Katrina, who developed Stevens Johnson Syndrome 15 years ago. Mark also plays trombone in local musical shows.

Ernest A. Pellegrino and his wife, Barbara, volunteered at the Bugando Hospital in Mwanza, Tanzania, in 1998 and plan to go back next March. Mark is a retired orthopedic surgeon living in Middleton, Wis.

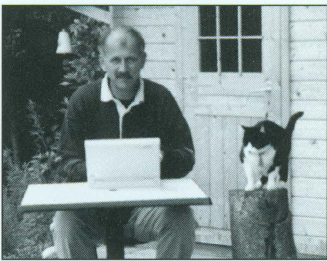


Pediatric endocrinologist **Gordon A. Tuffli**, of Madison, is serving as the mentor to the UW Medical School Class of 2001.

1969



Kathryn S. Budzak is retired and living in Madison. She and her husband Archie, both veteran Elderhostelers, enjoyed the most relaxed time of their lives on a cruise from Lisbon, Portugal to Barbados last November.



Walter H. C. Burgdorf of Tutzing, Germany, recently finished writing the English edition of a 1,500 page dermatology text, perhaps the last big text written by one person in the field, he says. He teaches one day a week in Munich, but otherwise enjoys retirement and has seldom been busier. Orthopedic specialist

Charles J. Cooley, who lives in Anoka, Minn., plans to open a surgery center. Rumor has it he may retire in two years.

Sara A. Cuene of Everson, Wash., provides most of the mental health services of Western Washington University Student Health Center. She and her husband breed and show draft horses, and have the only 6-horse hitch of sorrel percherons.

Mary K. Favaro of Surfside Beach, S.C., along with her entire family, will go to Rome for 10 days to celebrate the millennium. She practices family medicine.

Internist **Jeffrey D.**

Gorman, a resident of Bloomington, Minn., has acquired a large collection of quack medical devices that now fill several rooms in his house.

Thep Himathongkam of Bangkok, Thailand, runs a private hospital and specializes in endocrinology. He is founder and president of the Thai League of Diabetes Educators. This year, his medical interests are taking him to Milan, San Diego and Brussels.

Internist **Thomas Lathrop**, who lives in La Crosse, Wis., has become medical director of Information Services, delivering Web-based records to his clinic, hospital and 28 regional clinics.

Thomas W. Mayer, a retired airline pilot, now teaches the martial art of Aikido. A resident of Oak Lawn, Ill., he's also a ham radio operator and a Minnesota fisherman.

Urologist **Robert A. Palm** of Racine, Wis., has been a medical missionary in the jungles of Peru and Venezuela. The Palms spent their 25th wedding anniversary in Italy.

Rodney R. Parry, living in Sioux Falls, S.D., keeps more than busy as executive dean of the Medical School and

president of the State Medical Association. He also sees patients two days a week.

Pediatric radiologist **Carol M. Rumack** of Greenwood Village, Colo., is associate dean for graduate medical education at the University of Colorado School of Medicine and distinguished scientist at the Armed Forces Institute of Pathology in Washington. She especially enjoys her first grandchild Cody Elizabeth Allen.

David P. Werner practices family medicine in Palmer, Alaska and makes the most of outdoor opportunities such as sea kayaking, running, mountain biking, skiing and learning the basics of carpentry, plumbing and electrical work.

1973

Rick J. Schuch of Gays Mills, WI, is medical director of a national PPO, HealthStar, headquartered in Chicago. Rick and his anesthesiologist partner live in a loft complex near downtown and relax at their farm in southwestern Wisconsin. Rick still flies, so travel is easy in good weather.

1974

Margaret R. Draeger gave up obstetrics three years ago to establish a solo practice in gynecology in Round Rock, Texas. She says riding on her horses, Sparky and Rose, is her favorite off-hours activity.

Milton R. McMillen, who practices emergency medicine in La Crosse, Wis., completed renovation of an 1886 lumber baron's Queen Anne Victorian. Now he's trickling a country schoolhouse.

