Wisconsin Medical Alumni

Quarterly

volume 25—number two—spring 1985

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Medical Illustration, University of Wisconsin–Madison

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IMDC Graphics, University of Wisconsin–Madison

MEDICAL ALUMNI DAY 1985

Pre-Alumni Day Activity Activities May 16

11:00 a.m. **Editorial Board Meeting**
Madison Club
5 East Wilson Street

12:30 p.m. **Council of Representatives Luncheon Meeting**
Madison Club

Evening Reunion dinners—
see inside back cover for specific plans.

Alumni Day May 17

Morning

8:30 a.m. **Registration—Continental Breakfast**
Medical Sciences Center
1300 University Avenue
(Note: Spouses reception and program, Wisconsin Center, 9:30 a.m. to 11:30 a.m.)

9:30 **Annual Business Meeting**
Medical Alumni Hall
Room 227 SMI

9:45 **President's Report**

10:00 **Dean's Report**

10:30 **Dedication Ceremony of Medical Alumni Hall**

11:00 **Scientific Program**
Joseph Sackett, M.D.
Professor and Chairman
Department of Radiology

Presentations with Clinical Relevance
by the Faculty of the
Radiology Department

11:50 Charter Buses to the Wisconsin Center, 702 Langdon Street

Afternoon

12:00 noon **Wine Reception**
Wisconsin Center Alumni Lounge

12:30 p.m. **Luncheon with Spouses**
Presentation of 50 Year Medallions to '35 Class; Awards for annual giving leadership

2:15 **Afternoon Options**
- Open house and tours of Radiology Department
- Tours of Clinical Science Center
- Tours of 1300 University Avenue (Wisconsin General Hospital)
- Tours of Artist's Studio—Aaron Bohrod
- Boat rides on Lake Mendota
- Other

Evening

6:30 p.m. **Social Hour**
Inn on the Park

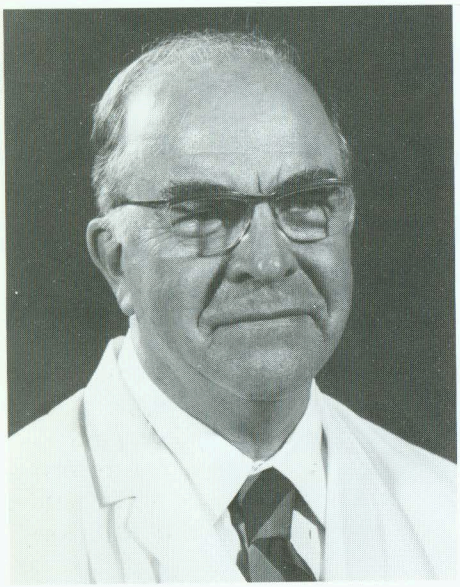
7:30 **Alumni Banquet**

8:30 **Presentation of Awards**
- Teaching Awards
- Emeritus Faculty Awards
  William B. Youmans, M.D., Ph.D.
  Fred Ansfield, M.D.
- Alumni Citations
  Fred Mohs, M.D., '34
  Judah Zizmor, M.D., '34
- Recognition of Graduating Seniors

For Class Reunions plans see inside back cover.

Medical Alumni Citation Recipients—1985

Dr. Frederic E. Mohs



The name of Dr. Frederic Mohs will be familiar to future generations of physicians, for colleagues have named a technique of surgery after him, its originator.

Mohs surgery, as it is now known, consists of removing tissue in the area of a skin cancer layer by layer. After each excision the section is frozen and its undersurface is thoroughly examined through a microscope for cancerous and normal cells and mapped on paper. The map shows the surgeon with pin-point accuracy exactly where to remove more tissue. The cancerous areas are then removed, frozen and examined—and so on until there is complete assurance that all cancerous extensions have been eradicated.

Dr. Mohs described this mapping and removing only the malignant outgrowths as "a simple concept with a lot of technical detail. Reliability is its main advantage." He added, "I've always liked developing new ways of doing things, even when I was ignorant of what couldn't be done. I remember being told I couldn't remove an eye under local anesthesia—after I had already done 20."

The microcontrolled technique has received universal praise, and physicians from all over the world have come to Madison to train with Fred because Mohs surgery offers several advantages. Not only does it do the job well—the cure rate is 99%—but a minimal amount of normal tissue is removed, a fact which assumes particular importance in skin cancers of the face, a common site. Other methods must rely on overkill in trying to eradicate the entire cancer, and more often result in grafting an d unsightly scars or—worse—metastasis. The lack of general anesthesia makes Mohs surgery a safer procedure, and it extends operability to patients not curable by any other method.

The idea behind microscopically controlled surgery began in the 1930's, when Fred was a UW undergraduate and later a medical student. From 1929 to 1934, while a student, he was the Brittingham Research Assistant to Professor Michael F. Guyer, geneticist and long-time Chairman of the Department of Zoology. Fred conducted Dr. Guyer's cancer research projects and was also allowed to carry out cancer-related projects of his own. During an experiment with Dr. Guyer, Fred noticed that zinc chloride had fixed tissues in situ, preserving their normal architecture. This observation eventuall led to Fred's development of chemosurgery, in which a black paste containing zinc chloride and a number of other ingredients is allowed to sit on the cancerous area for a few hours while it penetrates tissue, killing and fixing it. The area is removed, microscopically examined, etc.

Today, most microscopically controlled surgery is done without use of fixative, which has led to confusion in what to call the technique. "We still call ourselves chemosurgeons," Mohs said, "and we have not had too much sentiment to change the 'American College of Chemosurgery' to the 'College of Microcontrolled Surgery' or some other name."

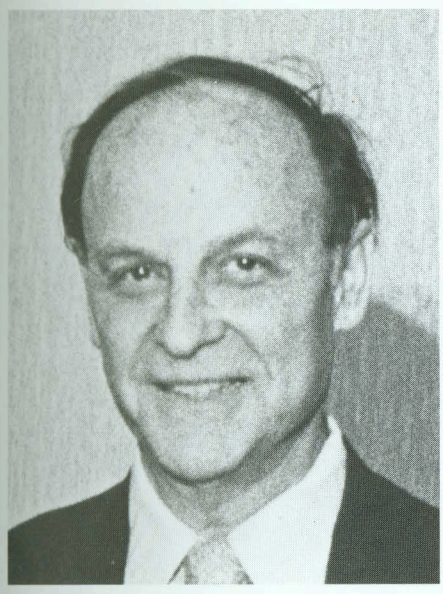
The UW Chemosurgery Clinic, "fathered" by Fred, is a busy spot, averaging about 60 patients from all over the world each day. (For a while, before Mohs surgery caught on, Madison was the only place for patients who wanted the surgery. Now, over 100 centers offer it.) "We follow most patients for 5 years, and melamonas for 10 years," according to Fred. He credits the Clinic's remarkable 98% follow-up rate to the genuine interest in patients shown by nurse Rachel Caruso and secretary Mary Jane Ellickson, and said that they as well as the rest of the "crew" made each working day a pleasure.

Fred Mohs spent most of his career at UW, with time out for hundreds of lectures and an internship at Multnomah County Hospital (University of Oregon) in Portland, Oregon just after graduation from the Medical School in 1934 and marriage to Mary Ellen Reynolds. Mary Ellen and Fred had three children.

He returned to UW in 1935 and became a Bowman Cancer Research Fellow along with Drs. Harold P. Rusch and Mead Burke, eventually becoming Clinical Professor of Surgery in 1968. His many honors include the distinguished Lila Gruber Award for Cancer Research and the International Facial Plastic Surgery Award, and he has authored two books on chemosurgery and nearly 80 papers. Even in "retirement," which began in the summer of 1983, he is busy writing and sometimes consulting and lecturing.

Dr. Harold Rusch, a long-time associate, had this to say about Fred Mohs: "I have no doubt that Dr. Mohs has cured far more cancer over the years than any other person in the world . . . Dr. Mohs is one of the most meticulous persons I have ever known and certainly the hardest worker. He seldom took vacations, and when he retired in August 1983 two people were hired to replace him."

Dr. Judah Zizmor



The Medical School has good reason to be proud of Dr. Judah Zizmor '34, a distinguished radiologist who has attended thousands of patients and taught countless physicians and technicians during his 50-year career in New York City.

Following Medical School, Judah returned to his native New York and served his internship at Jewish Hospital, Brooklyn, later taking residency training in Radiology there as well. During this period, Judah was president of the Intern Council of the New York City Municipal Hospitals. With an Intern Committee, he met with Mayor Fiorello LaGuardia to present him with a daring and subversive proposal for the city to pay salaries to interns. The result: a $15 monthly stipend for interns in city hospitals, a modest but insidious step up from no salary at all. Interns now are paid about $20,000 per year.

Judah became Assistant Physician and Instructor in Chest Disease at Bellevue (Columbia Division) after serving a residency in Chest Disease there. When the war came, he joined the U.S. Public Health Service as a tuberculosis control officer at the largest Coast Guard and Maritime training center in the U.S. He was also Radiologist in charge of a general x-ray department. All recruits were surveyed with 35mm chest films—as many as 10,000 per week. In addition Judah received valuable instruction from a brilliant radiological consultant, Dr. Emanuel Mendelson, on the staff of L.I. College Hospital School of Medicine.

In 1944 he passed the specialty boards in Diagnostic Radiology.

After his wartime experience, Judah took on two jobs: one as Radiologist with the Veterans Hospital in Brooklyn and the other as Assistant Radiologist at the New York Eye and Ear Infirmary.

In 1949, Judah Zizmor began his 32-year tenure as Director of the Department of Radiology at the Manhattan Eye, Ear and Throat Hospital, where he also gave weekly lectures for post-graduate courses and lectures to resident physicians in the Departments of Ophthalmology, Otolaryngology and Plastic Surgery. During the same period, Judah was on the staff of the Harlem Eye and Ear Hospital (now defunct) and New York Hospital-Cornell Medical Center. He was also Clinical Associate Professor of Radiology at Cornell University Medical School and Clinical Professor of Radiology at New York University Medical School.

Judah served as President of the American Society of Head and Neck Radiology from 1982-1983. He also returned to his student haunts as UW Visiting Professor of Radiology in 1977.

Dr. Joseph Sackett, Chairman of the UW Department of Radiology, said that Judah was one of the first radiologists to become interested in ophthalmology and otolaryngology and was a true pioneer in radiology of the head and neck. He has published more than 60 papers, coauthored a book, and contributed chapters to other books.

Carol Anderson, Chief Technologist at the Manhattan Eye, Ear and Throat Hospital, said that Dr. Zizmor is "known for demanding excellence, both in the teaching or residents and x-ray technologists. He has a unique ability to encourage those with whom he works to strive for perfection in the art of Radiology."

Other colleagues agree, calling him "an enthusiastic and kindly teacher" and "a fine, sensitive, perceptive human being" who "always demonstrated a willingness to share information with colleagues and students."

Serving as 1934 class representative for nearly 20 years, Judah recently described himself as a "perennial gadfly" who "won't be bothering you for a class contribution to the Wisconsin Medical Alumni after you reach the age of 100." He often returns to Madison for Alumni Day, and is a most welcomed visitor and teacher at the Department of Radiology.

Dr. Zizmor is married to Dr. Naomi Katcher and has two daughters, Ruth and Deborah, as well as three grandsons—David, Jonathan and Benjamin. Q

Dr. Judah Zizmor (far left) and other members of an Intern Committee meet with New York Mayor Fiorello La Guardia in 1937 to petition—successfully—for the City to pay salaries to interns.

1985 Emeritus Faculty Awards

William B. Youmans

A list of Dr. Willam Youmans' publications—more than 90—reads like the index of a physiology test. According to Dr. Richard C. Wolf, who succeeded Bill as Chairman of the Department of Physiology, "Dr. Youmans is one of the rare individuals who can meaningfully discuss almost every area of physiology. He has a truly vast knowledge of major organ systems of the body."

Bill Youmans' background eminently prepared him for his wide-ranging studies. After receiving his bachelors degree at Western Kentucky State College in 1932, he remained at his alma mater as Instructor in Biology. In 1935 he came to Madison as a WARF Fellow to study with Dr. Walter Meek in Medical Physiology, eventually becoming Meek's assistant and Instructor in Physiology. After he earned his PhD and completed the first two years of UW Medical School, Bill moved on to the University of Oregon Medical School, where he received his MD degree in 1944, later to become Chairman of the Department of Physiology from 1946 to 1952. (He received that medical school's highest alumni award in 1967, the Meritorius Achievement Award.)

Dr. Youmans returned to the UW Medical School in 1952 as Chairman of the Department of Physiology, an appointment he held until 1971. He retired with the added distinction of Emeritus Professor in 1977.

During much of this period, Cynthia Youmans was very active in the University League, serving as Social Chairman, Vice President and President. She made life more interesting and pleasant for students by organizing the entertainment of freshman medical students in faculty homes and by regularly hosting graduate students in the Youmans' home.

Bill's incisive research in gastrointestinal, cardiac and respiratory physiology have earned him an enviable reputation

Dr. Fred J. Ansfield

Dr. Fred Ansfield was one of the earliest proponents of chemotherapy, at a time when surgery and radiation were considered a cancer patient's only hope. His early prediction that chemotherapy would assume an important place in treatment modalities was firmly based in experience, for Fred was among the first practitioners to use chemotherapy for solid tumors and to record the surprising progress of patients.

His pioneering involvement in the new therapy began in 1957, when he joined the Medical School staff. He was recruited to the clinical oncology program by his classmate Professor Anthony R. Curreri, Director of the UW Cancer Research Hospital and the surgery Tumor Clinic, which formed the basis for the Clinical Cancer Center.

Dr. Charles Heidelberger had already synthesized 5-fluorouracil and found that it inhibited animal tumors by interfering with the incorporation of thymidine into dividing cells. It was then decided that the drug—the first one with a promising effect on solid tumors—deserved testing on humans. Dr. Ansfield, with his clinical cancer colleagues Drs. Curreri, James Price, Robert Johnson and William Wolberg, worked out a dosage schedule for 5-FU, several patients were treated, and the rest is history: UW became internationally known as a leader in chemotherapy and there was additional hope for cancer victims. Fred later worked out a more refined dosage regimen for 5-FU, which was published in 1963.

For the next 20 years, Fred Ansfield energetically continued his forward-thinking work in clinical oncology at UW. Colleagues described him as a "spark plug" who had the courage to administer effective doses when such procedures were not popular. Thanks in large part to his perserverance and his imaginative approach, chemotherapy has long since become common practice, although not successful in every kind of cancer.

Fred recalled some examples. "When we were just starting with chemotherapy,

as a scientist. Besides his numerous research papers, he published three books and contributed to others, and published three monographs. He also served on several editorial boards and NIH committees.

But his reputation as an educator is equally outstanding, having taught several thousand medical students and guided many graduate students who later proved their scientific worth. He was given the "Outstanding Teacher in Basic Sciences" award in 1954.

His interest in students further manifested itself when he recently established and funded a yearly award for the outstanding student in Medical Physiology.

Colleagues describe Bill Youmans the person as "an individual with very high principles," as well as an extremely pleasant person" and "simply, a very respected faculty member."

Researcher Youmans pioneered in many areas: He performed the earliest studies on the effects of norepinephrine on the denervated dog heart *in situ* and showed that the potency of the racemic mixture was one half that of l-epinephrine. He was the first to demonstrate sensitization of intestinal motility-inhibiting mechanisms to epinephrine and its congeners following sympathetic denervation. He introduced the use of phenylephrine as a vasoconstrictor drug to raise blood pressure and thus reflexly revert paroxysmal atrial tachcardia. He was the first to demonstrate the potent cardioaccelerator action of synthetic angiotensin and, in collaboration with several graduate students, determine the mechanisms of this action. The list of his pioneering studies goes on and on.

The Youmans now live outside the city limits of Port Angeles, Washington, on a two-acre lot consisting of about 1/3 garden and 1/3 woods populated with large Douglas firs and a few western red cedars. Friends say the Youmans camped in a wide variety of areas during the years, partly in preparation for choosing their retirement location. The Port Angeles environment, in the rain shadow just north of the Olympic Mountains and overlooking the Strait of Juan de Fuca, came close to their ideal. In November 1982, the Youmans celebrated their 50th anniversary in Columbia, Missouri.

The Youmans' son Gilbert (B.A. and Ph.D. from UW) is an Associate Professor of English at the University of Missouri; Gilbert and wife Julie have two children, Ann and Bill. Daughter Carol and husband Dr. William Leavies live in Lawton, Oklahoma with son Mark.

Meanwhile—Bill Youmans plays tenor banjo in the Olympic Banjo Band, entertaining the likes of county fairs, churches, granges and rest homes. **Q**

everyone who got Hodgkins disease died of it. Now 90 percent of them live with proper treatment and early diagnosis. And in those days 100 percent of children with acute leukemia died." Today they have better than a 50/50 chance of survival.

"There have been important developments in cancer treatment, but there is no single cure for cancer. There isn't going to be because cancer isn't a single disease."

Fred earned his M.D. from the Medical School in 1933 and received intern and residency training at Milwaukee County Hospital during the Great Depression. He then became resident surgeon at a CCC camp in northern Wisconsin, where he soon took a liking to fishing and other amenities of the area. This led to Fred's starting a practice in Glidden which lasted—with break for the war—until 1957, when he joined the University.

His Army Medical Corps service in the Pacific area was in the front lines, where he won the Bronze Star, the Purple Heart and the Silver Star. He was discharged in 1946 as a Major.

After Fred Ansfield's long and productive career at the Medical School, he "retired" for a few years of part-time practice at St. Mary's Hospital in Milwaukee, and also worked on the staff of the Group Health Cooperative of Northern Wisconsin, attending cancer patients. His UW retirement was accompanied by the highly regarded Professor Emeritus status bestowed by the UW Regents.

Now Fred and his wife Ruth spend summers in Clam Lake, Wisconsin, and winters in Hemet, California, where Fred serves as consultant at the VA Hospital at Loma Linda.

The Ansfields enjoy hiking in the woods, bowling, fishing and sailing. **Q**

An Invitation to Alumni Spouses

From Mrs. Leigh Behnke Our First Lady

You needn't be at loose ends while your spouse is attending the Friday morning business meeting and scientific program. Join alumni and faculty spouses of all ages for coffee and pastries in the Lakeside Alumni Lounge of the Wisconsin Center beginning at 9:30 a.m. There are few more delightful settings for a spring morning gathering. A string quartet will serenade us from 9:30 to 10:30 a.m. while we enjoy our morning coffee, juice and rolls. Then, Chaplain Thomas Woodward will divert, entertain and challenge us to examine our many public faces and to better understand the faces to which we are exposed. Chaplain Woodward uses pantomime, magic, juggling and a clown's makeup as part of his presentation.

PRESIDENT'S COLUMN

George A. Behnke, M.D., '42

This will be my final report as President to most of you—those who will be unable to attend the May 17 Alumni Day activities when I shall turn over the gavel to the capable hands of my successor, Dr. George Kindschi, and report on my stewardship.

A summing up of the year's experience is appropriate and I can say that the year has been stimulating, informative and rewarding. The President and the members of the Board have the opportunity to spend time with Dean Brown and other key members of his staff. These interactions quickly convince us that the future of the Medical School is in very capable hands. Dean Brown, his Associate and Assistant Deans have impressed us with their candor, their capabilities, their concern and their vision of what Wisconsin medical education should be, can be and will be.

The medical student members of the Board of Directors have also been most impressive in their interest and maturity and in their enthusiastic participation in the affairs of the Medical Alumni Asso ciation. These talented and energetic young men and women ensure that the W.M.A.A. will have dedicated, farsighted leadership in the future.

For the immediate future, a most impressive slate of new directors and officers has made a commitment to serve in the tradition of their departing colleagues. I particularly want to acknowledge the dedicated service of the Directors whose three-year terms are expiring this year and who have contributed so selflessly: Paul Bishop '49, Stanley Cupery '67, David Hendrickson '74 and Rolf Lulloff '67. They join the Emeritus Directors ranks with scores of their alumni colleagues who have served and have left the Association the stronger and the better for their service. Each has felt, I am sure as I do, that it was a privilege and a broadening experience to have been part of this vital organization that is dedicated to continued growth and broadening of its scope.

The privilege of serving as your President has been one of my most memorable experiences. I thank each of you for your interest and support and your active participation which makes the president's role so satisfying. I shall be working with you to make the terms of my successors even more productive. I leave you not with a farewell but with the hope that we will fare forward. Q

DEAN'S COLUMN

Arnold L. Brown, M.D.

Middleton, Curreri, Clark, Rusch, Mortenson, Puestow, Meyer, Miller, Meek, Dickie, Cohen, Potter, Mohs, Sims, Youmans, Waisman, Peckham, Waters, Juhl. These professors, and all the others, that have made, and are making, Wisconsin a good place to learn to become a physician have at least one thing in common. They once were assistant professors.

In academic life that is the first rung of the ladder. The beginning, for most of them, of a career that will be spent among students, doing research, and, for the physicians among them, practicing their profession in the environment of a teaching hospital. While medical schools glory in the renown of their professors, the quality of a school, in my view, is in the caliber of its assistant professors.

At present we have 148, or about 30%, of our faculty at the assistant level. Three of our 24 departments, I regret to report, have none. This is one of the consequences of the fact that medical schools, including Wisconsin, are no longer adding faculty. This means that new faculty members can be recruited only when someone leaves or retires. While I recognize that there must be a limit on the size of our faculty, though every dean, including me, would like more, this results in the inexorable ageing of our teachers and a progressive decrease in the number of bright, energetic assistant professors that stimulate all of us, students and faculty alike.

We have two kinds of assistant professors. One group is on the probationary tract, the other on the CHS tract. Those on probation are headed for a tenure appointment as associate professors. They have six years to prove themselves as teachers and investigators. Invariably they have research experience, either Ph.D. degrees or postdoctoral research training, usually both. A fair number also have the M.D. The CHS (for Center for Health Sciences) tract is for M.D.'s whose career in academic medicine will be spent largely in teaching. They are expected to excel, not only in their teaching, but in their clinical work as well. While they will generally not do laboratory research, they bring their clinical knowledge to collaborative efforts with other faculty, conduct clinical research, and contribute to the clinical literature. They have eight years to demonstrate their talent and skill. Both groups are scrutinized and reported upon continuously. By their fellow faculty members, by students and residents, and, perhaps most critically, by the internal and external review groups that consider their research proposals.

At the proper time, perhaps earlier if the candidate is doing an outstanding job, the department meets to decide if the assistant professor is deserving of promotion. If the answer is yes a voluminous document is sent to my office for consideration by a medical school committee and, for the probationary faculty, another made up of faculty from all over the campus. Each of these groups studies the evidence in great detail and then votes, yes or no. If the answer is yes, and with the approval of Chancellor Shain and the Regents, the assistant now becomes an associate professor. If the answer is no then the faculty member must leave the school by the end of the seventh or ninth year of his or her appointment.

It is a tough, demanding process. It coincides, fortunately, with the most creative and energy laden period of a persons life. To complete the period of an assistant professorship successfully marks a woman or a man as, in our eyes, something special. It is also the next step in joining the Middleton's, Curreri's, and Clark's in the years ahead. **Q**

DEPARTMENT OF
Rehabilitation Medicine

Rehabilitation medicine is rapidly changing from a discipline that has been primarily clinical to one that increasingly incorporates scientific studies, according to Dr. Paul Bach-y-Rita, Chairman of the Medical School's Department of Rehabilitation Medicine, and the University intends to be in the forefront of the new approach.

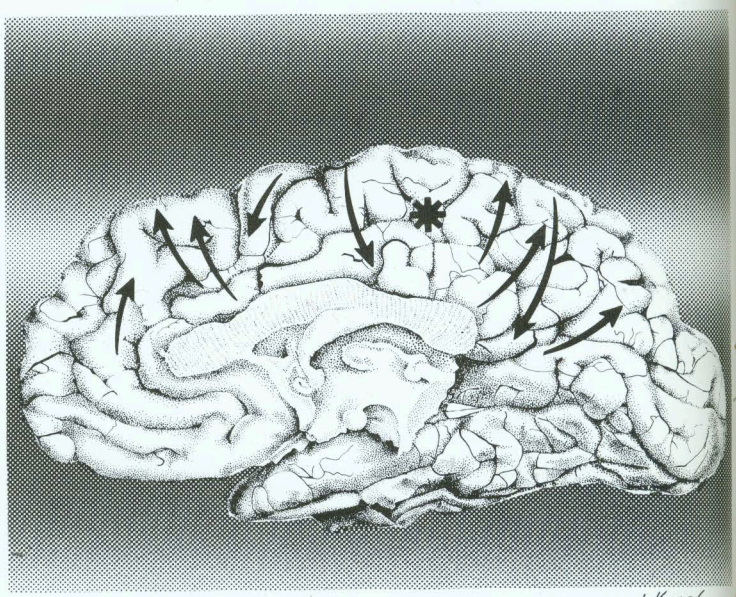
"We wish to understand the mechanisms that underlie disabilities," Bach-y-Rita said, "rather than solely rely on treatments that may not be fully validated." Sometimes, he explained, therapy is based more upon anecdotal evidence than upon a firm theoretical foundation.

"We find it easy to recruit these days because of the excellence of UW research and the research environment, which offers real opportunities for collaboration with other departments. Residency applications, for example, were up 300% this year, so we can afford to be very selective and also keep good people."

The following article originated in the December 1984 issue of *Touchstone,* a publication of the University-Industry Research Program. It was written by Ruth Levine. We hope it will give *Quarterly* readers some insight into one aspect of the "new" Rehabilitation Medicine.

Reorganizing the Brain

Can the brain reorganize itself to compensate for damage?