David I. Minkoff of Clearwater, Fla., an 18-time ironman finisher and national spokesper-

son for the Commission on Human Rights, conducts a weekly radio show.

1976

Donn D. Fuhrmann of New London, Wis., recently was installed as the 52nd president of the Wisconsin Academy of Family Physicians. He plans to continue emphasizing patient education programs such as "Tar Wars" by asking each doctor in the state to teach 5th graders about smoking. Donn also serves as assistant clinical professor of family medicine at UW Medical School.

1979

Warren P. Bishop keeps particularly busy in Iowa City, Iowa, as the only pediatric gastroenterologist at the University of Iowa.

Renee R. Coulter, who practices ob/gyn in Mequon, Wis., recently visited China and spoke to Chinese physicians at a women's hospital.

Robert Drouillard of Qalandarabad, District Abbottabad, Pakistan, coordinates a community health project in rural communities in northern Pakistan. He will be in the United States for a year beginning July 1999.

Psychiatrist **Nancy Engel** of Palo Alto, Calif., recently completed two years as deputy chief of psychiatry of Stanford Hospital. She also was president of the South Bay Chapter of AMWA and of the Mid-Peninsula Psychiatric Society.

Edward F. Green, who lives in Portland, Ore., limits his practice to the mentally retarded and developmentally disabled. He was a gold and bronze medalist in swimming in the '98

Oregon State Games and has been an organizer and captain for the Gay and Lesbian Games since 1982.

Jill P. Harman of Neenah, Wis., served as president of the Wisconsin chapter of the American College of Emergency Physicians, 1998–1999. She works at St. Elizabeth's Hospital in Appleton.

Lauree Thomas Tyler of Milwaukee, associate dean at the Medical College of Wisconsin, established the Dr. Stephen R. Baldwin Memorial Fund with the help of classmates. It was presented as a class gift at the 20-year reunion.

Jerry J. Zimmerman recently moved to Seattle, where he is director of pediatric critical care medicine at Children's Hospital Regional Medicine Center.

1984

Jerome C. (Jake) Andres, a family practitioner in Mosinee, Wis., is a sentinel physician for the CDC and the Wisconsin Dept. of Health. He still plays hockey and helps the Mosinee Hockey Association as Zamboni driver, skate sharpener and coach.

John E. Brusky, an anesthesiologist in Brookfield, Wis., has led medical/surgical teams to Haiti yearly since 1990 along with his wife. Last year they screened 900–1,000 people, did 60 surgical procedures and treated 125 dental patients.

Jane (Dinnies) Byrd from Chippewa Falls, Wis., is very pleased with a career change from emergency medicine to general pediatrics.

Green Bay family physician **Bob Mead** spends a lot of time outdoors hiking and birding; he is regional coordinator for the Wis-

consin Breeding Bird Atlas. He also volunteers at a free clinic and is medical director of Brown County Tobacco-free Coalition. Joe, 9, Madeline, 7 and Jacob 3, keep him on his toes as well.

Michael M. Moore of Philadelphia, trained in family practice, now works in the infectious disease division of the Hospital of the University of Pennsylvania, primarily making "house calls" for HIV patients.

Gregory J. Schmeling lives in Brookfield, Wis., and serves as associate professor of orthopedics at the Medical College of Wisconsin. Involved in adult and pediatric trauma and adult reconstruction, he travels each year to teach orthopedic trauma at advanced educational courses. He also is the director of medical education for the Wisconsin Orthopaedic Association.

Child, adolescent and adult psychiatrist **Bruce A. Semon**, of Milwaukee, and his wife will soon publish a cookbook called *Feast Without Yeast*.

After nine years in private practice geriatrics, **Mary Kosco Tuuk** of Wheat Ridge, Colo., now works for Total Longterm Care, an innovative program designed to keep frail elders in the community. She's also medical director of Hospice of Peace.

As chief of physical medicine and rehabilitation service of the Central Texas Veteran's Health-care System in Temple, Texas, **Valerie H. Van Wormer** supervises 100 therapists and administrative support staff while incubating baby number three.

1989

Orthopedic surgeon **Gerald G. Adler** lives in Oconomowoc, Wis., where he is medical direc-

tor of the Sports Medicine Institute and chief of surgery at Oconomowoc Medical Hospital.

Interventional cardiologist **Albert J. Deibele**, who is pleased with his job change from Wausau Marshfield Clinic (Wis.) to the Duluth Clinic (Minn.), expects his first child imminently.

Mary Jean Gould-Early and her husband live on a mountaintop farm in Cogan Station, Pa., where they raise crops as well as Friesian horses, Fell ponies, goats, dogs and cats. They welcome visitors. In her day job, Mary Jean practices diagnostic radiology and vascular and interventional radiology.

Shannon Howe and husband David A. Langebartel now live in Tucson, Ariz. She recently opened a practice with two other rheumatologists and finds owning a practice to be quite an experience.

Kelly L. McClean Ensing and husband, Greg, moved to Ann Arbor, Mich., after spending 10 years in Indianapolis. Both Ensings have positions at the University of Michigan.

After graduation from medical school, **Jane Look Polansky**, now living in Plymouth, Minn., married Robert Polansky. Following three years of practicing psychiatry, baby Solomon arrived and Jane is enjoying an extended maternity leave.

With an MA degree in history of science and medicine under his belt, **David A. Sandmire** has been teaching at University of New England and wrote the "Physiology and Pathology of Aging" chapter in Chop and Robnett's *Gerontology for the Health Care Professional*. The Sandmires live in Kennebunk, Maine.

Katherine K. Skaggs recently left six years of ob/gyn with Physicians Plus of Madison

and headed for a different, calmer lifestyle in Marquette, Mich.

Otolaryngologist **James M. Yohanman** has moved from Lake Geneva, Wis., to Colorado Springs, Colo., where mountain activities have engaged the whole family.

1992

Minneapolis pediatrician **Thomas Hetzel** has been appointed a clinical assistant professor in the department of family practice and community health at the University of Minnesota Medical School.

1994

Deanne K. Eccles, who lives in Cottage Grove, Wis., practices at Riverview (Dean) Urgent Care and serves as team physician for the US triathlon team.

Archna Hendricks and **Douglas J. Hendricks** live in Flossmoor, Ill. She works at Women's Health Specialists in Dyer, Ind., and at two nursing homes while he practices physical medicine and rehabilitation at two facilities in Illinois.

Wendy Hill and family recently moved to Appleton, Wis., where her husband got a new job at Lawrence University. She now practices with John Edwards in Appleton. Wendy and spouse are madly in love with Joseph, born Sept. 9, 1998.

Clarisse P. Kappel just completed an endocrine fellowship and now has joined the staff at the University of Wisconsin–Madison as an instructor.

Jewel M. Market and **Robert P. Peterson** live in Barron, Wis., where she chairs obstetrics at Barron Memorial Center and he practices family

medicine. Bob was a top 100 finisher at American Birkebeiner ski race in Hayward.

After a psychiatric residency at Loyola Medical Center, where she was chief resident, **Lara M. Schrader** of Chicago changed specialties and is now undertaking a fellowship in clinical neurophysiology.

Charles T. Williams of Jamaica Plan, Mass., is practicing family medicine at the newly formed Boston Medical Center, which works with the urban underserved, including many refugees and new immigrants from all over the world.

1996

Jeff Glasheen, who lives in Denver, currently is serving as chief medical resident at the University of Colorado.

1998

Susan Scott joined other '98 grads **Mary Giswold**, **Karl Zarse**, **Eric Melbihess**, **Ruta Divgi**, and **James Starr** to celebrate their "no longer interns" status at a reunion in Phoenix, Ariz., in May, 1999. New graduate **Mike Green** also partied with the UW revelers.

Former House Staff

Robert Alfich, named the 1998 National Health Service Corps Physician of the Year, was also the 1998 recipient of

the Arizona Public Health Association Honor Award for leading the drive to fluoridate the water supply of the impoverished towns of El Mirage and Surprise. He also was named on the Top Family Physicians of the Phoenix area in a 1998 physician poll. He was a UW family practice resident from 1987-1990.