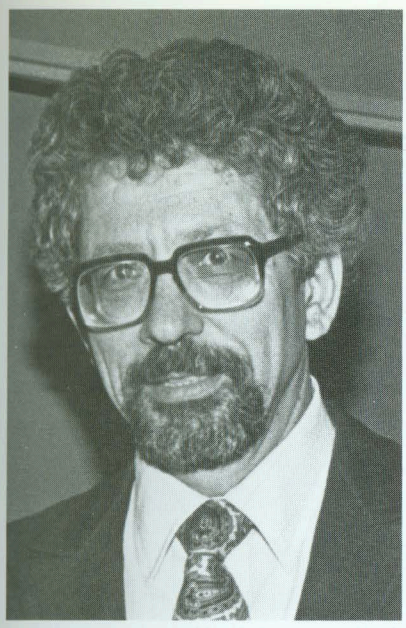
J. Kozel

Because a few brain-injured people were determined to recover despite all odds, medicine is gaining new insights into the brain's ability to regain lost functions after stroke or injury.

These patients have shown that with sustained intensive therapy, the brain may be able to reorganize its functions when part of it suffers damage—a recovery mechanism commonly considered impossible, claims Dr. Paul Bach-y-Rita, chairman of the University of Wisconsin Medical School's Department of Rehabilitation Medicine.

Brain cells cannot regenerate, Bach-y-Rita explains, so once brain tissue is destroyed, the functions it controlled are immediately lost or severely depressed. According to the conventional wisdom of neurology, the brain's high level of specialization prevents one part of the brain from being reprogrammed to take on the responsibilities of a damaged portion.

The present practice of rehabilitation medicine generally reflects this view of the brain. If a patient fails to regain function soon after stroke or injury, he or she is considered per-



Paul Bach-y-Rita, Chairman of the Department of Rehabilitation Medicine

manently disabled and is encouraged to compensate by strengthening unaffected parts of the body and using different muscle groups and strategies to perform movements.

But some patients defy the rules, says Bach-y-Rita. He cites the case of a 65-year-old college professor who suffered a massive stroke that left him with little muscle control in the right side of his body. Though few specialists thought he would regain his functions, the man recovered fully after five years of active home therapy.

Years later, after the man died of a heart attack while mountain climbing, autopsy revealed the extent of damage caused by the stroke. A large area of the left side of the brain and the pyramidal tract—the region controlling many voluntary muscle movements—had been destroyed.

"This means," says Bach-y-Rita, "that some other part of the brain had assumed the functions that the damaged area had once controlled. And that's something no one thought could happen."

Therapy for Recovery

Patients who make remarkable recoveries after severe brain damage are considered to be something of medical marvels. But says Bach-y-Rita, nearly all such reports share a common feature: sustained, intensive therapy designed for recovery of function rather than compensation.

"The patients who recover are those who take an active role in concentrated therapy," says Dr. Richard Balliet, director of the Department of Rehabilitation Medicine's Neuromuscular Disabilities Clinic at UW Hospital and Clinics. Applying this principle and refining his technique over several years, Balliet has developed a unique neuromuscular retraining program for brain-injured patients who have been unresponsive to other types of therapy.

The clinic's patients are among the toughest in rehabilitation medicine. Some are older than 60, some have multiple brain injuries, many have had their disabilities for as long as 35 years.

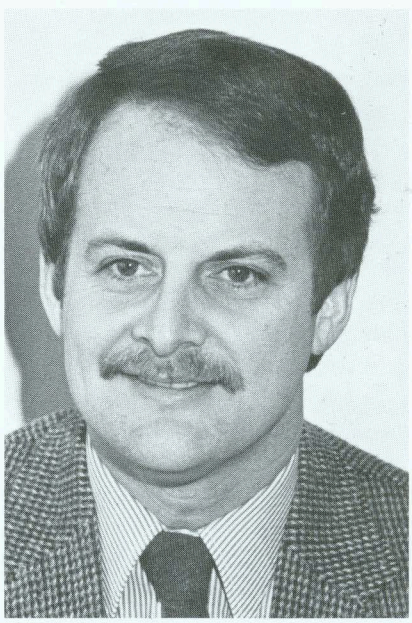
"There are three absolute necessities to successful therapy," Balliet says. "Motivation, feedback, and meaningful repetition. Patients must want to overcome their disabilities and be willing to practice for hours and hours and hours. It's also esential that patients receive accurate information about their performance as they work."

As patients concentrate on specific movements, Balliet lets them know when their efforts are paying off. One of the methods he often uses is EMG biofeedback, which detects tiny electrical charges in muscles and displays them on a video screen. Long before patients are able to move their affected muscles at will, they can see that they're starting to send impulses in the right direction.

Progress comes slowly as patients learn how to make movements they could once produce without any conscious effort. It may take a month or it may take a couple of years, Balliet says, but about 65 to 80 percent of the patients who follow instructions have significant improvements in function.

Such a claim hardly conforms to traditional thinking, but Balliet has a stack of patient records to prove his point: Seventeen years after a spinal cord injury, a woman who had been confined to a wheelchair now walks with only the aid of a cane. A Vietnam veteran who suffered a bullet wound to the head has recovered his ability to walk after a year-long coma and 12 years of unsuccessful therapy. A chronic facial paralysis patient who had no muscle tone or function in the right side of her face can now smile, blink, and chew with little visible problem.

"I don't give up on the other 20 percent of the patients," he says. "I think to myself, 'Well, I just haven't come up with the right therapy for them.' I'll keep working on it and someday I'll find a technique that will work."



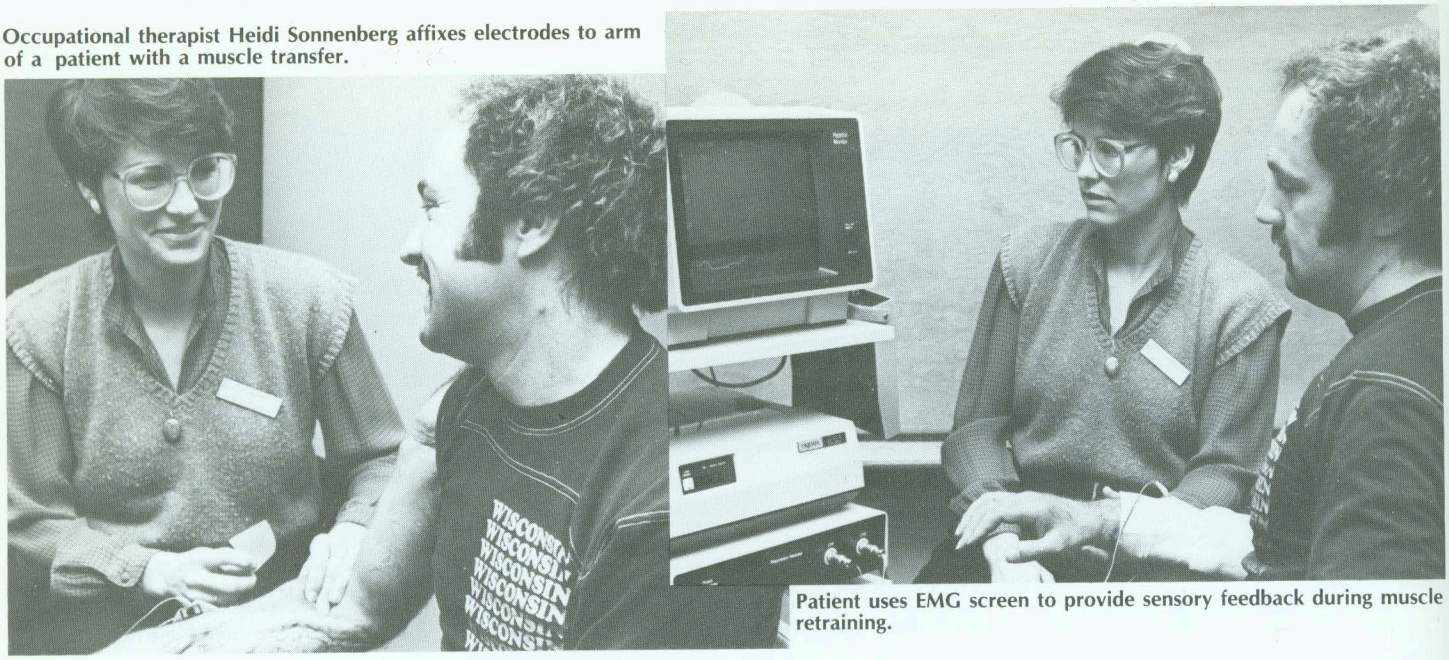
Richard Balliet, Assistant Professor of Rehabilitation Medicine and Director of the Neuromuscular Disabilities Clinic

Training the Brain

Bach-y-Rita believes that active, intensive therapy succeeds because the brain is a good deal more flexible, more plastic, than most people have thought. Though brain cells cannot regenerate, the brain seems to be able to modify the organization of its structure, resulting in lasting functional change.

This characteristic, known as brain plasticity, has been observed in animal studies over the years, but has only recently been applied to humans. "Traditionally," Bach-y-Rita says, "there has been a belief that the mind could change and adapt over the course of a person's lifetime, but the brain could not.

Occupational therapist Heidi Sonnenberg affixes electrodes to arm of a patient with a muscle transfer.



Patient uses EMG screen to provide sensory feedback during muscle retraining.

Learning wasn't associated with physical changes."

Recently, however, some researchers have developed a more integrated concept of the brain as an adaptable organ in structure and function, able to reorganize when necessary. "In retrospect," Bach-y-Rita comments, "many of the unexpected recoveries from brain damage can be explained in terms of brain plasticity."

Though the mechanism underlying brain plasticity remains unclear, the most compelling laboratory evidence suggests that an "unmasking" of nervous system connections is occurring.

Bach-y-Rita explains unmasking with an analogy. "Think of nerves as telephone cables," he suggests. "Suppose that the main cables between Chicago and New York City were destroyed. Initially, it might be impossible to call from one city to the other. After a while, though, if the demand for service were great, someone would discover that it was possible to call the operator in Atlanta and ask that operator to call New York.

"At first, this would be a slow, tedious procedure. But if demand continued high, the operators at each intermediate city would become more efficient at facilitating transmission of the telephone information. With enough repetition, they might reach a very high degree of efficiency. It might be slower and less efficient than the original direct line, but it would very adequately compensate for the loss."

As with the telephone system, functional demand on the nervous system may cause pre-existing connections to be unmasked and used for a new purpose, Bach-y-Rita says. As patients concentrate on controlling their muscles, they may stimulate unmasking of neurological pathways, reorganizing control functions.

Further laboratory and clinical research is needed to determine whether unmasking is indeed a basis for recovery from brain injuries, says Bach-y-Rita. If it is—and unconventional therapy points in that direction—then brain-injured people have good reason to strive toward recovery.

Faculty members in the Department of Rehabilitation Medicine include:

Assistant Professor James Agre, M.D., Ph.D., who came to UW from the faculty of the University of Minnesota Department of Physical Medicine and Rehabilitation. He is particularly interested in sports medicine and musculoskeletal system rehabilitation.

Professor and Chairman Paul Bach-y-Rita, M.D., came here from California, where he was Chief of Rehabilitation Medicine Service at Martinez V.A. Medical Center, Professor and Vice Chairman of Physical Medicine and Rehabilitation and Professor of Human Physiology at the University of California-Davis. He is active in neurophysiology and visual compensation.

Assistant Professor Richard Balliet, Ph.D., is a neurophysiologist concerned with the development and management of advanced systems of neuromuscular rehabilitation. He is Director, Neuromuscular Disabilities Program, which treats late or chronic rehabilitation patients.

Professor Stanley Ewanowski, Ph.D., is a speech pathologist. He is concerned with speech and language rehabilitation, and is Director of the Department of Speech Pathology and Audiology for the Hospital. He has been on the faculty since 1964.

Professor Daniel Halpern, M.D., is interested in pediatric rehabilitation, with major emphasis on children with congenital problems or disabilities caused by accidents, including spinal cord and brain injuries and loss of limbs. He helps children learn to improve function through special training and/or use of special equipment.

Associate Professor Keith Sperling, M.D., is also Clinical Director of the Department. He came to UW from the Sister Kenny Institute at the University of Minnesota, where he directed the Spinal Cord Center and was an Associate Professor. He is concerned with neurotrama, and works with community and state agencies in prehospital and posthospital programs. Dr. Sperling received his medical degree at UW. Q

Regional Members of the Board of Directors

The exceptional men and women who have accepted appointments as Regional Members of the Board of Directors will be introduced to their W.M.A.A. colleagues in this and forthcoming issues of the *Quarterly.* We salute them all.

Nola M. Moore of Seattle, Washington joined the Board in 1984. The youngest of eight children, Nola graduated as Valedictorian of Barron, Wisconsin High School in 1949.

She received a B.S. in 1955, the M.D. in 1958 and a M.S. in Pulmonary Physiology in 1961, all from UW–Madison. While an American Heart Association Fellow in Internal Medicine with Dr. Helen Dickie from 1959 to 1961, Nola published a number of scientific papers.

Since January of 1963, Nola and her spouse, Dr. James Dahlen, '61, have shared a "Ma and Pa" Family Practice Office in Seattle. For almost twenty years Nola has maintained a busy teaching schedule as Associate Clinical Professor of the University of Washington, Department of Family Medicine; as a faculty member of the Doctor's Hospital, Seattle Family Medicine Residency training program and with the Seattle University Adult Education Program and Alcohol Institute.