After becoming certified by the American Board of Psychiatry and Neurology in general child and adolescent and forensic psychiatry, **Helen L. Morrison** received a Master's degree in jurisprudence (Health Law) from Loyola University Chicago School of Law. In May 1999, she earned the Doctor of Law degree (Health Law and Policy) from Loyola. Helen was a resident in psychiatry from 1972-1975 and a psychiatrist from 1975-76.

Other

Guenter Blobel, a researcher at Rockefeller University, N.Y., received the 1999 Nobel Prize in Medicine for his studies of how proteins become distributed within the cell. He earned his PhD. in 1967 at the Medical School's McArdle Laboratory for Cancer Research. Dr. Blobel's advisor was emeritus professor of oncology Van Rensselaer Potter, a leader in intermediary metabolism who developed the concept that led to combination drug chemotherapy.

The University of Wisconsin Medical Alumni Association established the *Lustok Creative Writing Award* to recognize medical student excellence in creative writing and to honor Dr. Mischa Lustok who served as editor of the *Medical Alumni Quarterly* for more than twenty-five years. The 1999 winner is **Tim Wiegand**, MED 3. Honorable Mention went to **Jeff Kleiner**, MED 3.

CANCER

By **Tim Wiegand**

I'm tying my shoes and I see a scar on my hand. The scar is pink and about two inches long and runs from the base of my thumb up to the knuckle. As I wrap the laces around each other, pulling them into the loops, twisting and stretching my fingers it whitens. That scar is from high school football, when I caught my thumb in another player's jersey while making a tackle. My thumb was pushed into an angle that it shouldn't have been and it broke at the point where it meets the radius in the wrist.

The scar makes me think of other bones I've broken... My other hand; while punching a kid along side his head. I was in elementary school and didn't really know how to fight. I cupped my fingers into a fist, my thumb on the inside, and as I hit his head the knuckle shattered.

Another time in high school I had stress fractures in both hips from overuse. I started in Taekwondo, a martial art, and for a while I was wearing ankle weights during practice. When I kicked, though I didn't notice it at the time, on a microscopic level the muscles and tendons attached to the head of the femur were pulling away from the bones and taking little chunks along. Little cracks appeared, "Like spider webs," the doctors said; all throughout both sides of my pelvis. I remember that particularly and as I sit back in my chair, my shoe now tied, I put it out of my mind.

I lean back and spread my feet out. I'm in a hospital waiting room, sitting here until some calls my name and then I will talk to a surgeon. Apparently they've found a lump in my chest. A lump. That's what they said. I scrunch down into my seat and think about lumps. I think about a big glob of clay, a congealing mass of mashed potatoes on the side of a plate; none of the things I think of have anything to do with a human body.

To the left of me my mother is sitting, reading a pamphlet that she'd picked up at the front desk. There's a television that's playing a talk show over in the corner. No one else is in the room with us. There are some magazines over on the far wall, 'recipe' magazines like *Redbook* and *Women's Day*. There are also *Field and Stream* and a few other sports ones. These are in a wrack as if this isn't a hospital waiting room and instead a drugstore where they're waiting to be purchased.

The carpet is blue and the walls are blue also although a different shade. I am thinking of all this when the doctor calls me in and I stand up and follow him.

He is nice and straight-forward, about fifty and short and balding. He wears glasses. There is not too much remarkable about him. He is wearing the doctor type uniform (lab coat over the green hospital clothes). He holds his clipboard in his right hand which is balanced on his knee as he talks to me. He looks me in the eyes. I acknowledge this by looking directly back in his eyes. I think that being able to look

someone in the eyes while you are telling them, more or less, that you are going to cut them open, root around inside of them to find a lump and then determine why that lump is where it should not be, is essential for being a doctor.

Though I am staring at him most of the time, I don't listen to much he is saying. My mother is doing more than enough listening for both of us. Besides, I have heard it all in the last coupe days.

My mother stares at the doctor, except when she is writing something down. She asks questions, some of them I wouldn't have thought to ask. The doctor looks at her occasionally. It is then as if I am a bystander, watching from across the room. My mother finishes writing something about what I should or shouldn't eat that night and folds her hands on her lap. She is still and keeps her eyes focused, hardly blinking, on this man in front of me. It is as if she were praying to him, every question an offering. Make my son better, please, as if there is holy candle she can light through her attention.

The doctor says that I should not eat anything after midnight that night. They have me scheduled for the surgery the very next morning. I like that, very efficient. The doctor and my mother stand and shake hands. He looks solemn and says as we leave: "We'll get this nipped in the bud as soon as we can." I know he is just trying to be nice but the way he says that, as if I'm a child with a cold or something that antibiotics can just knock out...

My mother drives us back to my apartment. She's staying with me for these next few days, until we know the results from the biopsy. She asks idle questions all the way home. She asks about particular classes and how my Taekwondo is coming. She asks something about a tournament I was in a few weeks ago. I give answers and flip the volume and tone control on the radio. Nothing is wrong with the sound. I just do it for the sake of moving my hands. After a while she is quiet and I look out the window.

We get back to my place and she starts puttering around in my kitchen with something for dinner. I am not really hungry and I tell her this but it gives hers something to do so I say:

"Sure, I guess I'll eat something if you're going to cook." She smiles at me. I read for a little while, but I'm not really concentrating on the words. I put the book down and look around my apartment. My mother says:

"You're out of milk," she is looking around in the refrigerator. Something is already cooking on the stove and it smells like spaghetti sauce. She asks me if I would like some milk.

I say, "yeah, milk would be nice. I should watch when I'm running low on milk," she says then that she will run to the grocery; only a few blocks away. I tell her not to worry about it I can drink water but she is already putting on her coat.

"I need to get some stuff anyway, a thank you card for someone at work," she says. I smile at her as she leaves the apartment. I throw her her car keys which she had set on the table near me.

After I hear the outside security door close I get up and go into the bathroom. I look at myself in the mirror and after a few moments of this I close my eyes. Everything is quiet in my apartment and I feel like I am standing in a wide open field and it is starting to rain. I listen carefully to my breath. There is a low wheeze left from the infection that is still left. The infection in my lungs was the reason for having the X-rays taken, which is the way the lump was found.

"You're lucky that you had that infection," I was told. "We caught this thing just in time I think..."

There is a rattling sound as I exhale, like a marble in a vacuum cleaner running real slow. I put my hand on my chest and I feel it shaking around. Little plunks and loops are occurring inside me and every once in a while I feel them reverberating against my chest wall. I have only one of the lights on in my bathroom and it is dim. There is a small glob of toothpaste or shaving cream along the bottom of the mirror. The sink drips once every few seconds and I can hear the drip slide down the pipes all the way down into the sewer and I can still hear it as its carried underground blocks and blocks away. I can feel my heart-beat. I swallow like some sort of worm crawling through its hole and I breathe deep and start to count my breathing. On three and four I inhale over indentations of muscle and tissue and around and around the circle of my trachea and I feel all of this from my fingers which are following along outside my body. Everything is slowing down and it is like I am asleep at the wheel of my car only I am still driving and I know everything will be all right. Here is my windpipe and the sink drips again and I feel the air as I breathe like I am standing in front of a fan and there is moisture from the wet walls of my throat.

There is the rattling again, and the other sounds of my body. Gurgles from outside this tube. Shifting and sliding from below and around. Rattling below like a broken gear or loose ball bearing. A car starts its engine outside and I can feel the hum in every cell in my body.

The air goes in this tube and past that opening and into the lungs and the bodies machinery whirs and clicks- it is more precise than any machine that could ever be invented except for somehow there is the lump- but I am going to fix that. I push my hands into my chest. I press my fingertips into my sternum. I am my own surgeon, all my fingers razor sharp scalpels, and no one else could make these cuts with as much care and precision as I do.