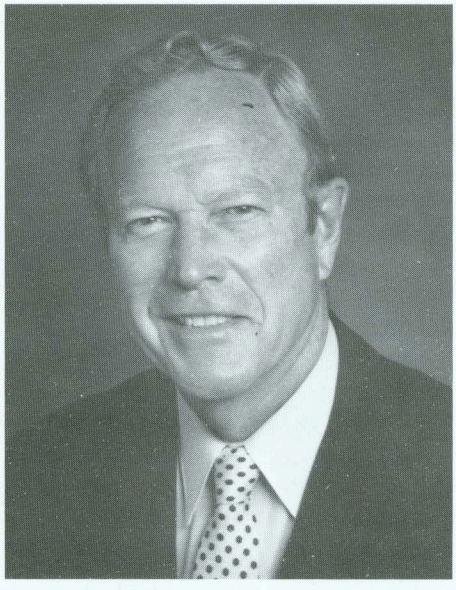
Nola's professional life has been characterized by numerous leadership positions: Chairman of the Washington Academy of Family Practice Education Committee, service on the Governor's Commission on Alcoholism, the Governor's Alcoholism Advisory Council and the Governor's Family Practice Residency Program Advisory Board are representative examples.

She has served as President of the King County Academy of Family Practice, President of the King County Medical Society and Trustee and Finance Committee Chairman of the Washington State Medical Society in addition to many other offices in professional societies. For 38 years, Nola and James have served as camp doctors for the YMCA summer camp for two to three weeks each year.

Currently, Nola is Vice President of Personal Health of Puget Sound. Drs. Moore and Dahlen have three children: Debra Dee Dahlen, a junior chemistry and biology major at the University of Washington; Eric James Dahlen, a sophomore in Computer Science and Electrical Engineering at Washington State University and Kerry Wade Dahlen, a high school senior and Eagle Scout, who has been accepted at the University of Washington and plans to study medicine.

William E. Gilmore of Parkersburg, West Virginia also joined the Board in 1984. A native of West Virginia, Bill graduated from West Virginia University in 1939 where he participated in Varsity football, basketball and baseball.

He received his U.W.M.D. degree in 1943—one of accelerated wartime classes. Following an internship at Philadelphia



Dr. William Gilmore

General Hospital and two years in the U.S. Medical Corps in both the Atlantic and Pacific theaters, Bill completed a general surgery residency at UW.

Since returning to West Virginia in 1950, Bill has established an enviable record of Professional and Community service. He is Clinical Professor of Surgery at West Virginia University and staff surgeon at two Parkersburg Hospitals. He has served on the Board of Governors of the American college of Surgeons, is past-president of the West Virginia State Medical Association, twice served as president and councilor for postgraduate education of his state medical association and on the HEW Regional Medical Program Health Manpower Committee.

In addition to service as a faculty member of two schools of nursing and Medical advisor to a School of Anesthesia, Bill has been a member of the American Red Cross Board of Directors, an Eagle Scout and Officer of the Boy Scouts of America, a team surgeon to Parkersburg High School Athletic teams, officer of his County Heart Association and a Trustee and Officer of his Church Board.

Despite these and numerous other responsibilities Bill has provided long and effective service as 1943 Class Representative.

Bill and Maxine have five children: Susan, twins William and John, Betsy and Scott.

The Association is fortunate, indeed, to have the services of such talented and dedicated individuals as Drs. Moore and Gilmore and their colleagues, whom we shall introduce to you in future issues of the *Quarterly.* **Q**

BONE MARROW TRANSPLANTATION

Poses Double Problem

NOTE: Major organ transplantation in the Department of Surgery was featured in the Winter *Quarterly*. Although we had planned to include bone marrow transplantation, the article became long enough that we decided to defer the subject to the Spring issue.

Cornea transplantation will be covered in the near future when the *Quarterly* features the Department of Ophthalmology.

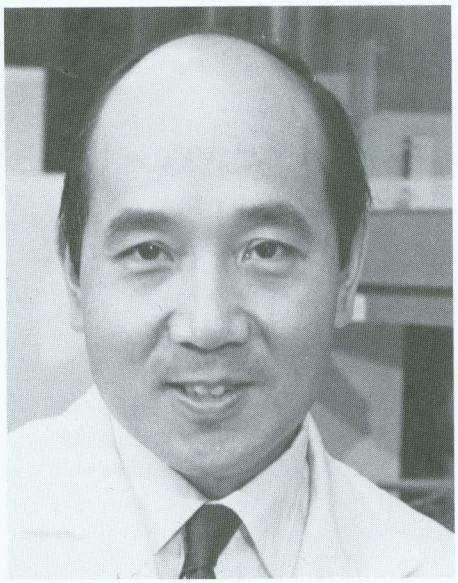
Although the rejection barrier is the major obstacle in nearly all transplantations, rejection is a uniquely thorny problem in bone marrow grafting. In this type of transplantation, two barriers must be taken into consideration: the usual host versus graft reaction in which the recipient's T lymphocytes reject the transplant and also another, more lethal reaction known as graft versus host (GVH).

"With bone marrow, the transplant itself contains aggressive T cells as a part of the inoculum," explained Dr. Richard Hong, Medical School Professor of Medical Microbiology and Pediatrics. "If you destroy the host's immunity so he can accept marrow, the marrow grows. Aggressive T cells in the marrow will recognize their new environment as a foreign transplant and will actually attempt to reject the new envionment as if it were surrounded by a transplant." Even a relatively small number of aggressive T cells can kill the host if he has no defense.

For that reason, there has been an absolute requirement to match bone marrow to the recipient so it won't recognize the host as foreign.

(Organs, Hong explained, are not immunologically reactive and can do no immunological harm to the host. If there is a mismatch, the worst that can happen is losing the graft. But in the case of bone marrow, the graft kills the individual.)

Hong said that until a few years ago, only transplants between histoidentical people were successful. Identical twins constitute a perfect match of transplantation antigens, and one in four siblings



Dr. Richard Hong

match quite closely. (It is virtually impossible for a parent to match his/her child.) Therefore, the frequency of matched siblings is low enough to be a severe limiting factor in the total number of persons who could receive a transplant.

About five years ago, a method for removing aggressive T cells from bone marrow was devised by a New York City group. Material from soybean caused the aggressive T cells to clump and settle out of a marrow preparation. The top was then skimmed off and given to the patient.

"For the past three years, we have used monoclonal antibodies directed against aggressive T cells," Hong said. "This allows us to selectively remove T cells from marrow to render it as safe as if it were a match. The method is less cumbersome than agglutination, and, we believe, gives a greater yield. It's technically far superior and a significant advance. We've now performed a large number of parent to child transplants with very good success rates."

(The monoclonal antibody was developed at UCLA. The method for actually treating the marrow, however, was worked out in animals by Dr. Michael Trigg working at NIH. Trigg is currently an Assistant Professor of Pediatrics at UW.)

The Wisconsin researchers were the first to widely use the new technique, which seems destined to become the standard method for mismatched transplants in the future.

Thanks to the pioneering research of Trigg, Hong and their colleagues, the UW bone transplant program has gained a reputation for being particularly forward looking and innovative, and many children with immunological deficiencies are treated in the department every year.

Immunological deficiency states, Hong said, result from a failure at any point in the complex set of reactions required for immune competency. In general, the diseases are due to: absence of cell populations; failure of cells to mature; failure to secrete the products necessary for effective cell interactions; or failure of accessory cell populations or protein systems—such as complement—which are necessary for the complete competence of immune function. Most of the problems are due to inherited recessive or x-linked traits.

The prime symptom of immunodeficiencies is susceptibility to infections. And the incidence of cancer in immune deficient populations is ten thousand times that of normals.

Hong said there are many varieties of immunological deficiency diseases. "In general, they involve primarily the T cell

A UW patient one year after a bone marrow transplant.

system, the B cell system or both cell lines. Involvement of both T and B cells is known as combined immunodeficiency disease and is the most severe form."

Immunodeficiency can also be acquired, Hong explained, as a complication of other diseases of therapy. For example, aggressive treatment of leukemia kills normal lymphoid cells as well as the target cancerous lymphoid cells. Likewise, medicine to counter transplant rejection can destroy lymphocytes. Severe dietary deficiencies as well as certain virus infections are also known to dampen lymphocyte function. AIDS is a case in point.

Treatment of deficiency disorders varies with the defect. In the case of combined immune deficieney state, a bone marrow transplant is best.

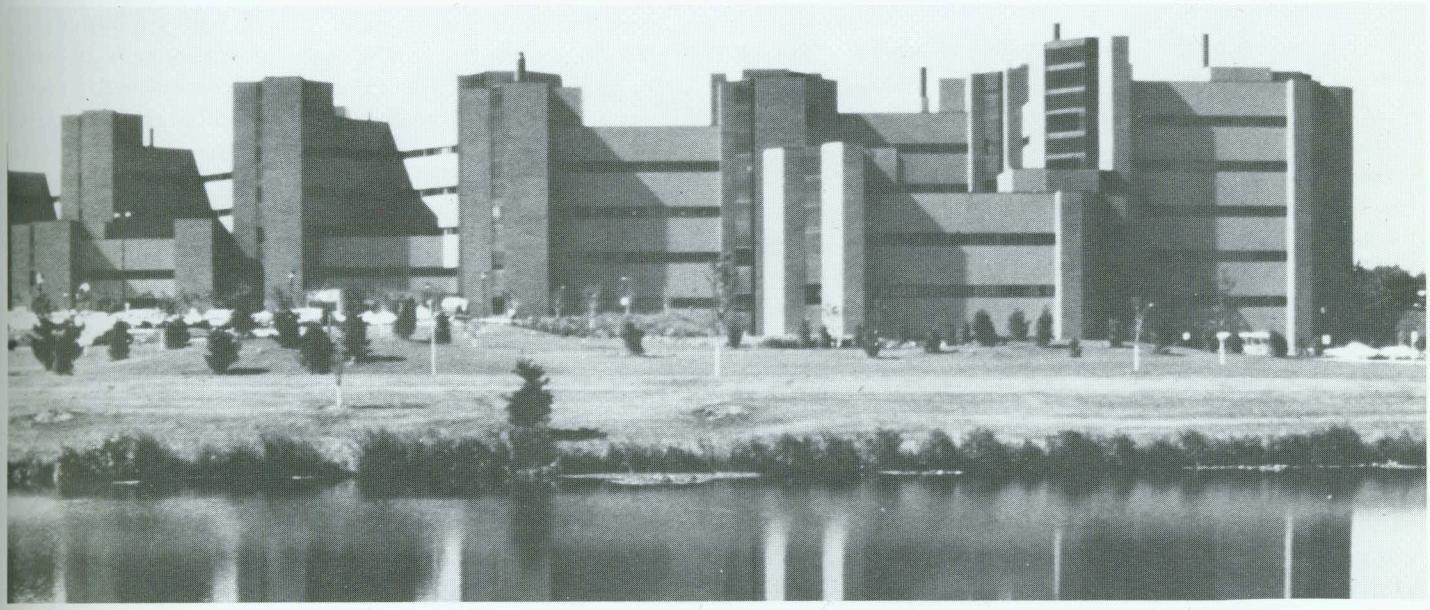
Most bone marrow transplants are given to leukemic patients. "This allows two things," Hong explained. "You can give very high doses of medicine, essentially a lethal dose that would destroy marrow, but you don't care because you have new marrow to take over. This can be considered a rescue operation."

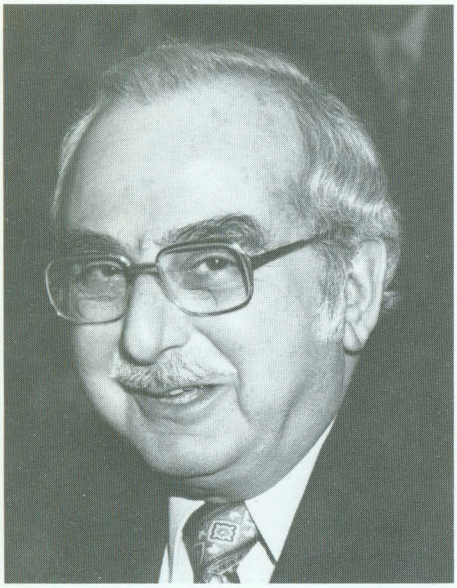
Also, Hong said, the transplant may help to cleanse the body of residual tumor cells that the chemotherapy has not affected. "And if there is a leukemia virus which is still around, the new marrow may get rid of it."

A child needs a fair amount of marrow, which can only be supplied readily by an adult donor. Since a parent is a 50% match and one knows the health history, this is the logical place to look, Hong explained.

Marrow is injected in a vein, and the lymphocytes are "smart" enough to find their way to the recipient's marrow because of the homing phenomenon.

"In this type of therapy," Hong said, "we must draw fine lines, and many times we don't succeed. Can we eliminate T cells to the degree that there is no graft-versus-host reaction but still retain the graft-versus-leukemia effect? It's very tricky." Hong hopes that some day it will be possible to precisely eliminate those cells that cause GVH reaction but not those that counter leukemia. **Q**





Medicine Can Be, Has Been, and Still Is—Fun!