There is a feeling like sexual ecstasy as I gently move around my heart. I hold my own beating heart in my hands for a second only a second and then I slide further into the depths of my soul and come to something like charcoal. It is dead and from touching my heart to this is touching life and then death. Here, in my body, is its process at work, the instant a person leaves this world is spreading and growing and multiplying in my body and I am in two worlds at once.

I touch it. I hold death, deaths instant stretched into months and I surround it with my fingers even more gently than I would touch a newborn baby. I tug slowly. For a few moments it is like there is going to be a great tear, then it is all right. The lump moves. It goes with my hands. I pull it back through my lungs, past all the tubes and veins and arteries and fluid like a seamstress threading a needle. Or a rock sinking slowly in a bottomless pit of water. I withdraw my hands from my body and everything is still and peaceful once again. I am back in the field and the rain is stopped and everything is quiet.

There is no sound from my apartment. I open my eyes and look into the mirror. It is hazy and I blink twice. The sink hasn't dripped and there are no cars; there isn't even time or sound or anyone else in the world, other than me. I have my arms down at my sides. There is a slight breeze from the ceiling vent in my bathroom and I can feel the air all around my body, entering and leaving through cracks in my clothes.

I look down at my right hand where I am holding something small, cold and hard. I turn my palm up into the air, decide that I don't want to see it and drop it into the toilet with a twist of my arm.

Medical School and Medical Alumni Association Honor Past Presidents

The Medical Alumni Association has had 41 presidents since it was formed in 1956. A dinner honoring them for their service



was held at the Madison Club, September 24. A large group of past presidents and friends attended the celebration.

Dr. Robert Jaeger, current president of the Medical Alumni Association, and Dr. Philip Farrell, UW Medical School dean, welcomed the past presidents. The dean spoke of the importance of the tie between the Medical Alumni Association and the Medical School throughout the years and into the future.

Dr. Arnold Brown, dean emeritus, commented on the Medical Alumni activities during his term. Following his talk was a reflection from Dr. William S. Middleton, who was dean from 1935–1955. His comments were in the form of a video, excerpted from a film that he had made on the Medical School Preceptor Program when he was dean.

At the conclusion of the evening, each past president was presented a plaque naming him or her emeritus president of the Medical Alumni Association.

IN MEMORIAM

Sidney J. Adler, '42

Yorba Linda, California
July 28, 1999

Bruno Balke

(emeritus faculty)
Grand Junction, Colorado

Philip L. Christansen, '43M

Wellesley, Massachusetts
June 7, 1999

John E. Conway, '40

Sun City West, Arizona
October 18, 1999

Robert W. Mann, '36 (2 year)

Mequon, Wisconsin

Marian E. Mason, '50

Lafayette, California
December 4, 1998

Thomas O. Miller, '55

Tomahawk, Wisconsin
September 24, 1999

Rodger A. Moon

(former intern)
San Antonio, Texas
March 31, 1999

PAST PRESIDENTS

Medical Alumni Association

1956 Kenneth E. Lemmer '30
1957 Einar R. Daniels '34
1958 Einar R. Daniels '34
1959 A.A. Quisling '30
1960 Mischa J. Lustok '35
1961 Albert G. Martin '35
1962 Ben R. Lawton '46
1963 Phillips T. Bland '47
1964 Frank L. Weston '23
1965 Herbert W. Pohle '38
1966 D. J. Freeman '52
1967 Bernard I. Lifson '49
1968 Richard H. Wasserburger '46
1969 Charles Benkendorf
1970 Robert F. Schilling '43
1971 John R. Petersen '54
1972 Louis C. Bernhardt '63
1973 Loron F. Thurwachter '45
1974 G. Stanley Custer '42
1975 Roger I. Bender '43
1976 Hanno H. Mayer '46

1977 Bernard H. Kampschroer '67
1978 William E. Hein '54
1979 Dorothy W. Betlach '46
1980 John T. Brennan '67
1981 Burton M. Zimmernann '43
1982 Wilbert Wiviott '57
1983 Kathryn S. Budzak '69
1984 George A. Behnke '42
1985 George W. Kindschi '68
1986 Walter R. Schwartz '55
1987 Theodore C. Fox '57
1988 Samuel G. Perlson '51
1989 Herbert F. Sandmire '53
1990 Bary H. Usow '69
1991 Betty J. Bamforth
(Radiology Resident)
(Anesthesiology Resident)
1992 Carl E. Olson '69
1993 Thomas H. Peterson '58
1994 Henry C. Rahr '58
1995 James L. Basiliere '62
1996 David C. Riese '68
1997 David C. Riese '68
1998 Robert J. Jaeger '71

John R. Nebel, '41

Neenah, Wisconsin
July 16, 1999

Paul H. Reitman, '40

Phoenix, Arizona
May 14, 1999

J. LeRoy Sims

(former intern, resident
and emeritus faculty)
Madison, Wisconsin
September 6, 1999

John E. Skewis, '34 (2 year)

Upland, California
August 22, 1999

Warren Southworth

(emeritus faculty)
Madison, Wisconsin
June 11, 1999

Charlotte C. Stern, '51

Phoenix, Arizona
August 28, 1999

Charles W. Tegge, '29 (2 year)

Washington, D.C.

Richard B. Theisen, '53

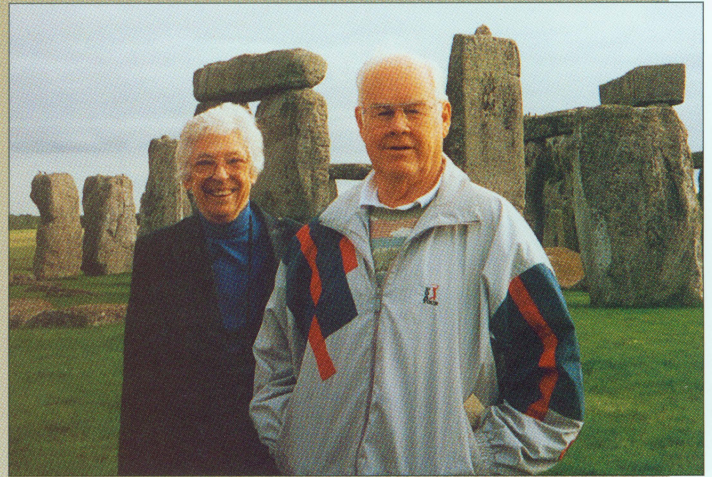
Dana Point, California
March 1, 1999

Let's work together

Since we retired twelve years ago, moving to Madison has been most satisfying. One thing it has done is put us closer to news about the university, especially the Medical School. Of much interest lately have been newspaper discussions, as well as talks with friends, about the problems in completing the merger of the University Physicians and the organization of many local doctors and doctor groups known as Physicians Plus.

This reminds us of what, during our medical school days, was known as the 'Town and Gown' syndrome. At the time we were medical students some sixty years ago, there were very few specialists in Madison outside of the Medical School itself. During our second year we were taught a course in physical diagnosis directed by Dr. Marie Carnes. At the time there were fewer departments than the school has today, so many subjects were taught by local specialists. Urology was taught by Drs. Ira Sisk and John Wear, ophthalmology by Drs. Frederick Davis and Eugene Neff. Dr. Wellwood Nesbit and his brother Mark taught otolaryngology. Dr. Roscoe McIntosh aided Dr. Forester in teaching us dermatology. The latter drove from Milwaukee for each session spent at the Medical School. In addition, Dr. H. Kent Tenney gave many lessons in pediatrics and Dr. Carl Harper in obstetrics and gynecology.

As students it became quite clear to us that there were only two categories of practice. Either you became a specialist or an L.M.D. We received the impression, largely from the residents, that L.M.D. meant 'Lousy Medical Doctor.' We do not know how things changed locally but were proud when our classmate, Ben Peckham, became chairman of Ob-Gyn and put an end to students having to go to Chicago for obstetrical experience. This he accomplished through working with Madison physicians and the hospitals that provided obstetrical care. Today there is extensive cooperation in teaching by local specialists both at Meriter and St. Mary's Hospitals.