Mischa Lustok, '35

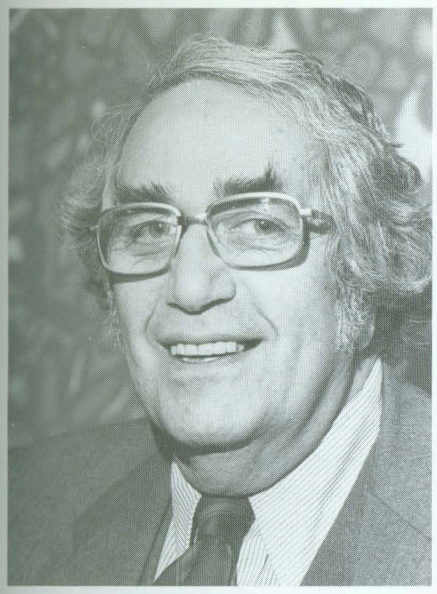
This year is the fiftieth anniversary date of my Medical School graduation. The mere fact of survival against chronological odds is in itself a fortuitous achievement. Perhaps one should expect the accumulated experience to warrant a monumental expression of mature wisdom. Here is mine. A total commitment to medicine and the life style it engenders can be, has been, and still is—FUN!

Contentment and satisfaction in one's work doesn't just happen. The voyage has to be designed. I was more lucky than wise in making the right choice of career orientation. With a preparatory graduate degree in physiology and four years of postgraduate training in medicine (in the early 30's?), Dr. William S. Middleton, my mentor, cleared a path for me towards the academic community. I still don't know where I found the courage to rebel. The potential of economic advantage versus tenured security was significant, but by no means the primary, consideration. I could not stomach the internal maneuvering for advancement. The upmanship inherent in the then prevailing pyramidal system was abhorrent to me. Although I enjoyed medical research, and indeed was the primary author of several rather modest publications, I resented a future faced with sustained demands to do more and more as an obligatory step to promotion. The academic air seemed stifling, and I yearned to breathe. I opted for free enterprise.

The private practice of medicine proved to be more to my liking. I enjoy the interpersonal relationships with my patients. The singular responsibility of patient care is an obligation I carry with pride and satisfaction. Fortunately, there were more peaks of success than valleys of failure, albeit each contributed to the richness of the experience. However, early in my practice I sensed that something was missing. The initiative to broaden my scope of medical knowledge was blunted. I tended to fall victim to routine hours, routine ministrations, and routine answers to mundane questions. The challenge of intellectual curiosity and mental stimulation generated in an environment of medical scholars and investigators was lacking. I thirsted after the excitement of scholarly medicine. I resented the role of a drone.

Then came a revelation. Why not have the best of both worlds? Why not enjoy the pleasures and rewards of private medical practice and at the same time hone your professional skills and satisfy your intellectual curiosity in a scholarly academic environment? I was not intimidated by the traditional confrontation of academic chauvinism to the medical practitioner's self inflicted inferiority complex. I believe that, contrary to the trite and oft repeated "town and gown syndrome," the two pursuits are not in incompatible channels. When set in proper balance, and in parallel respect, the disciplines are mutually complimentary.

I was lucky indeed. My plan worked. My private practice flourished while I set aside a substantial portion of my day to academic activities. First at Marquette Medical School, then Medical College of Wisconsin, later University of Wisconsin Preceptorship, and ultimately the Clinical Faculty on the Milwaukee Campus of our Medical School. I had and still have the best of both worlds. It has been a happy marriage. There must be a lesson here somewhere. Try it, you will like it. Medicine can be, has been, and still is—FUN!Q



Hail and Farewell

Bernard i. Lifson, '49

For the past 15 years I have attempted to share with my University of Wisconsin Medical School family the trials and tribulations of an alumnus' ritual passage to adulthood. The experiences for the great Girl Scout cookie caper, the airline's personalized hand delivery of our first child entering college, the abandonment of a father by his only daughter leaving home to attend college, Clarice's expedition into the business world in an antique shoppe, and the miraculous cure of my wife's dog, Phobia, by Rikko, the lost mutt, are only a few of the crises you all have endured with me. When I chronicled my experimenting with chinese cooking, some of you were offended, but I really meant it to be an insight into how Clarice spent all of her free and unanswered hours nurturing our five children, running a 17 room house, and managing her "Shoppe" while being on 24 hour call for me. Now our children are young adults away at college or living independently. The large and beautiful home is serving a new master and mistress with their five children.

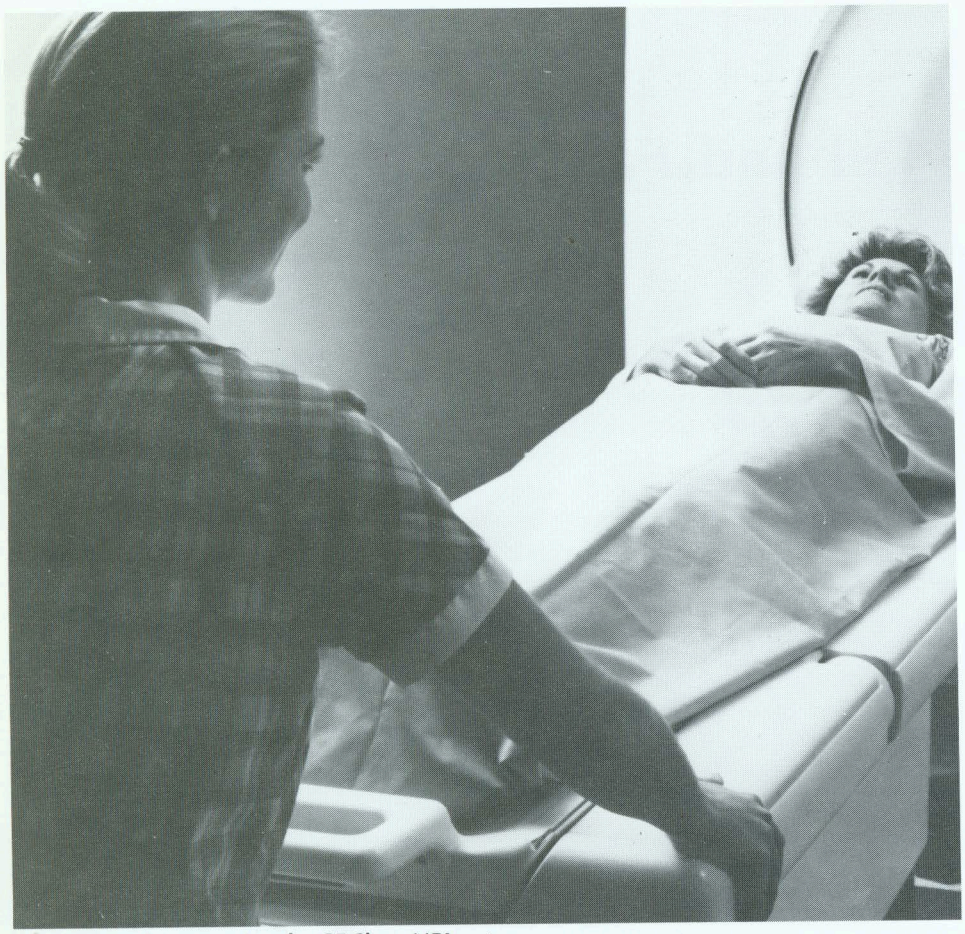
I did not wish to burden you with the exhaustion of the packing and dismantling that went on for four months. However, I can tell you that we are now settled in a cozy ranch with our memories of the past and the challenge of developing this house into our home. The children visit us on school breaks and special occasions and it is pleasing to see them as independent young adults dealing with the pleasures and pains of life's challenges. It is a bittersweet victory. Initially, I thought this new phase of our lives might be an appropriate time to consider starting a new family.

Perhaps only two or three children this time. This might make it somewhat easier for Clarice. One evening at a dinner party in our home I shared this idea with our friends. They surprisingly reacted in one of two ways. They either moved to another room to avoid me or else burst out laughing. I have never been able to understand some of our friends. I had forgotten to share this idea with Clarice and so when she heard me discuss it, she initially looked quizzically, then smiled and then went on talking about double coupon day at the Kmart. Sometimes I just don't understand Clarice.

I would like you to understand that this move has had some positive aspects to it. There is far less work for Clarice. She hasn't used tools or a ladder for months now. There is little for her to repair. She has been teaching me how to use a pliers and screwdriver and my next lesson will be painting the basement floor. Clarice tells me she is preparing me for my retirement in 10 years, but I'm beginning to believe she has other motives.

Well, as you can see there is little happening in the Lifson household. Nothing of interest, nothing worth space in our respected *Quarterly.* So I have decided to end this means of communicating with you all with this being my last article. Clarice and I will continue to see you all in Madison on Alumni Days and will share with you in person your family's and our family's happenings. It has been our pleasure over the years to have had this opportunity and you have been most kind with your correspondence and personal comments. We look forward to seeing you in May. **Q**

Magnetic Resonance Imaging



A patient is about to enter the GE Signa MRI system.

Magnetic Resonance Imaging may well become the most useful new technology of the decade. Its ability to show soft tissue in exquisite detail, combined with its safe treatment of the patient—no ionizing radiation is involved—have excited clinicians and researchers alike.

(Previously, Magnetic Resonance Imaging was known as Nuclear Magnetic Resonance. Within the year, the name has generally been changed to MRI, mainly to avoid the adverse psychological nuances associated with "nuclear." Chemists in the field, however, continue to use the NMR terminology.)

The Medical School now possesses an MRI machine for use in research; later, when the FDA declassifies the machine's experimental status, patients will benefit from MRI's extraordinary diagnostic capabilities. Government approval is expected soon.

For many months, Medical School personnel have been working with scientists from General Electric Company Medical Systems Group of Waukesha, Wisconsin, the machine's manufacturer. Now part of the Waisman Center has been remodeled to house GE's Signa magnetic resonance system. Careful site preparation is essential so that Signa System's powerful electromagnetic waves (magnetic field and radio frequency energy) will be adequately shielded from interfering with nearby instruments and structures; and the machine's three-dimensional magnetic field needs protection from outside disturbances such as stray radio frequency signals. The Signa System should be operational by the time this *Quarterly* goes to press.

Nuclear magnetic resonance has been around more that 30 years as a laboratory analytical tool. Only recently, however, has it been possible to transform information given off by spinning nuclei into images that look remarkably like cross-sectional photographs in textbooks. The machine is sensitive to hydrogen protons, which means essentially that it sees water and ignores bone. It can also be made to sense other chemicals such as phosphorus, which will allow physicians and researchers to follow physiological changes as they happen inside a patient.

MNI's ability to detect water makes it particularly useful in detecting tumors, which typically have more free water than non-tumorous tissue. The technology can, in fact, identify malignancies considerably before they can be detected by any other noninvasive technique.

But tumor detection is only one of MRI's potential uses. "Because MRI can show us the distribution of water, we can look at the anatomy of the cervical spine," according to Dr. Joseph Sackett, Chairman of the Department of Radiology. "We can study blood flow in the carotid arteries and see intracranial bleeding and kidney and heart malfunction. Because MRI is safe, even with repeated exposures, we can use it to look at the progression of organ and muscle diseases, and follow the progress of chemotherapy and radiotherapy as the treatments alter the tumor's size and chemistry," rather than waiting for weeks or months to determine if therapy is successful.

Although MRI should prove to be useful to radiologists as a powerful diagnostic tool, physiologists and others interested in basic metabolism may find that MRI will give them new insights into events at the molecular level. Because the Signa System comes equipped with a very powerful 1.5 Tesla magnet, it will be able, for instance, to detect phosphorus-containing compounds and thus allow researchers to follow metabolic energy exchanges. It can also detect sodium, which moves characteristically across the cell membrane and can indicate cell damage after, for instance, a stroke.

(A less expensive MRI machine with a one tesla magnet is limited to detecting hydrogen protons.)

NMR's safety record is impressive. According to Dr. William Perman, Assistant

This MR image of the brain shows anatomy in exquisite detail.

Clinical Professor in Radiology, "In the past 1-1/2 years, 1,500 patients have been scanned in this country and we've seen no ill effects due to the exposure. While there's no conclusive proof, we're reasonably certain that the technique has no hazards, and we're being careful with our use of it." He explained that there is also minimal risk to those who have been trained to work near the machine.

The Signa System has been designed to be less intimidating and frightening to the patient. One reason is its arrangement of mirrors within the rather small patient chamber, which lets the patient maintain reassuring contact with a technician and removes much of the claustrophobic effect induced by some other MRI machines.

Sackett said that planning for and working with NMR technology is a collaborative effort. Besides Radiology, researchers from Medical Physics, Medicine, Neurosurgery, Surgery, Urology, Human Oncology, Vascular Surgery, Chemistry, Biochemistry and the Waisman Center for Mental Retardation have joined in furthering the usefulness of the new technology. The Schools of Pharmacy and Veterinary Medicine will soon participate, Sackett anticipates.

Financing also has been a collaborative effort. The estimated $2.1 million for the machine and remodeling of the Waisman Center has come from WARF (approximately $1 million), the Medical School and UW Hospitals and Clinics. In addition, the Department of Radiology and GE are involved in a three-year, $250,000 collaborative research project.

Sackett said the University has given "unequaled" support. "The administration understands the importance of taking time to do esoteric research, instead of concentrating all our energies on work that has immediate clinical applications. It's going to pay off in extremely productive research." Q

The Medical Alumni Fund Campaign

John Brennan, M.D., '67,
Annual Fund Chairman

Our 1984–85 goal for the Annual Fund Campaign is $600,000 in gifts and pledges to be realized by June 30, 1985.

The goal is achievable if each alumnus follows a simple formula: if you have not been a regular contributor, contribute now. If you have been contributing, raise the level of your gift. If this is your reunion year, make an above average gift.

Our priorities are student financial aid, Medical Alumni Professorships and unrestricted funds to enable the Dean to maintain a first class medical educational experience for Wisconsin students.

The need for student loan funds is particularly acute because of cut backs in federal loan programs coupled with high tuition.

When we go to press with our honor roll of contributors, you will not want to be among the missing. It is our obligation and privilege to support our alma mater and to help make medical education possible for our successors.

Your contribution to the Annual Fund can be the vehicle for honoring those individuals who have a special significance to you: e.g., the Isabelle Peterson Student Financial Aid Fund, the Otto Mortensen Scholarship, the William S. Middleton Award, the Richard Wasserburger Fund, the Henry Okagaki Loan Fund or numerous other funds honoring those who had a meaningful influence on your medical education.

Time is running out. Your contribution to the Annual Fund is needed now. The 1984–85 Campaign will end on June 30, 1985. Success is within our grasp. Q

Medical School News

Ruzicka Fund Created

The Department of Radiology announced plans to set aside $50,000 a year as an endowment for the Francis Ruzicka Fund, which will be used to support resident research in diagnostic radiology. The fund honors Dr. Ruzicka, who joined the Medical School in 1973 and was Chairman of the Department of Radiology from 1976 until 1981. He recently moved to the Washington, D.C. area to join the National Institutes of Health, where he heads the Diagnostic Imaging Branch of the Radiation Research Program, a part of the National Cancer Institute. Dr. Ruzicka became the first radiologist to hold the position.

Francis Ruzicka

New Support for Visiting Professors

The General Motors Cancer Research Foundation awarded a $20,000 grant to the McArdle Laboratory/WCCC. The funds, to be used over a five-year period beginning in 1985, will bring outstanding visiting professors to the UW campus.

Helicopter Service Ready

Physicians within 200 miles of Madison can now request help from the Med Flight critical care transport service, which provides skilled emergency care during transport of critically ill or injured patients between hospitals or from accident/disaster sites to hospitals.

Med Flight
UW Hospital & Clinics

This logo, designed by Ginny Ruark of the Medical Illustration Department, will be used to identify the new helicopter service.

The Aerospatiale SA 360 C DAUPHIN (helicopter), leased from Clinton Aviation Group for an 18-month trial, carries a flight crew of three—a physician, a nurse, and a pilot—and can accommodate up to three patients. It has a cruising speed of 160 miles per hour.

The service will operate 24 hours a day, 365 days a year, and the team can be dispatched within 5 to 7 minutes. The helicopter is equipped with built-in and portable oxygen, compressed air and suction equipment, ventilators and supporting respiratory equipment, cardiac monitoring and defibrillating equipment, anti-shock trousers, a full complement of intravenous fluids and emergency drugs, endotracheal intubation supplies, burn packs, Doppler blood pressure/pulse monitoring, orthopedic splinting and immobilization equipment, and other specialized equipment such as neonatal isolettes.

Patients who may need the services include those with spinal cord and head injuries, abdominal aortic aneurysms, high-risk obstetric, cardiac and pediatric cases. (Newer developments in cardiac care such as the use of streptokinase and balloon angioplasty depend significantly upon immediate, pre-hospital treatment.)

The flight personnel as well as the hospital-based dispatchers have been thoroughly trained in emergency procedures and communications. Constant radio/telephone communication between the requesting physician and a Med Flight physician make the service particularly responsive and valuable. Tapes of each event will be kept for a month so that a situation can be evaluated if necessary.

Med Flight will be studied for efficiency and cost-effectiveness during its 18-month trial evaluation period.

The Med Flight Medical Director is Dr. Michael H. Bowman, Medical School Assistant Professor of Medicine. The Administrative Coordinator is Erica Hanson.

For more information, the administrative phone number is 1-608-263-5007. The emergency numbers are: in-state, 1-800-472-0111 and out-of-state, 1-800-343-0111.

Honor to Orenberg

Cynthia L. Orenberg, medical writer and editor in the Department of Ophthalmology, has been named a Fellow of the American Medical Writers Association.

Cynthia L. Orenberg

Pathology Chairman Burton Goldberg

Burton Goldberg, M.D., recently joined the Medical School Department of Pathology and Laboratory Medicine as Professor and Chairman.

Dr. Goldberg's productive career has centered about experimental pathology, especially the biochemistry and biology of collagen. In more than 50 papers, he has examined collagen synthesis, secretion and structure as well as radioimmunoassays for procollagen in disease states. His research has been supported by NIH grants since 1960.

Dr. Goldberg is no stranger to Wisconsin. He was born in Milwaukee and attended UW-Madison as a premedical student. He received his M.D. degree at Northwestern Medical School.

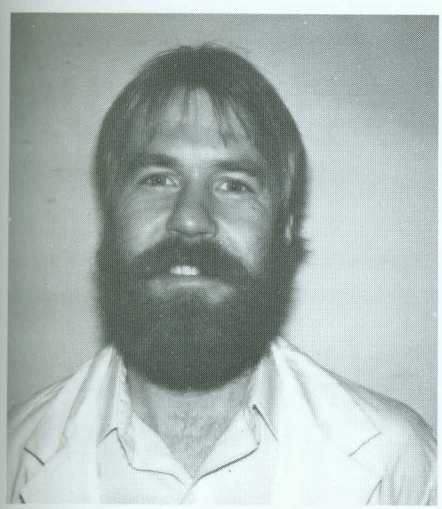
He took his internship at Cincinnati General Hospital and a residency in Pathology at the Mallory Institute at Boston City Hospital. He held teaching appointments at Tufts University School of Medicine, Harvard Medical School and Boston University School of Medicine. After his residency, Dr. Goldberg took a two year research fellowship in the Department of Biology at M.I.T.

Then Dr. Goldberg moved to New York City in 1957 for a long association with the New York University School of Medicine, where he served as Professor of Pathology. He was also attending pathologist at Bellevue and University Hospitals.

From 1960 until 1970, he held a U.S. Public Health Service Career Development Award, and he belongs to several honorary and professional societies.

Dr. Goldberg is administratively responsible for the Department, including its clinical laboratories in the Hospital, while he continues his collagen research and teaching.

Introducing New Members of the Faculty



James Agre

Dr. James Agre has joined the faculty as Assistant Professor in the Department of Rehabilitation Medicine. He comes here from the University of Minnesota, where he received an M.D. and Ph.D. and completed a residency in Physical Medicine and Rehabilitation. An international competition cross-country skier, Agre is particularly interested in sports medicine and musculoskeletal system rehabilitation.

Tsu-Yi Chuang

Dr. Tsu-Yi Chuang recently joined the faculty as Assistant Professor of Medicine, with a joint appointment at UW Hospital and Clinics and the Middleton V.A. Hospital. He earned his M.D. and a dermatology residency at the National Taiwan University, followed by a three-year fellowship in epidemiology at the Mayo Clinic and another dermatology residency at the University of Chicago.

Dr. Laurence W.C. DeBoer has been appointed Assistant Professor of Medicine in the cardiology section. He received his M.D. from Baylor College of Medicine, and completed residency training at the Mayo Graduate School of Medicine. DeBoer served a cardiology fellowship at Baylor, Harvard Medical School, Peter Bent Brigham Hospital and Massachusetts General Hospital. He is interested in the biochemistry of ischemic heart muscle and will direct the statewide ECG and outreach programs at the UW Hospital and Clinics.

Dr. Dennis J. Toggart has joined the Department of Medicine, section of cardiology, as Assistant Professor. An invasive cardiologist, he directs the Hospital's cardiac clinics and assists in the cardiac catheterization laboratory. Toggart received his M.D. from the University of Maryland School of Medicine and completed residency training at the University of Florida-Gainesville, followed by a cardiology fellowship at Penn State University in Hershey, Pa. He is particularly interested in coronary circulation. Q

Dr. Ben Peckham
Retires

The discerning hand of Ben M. Peckham, M.D., Ph.D., has guided the Medical School Department of Obstetrics and Gynecology from frail childhood through sometimes tempestuous adolescence to a mature and respected member of the medical community.

"I don't know who else could have done that," commented a veteran University observer.

Ben's long association with the department began in 1956, when he left private practice in Chicago and a faculty position at Northwestern University Medical School to become department Chairman at UW.

Before Ben's arrival, OB/GYN was housed in the department of surgery. With some of the funds from his NIH grant for studying cellular kinetics and strong UW backing, however, Ben was able to establish a department with its own offices and research facilities.

Ben's most significant contribution in the late '50s was his ability to enlist the help of all the OB/GYN physicians in the city as well as the cooperation of Madison hospitals. From these coordinating efforts, a strong local residency program emerged. (Before that, medical students had residents had to trek to Chicago for training.)

Ben believes that the teamwork approach, in which medical students and residents could be involved at all levels in patient care, was a major factor in the department's growth and development; and the successful association spread to other departments.

Not the least of Ben's jobs was to sometimes don velvet gloves and keep an even keel among competing institutions and personnel—no small accomplishment for a man heavily involved with patients, teaching and the time-consuming administrative chores of a chairman.

Eighty residents have graduated since Ben took over.

Another important change materialized under Ben Peckham's influence. Although the department's mission had been primarily obstetrical, Ben soon saw to it that gynecology—especially surgical—became more prominent. He also developed divisions of maternal-fetal medicine, gynecologic oncology, and endocrinology led by highly competent subspecialists and brought in full-time investigators to conduct long-term, continuing research programs.

Ben's ties with Wisconsin are extensive. He was born in Milwaukee and received his B.S. at UW–Madison. He also spent two years at the UW Medical School before moving to Northwestern to complete the M.D. degree. An internship at St. Luke's Hospital in Cleveland was followed by four years in the Navy, where he received the Purple Heart and Bronze Star medals and rose to the rank of Lt. Commander.

After the war, Ben returned to Northwestern to teach physiology while earning his M.S. (1947) and Ph.D. (1949) in physiology with research focused on endocrinology. The remarkably busy Dr. Peckham also completed a residency in OB/GYN at the Chicago Wesley Memorial Hospital in 1950. From 1950 until 1956 he had a private practice and was Assistant Professor in the Northwestern Medical School Department of Obstetrics and Gynecology.

Ben Peckham's career at the UW Medical School established him as a first-rate teacher, acknowledged by several teaching awards, and as a physician so trusted that he still has patients from more than 25 years ago. His participation in national study councils and medical organizations are too numerous to list here.

Over the course of sometimes turbulent years, the Medical School as well as the rest of the University community benefitted from Ben's special abilities for negotiation, collaboration and planning. When leadership was needed, colleagues say, Ben could be counted on—"definitely a key person." For example, he served as Associate Dean for Clinical Affairs from 1968-71, and chaired crucial committees. And he was Chairman of the Department of Obstetrics and Gynecology from 1956 until 1984.

Ben has never been a man to look for a fight. But he's not one to side step controversy, either, as exemplified by his encounters with right-to-life advocates who tried to abolish all abortions at the Hospital.

Ben's wife Ann—equally strong-willed—confronted the Republican National Convention with the abortion issue, and she energetically ran John Anderson's presidential campaign in Wisconsin.

Since "retirement" at the end of '84, Ben still goes to work three days a week as teacher and consultant. "The excellent leadership of (new Chairman) Dr. Edward Quilligan has made retirement very pleasurable," he said.

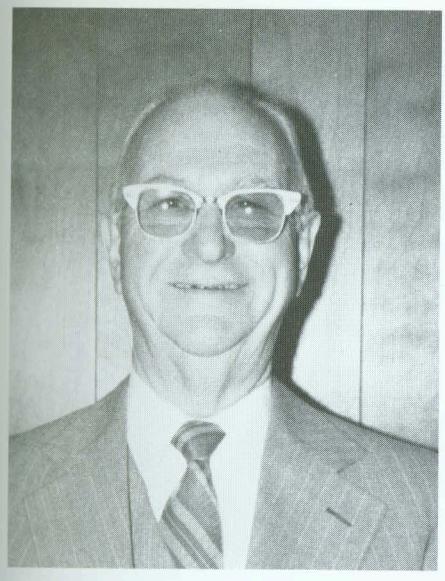
When real retirement comes July 1, 1985, he and Ann plan to travel long and far in their mini-motor home and visit their three children.

Ben also plans to get back into designing and making his highly acclaimed jewelry, a hobby he began 15 years ago with the help of an artist patient, Mrs. Anneliese Steppat, who "had design flowing out of her." He may even use a computer for designing the jewelry.

"I'm kind of a nut about computers," he admitted. "They're a form of recreation. You can do things (e.g., with data) impossible before. And you can draw anything, contruct anything very precisely to scale."

Dr. Ben Peckham is good at a lot of things. **Q**

Distinguished Service Award to **Dr. Larme '41**



Dr. Francis Larme, New Holstein family physician, received a 1985 Distinguished Service Award from the W.M.A.A. at a Sheboygan Medical Alumni meeting on April 12, 1985.