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

After World War II, belief in the importance of specialization increased markedly and many more well-trained physicians established themselves throughout the state, especially in Madison and Milwaukee. General practice also began to require specialty training and was called family practice, with board examinations similar to other specialties. The HMO movement in recent years has promoted the development of family practice.

It could be noted that in order to reduce feelings of resentment during these early years, full-time faculty were not allowed to have private patients except those referred by a family doctor. Today, with most physicians as busy as they could wish to be and all of them well trained, it is easier to work together. Hopefully this accomplishes what Drs. Edmund Pellegrino and Arnold Relman expressed so very well in a recent JAMA article—namely, that the prime and almost only purpose of medical organizations should be to do all possible to promote the welfare of patients. With this in mind, we should like to believe that the merger of University Physicians and Physicians Plus will go smoothly, since certainly it will be in the best interests of all patients, including the two of us.

Call for Nominations for the Board of Directors of the Medical Alumni Association

We are requesting nominations for the University of Wisconsin Medical Alumni Association board of directors. Nominees must be dues-paying members of the association. Alumni may nominate themselves. The board of directors exercises general management of the association. A balanced representation from each of the four districts of the state is sought. Each director holds a three-year term that can be renewed.

Nomination for Board of Directors

I nominate: _____

Address _____

City _____

State _____ Zip _____ Phone _____

Graduation year _____

We are also calling for nominations for the following awards:

• **Medical Alumni Citation**

(Nominee): _____

Given to an alumnus who has distinguished himself/herself in any aspect of medicine. Please attach C.V. and brief statement of nominee's accomplishments.

• **Ralph Hawley Distinguished Service**

Award: _____

Given to an alumnus who has contributed to the local community or performed other humanitarian activities. Please attach C.V. and brief statement of nominee's accomplishments.

• **Medical Alumni Association Service**

Award: _____

Given to an alumnus who has made a major commitment to the Medical Alumni Association over a period of years, who has contributed outstanding service to the association. This award is given as needed and only one is given in a year.

Your Name: _____

Class/Specialty: _____

Address: _____

City _____

State _____ Zip _____

Please return this form to:

Wisconsin Medical Alumni Association, Inc.
1300 University Avenue, Room 4245

UW RESOURCES

UW Medical School Alumni Association
(608) 263-4915
www.medsch.wisc.edu/medalum/

UW Medical Foundation
(608) 833-6090
www.uwmf.org/

UW Medical School Web Site
www.medsch.wisc.edu/homepage.html

UW Campus Assistance Center
(608) 263-2400
www.wisc.edu/cac/

UW Athletic Department
(608) 262-1440
www.wisc.edu/ath/front.html

Parking
(608) 262-8683

Continuing Medical Education

March 25

New Developments in Cardiology,
Wyndham Hotel, Milwaukee, WI

March 31 – April 1

Pediatric Surgery Conference, Monona
Terrace Convention Center, Madison WI

March 31–April 1

Spring Psychiatric Update, Crown Plaza
Hotel, Madison, WI

April 7–8

CT Conference, Concourse Hotel,
Madison, WI

April 14

Women's Imaging, Concourse Hotel,
Madison, WI

April 27–29

Cardiac Arrhythmias Conference,
American Club, Kohler, WI

May 11–12

Soluble MHC, Immunoregulation and Toler-
ance, Monona Terrace Conference Center,
Madison, WI

May 11–13

Sports Medicine Symposium,
Marriott – West, Madison, WI

May 13

Pediatric Neurology, Grand Geneva Resort,
Lake Geneva, WI

May 19–20

Transfusion Medicine, Grand Geneva Resort,
Lake Geneva, WI

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

Name _____ Year _____

Home Address _____

City _____ State _____ Zip _____

Recent Activities _____

Have you moved? Please send us your new address.

Mail to: Wisconsin Medical Alumni Association
1300 University Avenue, Room 4245
Madison, Wisconsin 53706

The Wisconsin Medical Alumni Association
Room 4245
1300 University Avenue
Madison, WI 53706-1532

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