The award was given in recognition of exemplary service to the New Holstein community, to the medical profession and to the University of Wisconsin.

Dr. Larme has practiced family medicine in New Holstein since 1946, and has been a member of the Calumet Memorial Hospital Medical Staff since 1956, serving in all officer and committee chairman positions. Not only was "Doc" —his nickname since childhood—actively involved in originally establishing the hospital, but he also diligently supported additions to the facility in 1962 and 1984. His work merited a "Resolution of Recognition for Meritorious Service" from the Board of Directors.

Doc was likewise influential in the development and contruction of Calumet Homestead, a 104 bed skilled nursing care home in New Holstein for which he has served as Medical Director since its opening in 1957.

Doc's contributions to the New Holstein area, however, have extended far beyond his committed medical practice. For example, he organized his parish council and served as its first president. As an active member of the local Kiwanis International, he has held numerous officer positions including president. Doc has been involved in the New Holstein PTA and served as a member of the New Holstein School District Board of Education for nine years, three of them as president.

The list of accomplishments goes on and on. Conservationist Doc Larme also has chaperoned numerous Boy Scout canoe trips to northern Wisconsin, coordinated polio clinics, and made many health presentations to civic organizations.

The Larmes—Doc and his wife Tommy, who is equally generous with her time and energy—were publicly honored and recognized by fellow citizens at a celebration last year. The New Holstein Reporter described Saturday, April 14 as a very special night when the Larmes saw just how much they meant to a very grateful community, to which they gave "a full measure of devotion and care."

The State of Wisconsin similarly recognized the devotion of "their lives, time and talent for the betterment of the citizens of the New Holstein area." The Legislative Citation also recounted the Larmes' successful rearing of seven children, and Doc's four-year voluntary service with the U.S. Navy during the war in the North and South Pacific and at San Francisco Naval Hospital, being released as a Lt. Commander. He continued in the Naval Reserves for 10 years.

Doc Larme now enjoys a well deserved semi-retirement.

Distinguished service awards are designed to recognize medical alumni for outstanding contributions to their community, their profession and their patients. Q

A Medical Alumni Gathering in Gainesville Florida

Thanks to the planning efforts of Arlan Rosenberg, 1958, Dean Arnold L. Brown participated in a breakfast meeting with Gainesville, Florida area Alumni on February 15.

Arlan is Professor of Pediatrics and Chief of Pediatric Endocrinology at the University of Florida College of Medicine. Bill Enneking, 1949, has been Chairman of Orthopedics for more than 20 years. Nineteen seventy-two Class Representative Bernard Mansheim is a member of the infectious disease faculty while Michael Kappy, 1967, is a member of the Pediatric Endocrinology faculty. Other U.W. Alumni in Gainesville include Fritz Reichardt, 1943, an Orthopedic Surgeon who practiced in Stevens Point, Wisconsin for many years; Ronald Quisling, 1969, who is a Neuroradiologist; Joseph Neu, 1975, is a Neonatologist in the Department of Pediatrics; James Schmidt, 1980, is in the Department of Surgery and Joel Andres (Pediatrics Resident) is a member of the Department of Pediatrics in Gastroenterology.

When the Dean, other members of the administrative staff and faculty are speaking or attending meetings in your locale, the Medical Alumni office will be delighted to see if a Regional Alumni meeting can be organized. Such ad hoc, impromptu meetings have always been encouraged and are highly successful. Q

Faculty News

Associate Professor of Human Oncology and Pharmacology, **V. Craig Jordan,** and Professor of Human Oncology and Medicine, **Paul P. Carbone,** were invited participants in the International Symposium on Anti-Hormones in Breast Cancer held in West Berlin. Jordan also presented a lecture at the University of Regensburg in West Germany and Carbone was in invited participant of the Adjuvant Systemic Therapy—UICC/WHO/BCTS Breast Trails review Meeting in London.

Thomas E. Davis, Associate Professor of Human Oncology and Medicine, and **David L. DeMets,** Professor of Human Oncology and Statistics, participated in a symposoum on "Methodology and Quality Assurance in Cancer Clinical Trials" held at the National Cancer Institute.

Associate Professor of Ophthalmology, **Barbara Klein,** received the 1984 Sam and Bertha Brochstein Award from the Retina Research Foundation for outstanding achievement in retina research. Dr. Klein was cited for her study of diabetic retinopathy in pregnant women, funded by the National Eye Institute and the Retina Research Foundation.

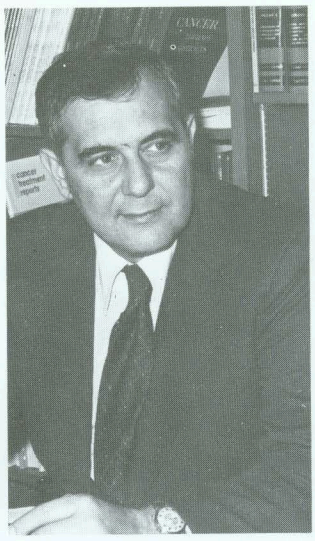
Paintings by **Hania W. Ris** will hang in July in the Skylounge Gallery at UW Hospital. An Associate Clinical Professor of Pediatrics, Dr. Ris started to paint about 15 years ago through non-credit classes at Madison Area Technical College and the UW–Madison. She has received several awards, including the Wisconsin Regional Art Workship in Madison, the annual State Art Exhibition and Conference of the Wisconsin Regional Art Program.

Dr. Ris was honored at a reception in Madison November 1 for her outstanding efforts as an advocate for the health of children, the welfare of women and the survival of the human race in the face of the threat of nuclear war.

Henry C. Pitot, Director of the McArdle Laboratory for Cancer Research and Professor of Oncology and Pathology, was elected a director-at-large of the American Cancer Society.

Education, the Public Relatins Committee, and the Committee of Bylaws. Dr. Shropshire is in private practice in Monona, Wisconsin.

V. Craig Jordan



Paul P. Carbone

Guenter B. Risse

Ernest C. Borden, Professor of Human Oncology and Medicine, has been appointed to an American Cancer Society Professorship of Clinical Oncology.

Dr. Frances Graham, Professor of Pediatics and Psychology, has received a Psi Chi Certificate of Recognition from the American Psychological Association for her outstanding contributions to advance the science of psychology.

Associate Professor of Ophthalmology, **Suresh Chandra,** has been elected president of the newly formed Association of Asian Indians in Ophthalmology.

David L. DeMets, Professor of Human Oncology and Statistics, has been elected a member of the International Statistics Institute.

Associate Professor of Preventive Medicine, **Marty Kanarek,** took part in a conference in Lyons, France, sponsored by the World Health Organization's International Agency for Research on Cancer.

Associate Clinical Professor of Family Medicine, **Richard W. Shropshire,** has been elected speaker of the Congress of Delegates of the American Academy of Family Physicians. An active member of Academy commissions and committees, he recently completed his second term as AAFP vice speaker and serves on the Commission on Continuing Medical

Thomas France, Professor of Ophthalmology and head of the pediatric ophthalmology service, has been elected president of the American Orthoptic Council.

William Rock, a clinical Professor of Medicine for 26 years, was the subject of the "Know Your Madisonian" column of a recent issue of the *Wisconsin State Journal*. A graduate of St. Mary's College and of the Loyola University Medical School (1953), he is an Internist at the Dean Medical Center, Madison as well as a director of the Medical Center. Continuing to make house calls—about three calls a week—in his belief that "some patients shouldn't have to come to the doctor," he became Medical Director for the Madison Hospice, an organization that helps terminally ill patients stay in their home. In addition to his clinic duties and his work with Hospice, Dr. Rock is one of the physicians who works with the Edgewood High School and East High School football teams and is medical director of the Karmenta Nursing Home, Madison.

Guenter B. Risse, Professor of History of Medicine and History of Science, was a guest lecturer at the 4th Course of the International School of the History of Biological Sciences, held in Ischia, Italy. He also was a main speaker at the 1984 meetings of the International Academy of the History of Medicine in Freiburg, West Germany. Q

Alumni Spotlight:
Thomas A. Leonard

At the "ripe age" of 88, Thomas A. Leonard '31, retired Madison Obstetrician, continues a pace which would be taxing to many younger individuals. Firm is his belief that retirement will be happy if "one keeps on learning and continues to be creative and to be useful to others."

His many years in medicine and research were recognized when he was named one of Wisconsin's 10 most admired Senior Citizens for 1984. Chosen from 100 nominees, the 10 recipients of the award, including Dr. Leonard and his wife Myrtle, were special guests at a banquet at the Pfister Hotel in Milwaukee and at the Wisconsin State Fair last August. Sponsors of the award were the Security Savings and Loan Association of Milwaukee and the State Fair Organization. Commenting on the other winners, Dr. Leonard said: "Each of them had made contributions far beyond the call of duty and they had all discovered that these older years can be happy, useful ones."

In December, Dr. Leonard received the third annual Manfred E. Swarsensky Humanitarian Service Award, presented by the Madison Downtown Rotary Club. The award, named after the late spiritual leader of Madison's Temple Beth El, carries a grant of $1,000 which Dr. Leonard is giving to the Wisconsin Association for Perinatal Care. Referring to the work he had done in his lifetime, he remarked that "I did not do it to receive an award. It was work that I had to do and enjoyed very much."

Today's low maternal and infant mortality rates in Wisconsin can be attributed, in part, to Dr. Leonard's efforts during his obstetrical practice. As a member of the UW-Clinic faculty in Madison from 1931-1967, the year of his retirement, he worked closely with the State Medical Society trying to improve the care of childbearing women and their offspring. Appalled by the high maternal death rate in the state, 88 per year, he chaired the committee which studies each maternal death incident. As a result of the study, he initiated a program of lectures and seminars, held each year throughout the state, to teach doctors and nurses the latest techniques and procedures in the field of Obstetrics and Gynecology. The lecturers and faculty members also visited hospitals to make sure they were up to date. During the last five lyears that the lecture group was in action, maternal deaths decreased to 6-8 per year.

Working with UW Pediatrician Dr. Stanley Graven and Helen Cullen, R.N., Dr. Leonard applied the same method of study to infant mortality and involved other physicians, social workers, nurses, hospital administrator and representation of patients in the work. The two doctors formed the Wisconsin Association for Perinatal Care to focus on the care of infants and mothers during childbirth. Seven regional centers were opened, making available all the necessary facilities and equipment, including an ambulance, for the needs of the high risk mother and child in the case of an emergency.

Dr. Leonard's activities throughout the years have not been limited to medicine. An author, painter, sculptor, traveler and philanthropist, he has earned many service awards and honorary memberships, including the distinguished service award from the National Honor Society. Last fall, he was inducted into the "Beaumont 500," a group of individuals who have contributed $1,000 or more to the Medical Museum Endowment Fund of the Charitable, Educational and Scientific Foundation of Wisconsin. Although blind for about 10 years, Dr. Leonard continues his activities with vigor. Aided by readers and tape recorders, he has published two major works in his field.

He also serves on the UW research committee and the UW community relations committee and remains a member of the Dowtown Rotary Club, rarely missing a weekly meeting, and of the University Club as well as several other groups.

Sculpture has been one of his pastimes but he gave it up with the loss of eyesight. "One of these days, I plan to get back to doing some clay work." His favorite piece is a woman with her baby on her lap. In past years, the Leonards have travelled widely, spending three or four months at a time, touring Europe. Their itineraries have included Scandinavia, Austria, Belgium, France, Spain, Portugal, Greece and the British Isles.

They still live in their own home which they built on Lake Mendota in Huessler's Woods in 1950. Their location is the only true woods left along Century Avenue in Middleton. They do a good amount of entertaining, enjoying their home, their friends and their life to the fullest. Q

Slate of Officers and Directors

President

Assuming the Presidency at the annual banquet ceremony on May 17 will be President-elect, **George W. Kindschi,** who has served on the Board of Directors since 1981.

George is a 1968 graduate of the Medical School and joined the Monroe Clinic in 1976 as its only Pathologist after nine years of service in the Navy Medical Corps. He is Preceptor-In-Charge of the UW–Monroe Preceptorship and a Clinical Professor of Pathology active in the teaching of Freshman Pathology.

George also has served on the Editorial Board of the Wisconsin Medical Journal; as Lieutenant Governor of Division, 2 West, Wisconsin-Upper Michigan Kiwanis; as a boy scout leader and as District Committee Chairman, B.S.A. In addition, George serves as 1968 class representative.

George and Beth have three children.

President-Elect

Walter R. (Dick) Schwartz has served a three-year term on the Board of Directors. A 1955 Medical School graduate, Dick has served many leadership roles in obstetrical/gynecological professional organizations. He was recently elected Chairman of the Wisconsin Section of the American College of Obstetricians-Gynecologists for a three-year term. For 1979-80 he served as President of the Milwaukee Gynecologic Society. He has also served as Chairman of the Maternal Health and Child Care Committee of the State Medical Society.

Dick is Associate Clinical Professor of Ob-Gyn at the Medical College of Wisconsin. Dick and June have three children all of whom are UW–Madison graduates.

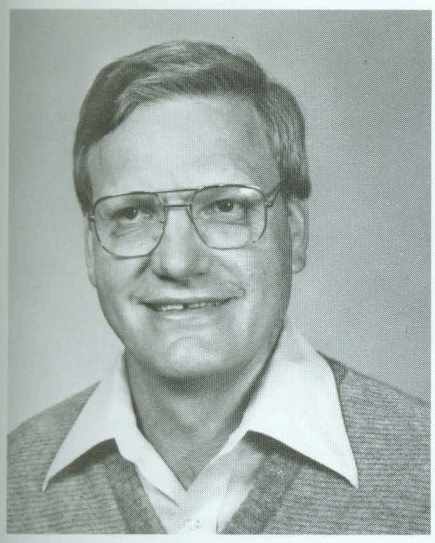
Nominee for District I

Michael K. Mikkelson is a 1969 graduate and since 1972 has been associated with a family practice group in Merrill, Wisconsin. Mick served for two years as a general medical officer on the Apache Indian Reservation in White River, Arizona before joining the Merrill Group Practice.

He is a member of the UW Family Practice Faculty active in the Wausau Family Practice Residency Program and the Family Practice Clerkship Program. A major interest is family centered birthing.

Mrs. Mikkelson, Diane, is active in community affairs, having served as School Board President, Governor's appointee to the North Central Regional Planning Commission, the United Way and County Humane Society.

The Mikkelson's have three children and enjoy cross-country skiing, travel, gardening and tennis.



Nominee for District II

Herbert F. Sandmire was graduated from the Medical School in 1953 and served a Residency in Obstetrics and Gynecology at the University of Iowa. He is certified by the American Board of Obstetrics and Gynecology and has practiced in Green Bay since 1959. Herb has served as Preceptor-In-Charge for the Green Bay Preceptorship; is Clinical Associate Professor of the UW Department of Family Practice Residents in Green Bay; is lecturer in the UW–Green Bay College of Human Biology and lecturer in the Bellin School of Nursing, Green Bay.

He has received a number of significant awards including the presidential citation of the State Medical Society of Wisconsin, the Green Bay Area Free Clinic Physician Award and the zero population growth of Wisconsin Humanitarian Award. Herb is past president of the Wisconsin Society of Obstetrics and Gynecology, Chairman of the Wisconsin State Medical Society Commission on Public Information and a long-time member of the Wisconsin State Medical Society Maternal Mortality Committee as well as a member of numerous professional Committees and Boards.

Crystal and Herb have five children. Son, Kevin, is a 1983 graduate of the Medical School.

Nominee for District III

Phillip Randolph Hamilton is a 1973 graduate of the Medical School. He served his obstetric and gynecology residency at University Hospitals, Madison, as well as a fellowship in Maternal-Fetal Medicine at UW.

Currently an Associate Professor of Gynecology and Obstetrics at the UW–Milwaukee Clinical Campus (Mt. Sinai), Phil is Director of Maternal and Fetal Medicine at Mt. Sinai Hospital, Milwaukee. His teaching excellence has been recognized by several UW teaching awards.

He is a member of the American College of Obstetrics and Gynecology, the National Perinatal Association, the Great Plains Perinatal Association and the Association of Professors of Gynecology and Obstetrics.

Nominee for District IV

Roland R. Liebenow of Madison-Lake Mills, is a 1948 graduate and since 1982 has been Vice President and Medical Director of CUNA Mutual Insurance Group.

Roland has served as 1948 representative since 1980. He has served as a member of the faculty of the Medical College of Wisconsin. He is a diplomate of the American Board of Family Medicine and the Board of Life Insurance Medicine, a member of the Association of Life Insurance Medical Directors of America, and a fellow of the American Academy of Family Practice.

He is a member of the Board of Elders of his church, is Past President of a stamp club, serves on the Board of Trustees of a nursing home, and has been honored for thirty years of service to the Boy Scouts of America.

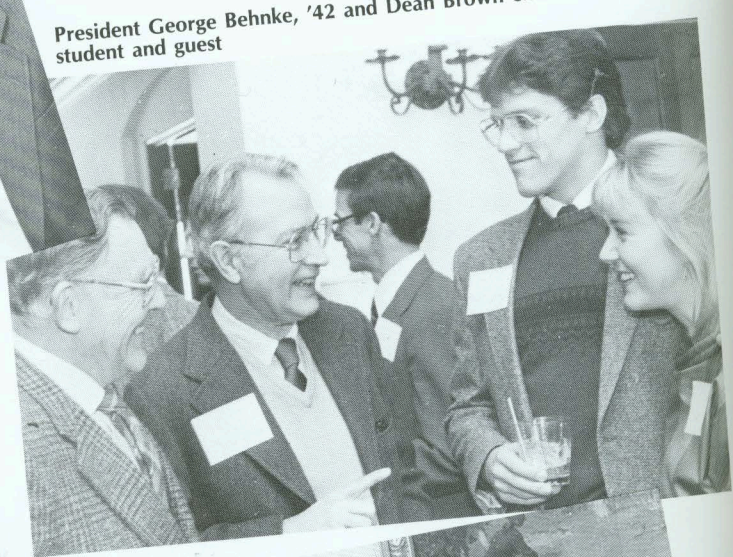
Roland and Martha have two sons and a daughter.

Milwaukee Winter Meeting

Approximately 150 alumni, faculty members, students and their spouses or guests attended another in a series of highly popular and enjoyable midwinter meetings in suburban Milwaukee featuring a Sunday brunch.

Dean Brown presented a positive, concise report on the status of the Medical School and Director of UW–Madison Bands, Professor Michael Leckrone, entertained the group with a witty, lighthearted report on the trials and rewards of conducting the UW–Band. He provided insight into the planning and rehearsal of band performances, the genesis of the "Bud Song" as a Wisconsin pep band highlight and some of the memorable, humorous incidents he has experienced.

1967 Classmates: Past Presidents John Brennan and Bernard Kampschroer



President George Behnke, '42 and Dean Brown chat with a medical student and guest

Emeritus Professor of Pathology Joe Lalich, '37, Dick Schwartz, '55 and Past President Bernard Kampschroer, '67

Mrs. Mischa Lustok, Herbert Pohle, '38, Mrs. Herbert Pohle, Mrs. Arnold L. Brown

John Rankin Memorial Lecture

Dr. Irving J. Selikoff, Director of the Environmental Science Laboratory at Mt. Sinai School of Medicine in New York City, delivered the 1985 John Rankin Lecture, entitled "Scientific Basis for Public Health Control of Environmental Cancer," on Tuesday, February 26.

The annual lecture is made possible by contributions to the John Rankin Memorial Fund from alumni, faculty and friends. When the Fund is of adequate size, an annual John Rankin Graduate Research Award in Preventive Medicine will be made. This will be for thesis research in epidemiology, environmental and occupational health, health care delivery and economics and pulmonary medicine.

Tenth Annual Woolsey Lecture

Nobel Laureate, **Dr. Torsten Wiesel,** presented the tenth Clinton N. Woolsey Lecture on Friday, April 19. It was entitled "Brain Mechanisms of Vision." Dr. Wiesel is internationally known for his long, pioneering series of studies, with Dr. Hubel, on the central nervous system's processing of visual information.

The Woolsey Lecture series was initiated by Dr. Woolsey's colleagues, students and friends in honor of his major contributions to the neurosciences. Now Emeritus Professor of neurophysiology, Dr. Woolsey is a member of the National Academy of Sciences and is responsible for the development of the Medical School's Department of Neurophysiology.

Contributions to the Woolsey Lecture Fund are invited.

Dr. Clinton Woolsey

Mrs. Sam (Jo) Perlson and Professor Michael Leckrone, Director of Bands UW–Madison

Emeritus Professor Helen Dickie, '37, Dr. and Mrs. J. William Temple, '43

'57 Classmates: Board Member Ted Fox, Sanford Mallin and Greg Gallo

Roger Laubenheimer, '50 Frank Urban, '54 and spouses

Q

Alumni Capsules

1920

More than $25,000 has been given to the Gundersen Medical Foundation, Ltd., in memory of **Sigurd B. Gundersen, Sr.** (2 yr.), who died March 11, 1984. The funds will be used to cover expenses for renowned surgeons who will visit the center to teach. Dr. Gundersen, along with his brothers Drs. Gunnar and Alf, founded the medical foundation. His father, Dr. Adolf Gundersen, founded the Clinic.

1933

Melvin F. Huth received the Wisconsin Athletic Director Association's Distinguished Service Award December 8 during ceremonies held at the Marc Plaza Hotel in Milwaukee. The award is an expression of appreciation for years of outstanding service to high school athletics. Dr. Huth has served as physician in attendance at nearly all Baraboo High School home games and participates in other community activities. For many years Mel has served with distinction as 1933 class representative.

Melvin F. Huth,

Michael F. Ries of Brownsville, Wisconsin was inducted into the "Beaumont 500" at the fall meeting of the Wisconsin Association of Senior Physicians. Members of the select group have contributed $1,000 or more to the Medical Museum Endowment Fund for support of the State Medical Museum at Prairie du Chien.

1935

Christopher R. Dix retired January, 1984 from a long practice as a plastic and reconstructive surgeon in the Milwaukee area. He was a faculty member at the Wisconsin College of Medicine and the Marquette Dental School, and Founder, Member and President of the Wisconsin Society of Plastic Surgeons as well as the Midwestern Society of Plastic Surgeons. Also included among his many honors and positions are: V.A. consultant; President, Medical Society of Milwaukee County; Founder, Member and President, Mayo Foundation Plastic Surgery Alumni Association; Editor, the Milwaukee Medical Times; Milwaukee Rotary Club Vocational Service Award. Dr. Dix has three children and enjoys traveling.

Adam J. Earney still maintains a geriatric general practice four afternoons a week in Millersburg, Ohio, and is Chief of the medical staff at the 700-bed Castle Nursing Home. He enjoys fishing, boating, gardening and travel. His two married sons are dentists and operate the Earney Dental Clinic in Millersburg.

Kenneth A. Seifert has a general practice in Hot Springs, Arizona, and is on the medical staff at St. Joseph's Hospital and Ouachita Memorial Hospital. Two of his children are dentists—David and Virginia—and son Arthur is a patent attorney. Dr. Seifert enjoys golf, travel, photography, fishing, HiFi, videotapes and reading.

Joseph R. Stone practices Orthopedic Surgery in Milwaukee, where he is attending surgeon at Mt. Sinai Medical Center. He enjoys fishing, gardening and music as well as the goings on in the life of a daughter who works for the Department of Interior, another who lives on a farm with many animals, and a son in telecommunications.

David G. Welton still carries on a part-time practice in dermatology in Charlotte, North Carolina. He was a Clinical Associate in Dermatology at Duke University Medical Center; President of the Mechlenburg County Medical Society and of the North Carolina Medical Society; President, Charlotte Rotary Club; President, Board of Managers, Harris

David G. Welton

Family YMCA. Dr. Welton's deep interest in music has led him to lecture and to play the piano for groups such as the Rotary Club and Men's Bible Class. He has four children.

1939

William M. Fitzgerald (2 yr.), recently retired member and founder of the Beloit Clinic, presented his doll collection to the Clinic. The collection gradually grew since 1947 as patients brought in dolls from many parts of the world. The 110-doll collection is displayed in a lobby showcase. Dr. Fitzgerald practiced in Beloit from 1947 until his retirement last June.

Sidney K. Wynn recently visited five Chinese cities as a guest of the Chinese government through the Chinese Medical Exchange, and was interested in the use of acupuncture in the traditional type hospitals. A Milwaukee plastic surgeon, he and audiologist Albert Miller have just published a book, "A Practical Guide to Cleft Lip and Palate Birth Defects," which includes practical information and answers for parents, phnysicians, nurses and other professionals.

1940

Gregory J. Bachhuber retired in June, 1983 after 42 years of practice in Marathon County. From 1941 to 1973, he practiced family medicine in Wausau, and practiced Emergency Medicine with the Wausau Medical Center from 1971 to 1981. He has five children, and enjoys hunting, fishing, traveling and gardening.

Robert H. Barter lives in Washington, D.C., and maintains a solo gynecological surgery practice. He is Professor Emeritus at George Washington University Medical School, and past Governor of the American College of Surgeons. He enjoys golf and travel and has three children.

Wayne M. Cayhill, although semi-retired, still teaches ophthalmology to residents at the University of California-San Francisco. He now has more time to watch the surf and fauna on the edge of the Pacific Ocean, where he lives, and to enjoy photography, gardening, building, teaching and reading.

John E. Conway, ophthalmologist, retired in 1979. He was one of the founders of the Nicolet Clinic in Neenah, and held several offices such as President of the Wisconsin-Upper Michigan Society of Ophthalmology and President of the Section on Ophthalmology of the State Medical Society. He now enjoys living in Sun City West in the winter and Appleton-Neenah in the summer as well as golf, bridge, piano and travel.

William Alfred Dafoe retired from general surgical practice in November of 1984. He pursues fishing and gardening while son Donald—one of his eight children—is a transplantation surgeon at the University of Michigan, Ann Arbor.

Mary-Elaine J. Rohr (Mrs. Thomas F. Markey), who has carried on a solo family practice in Rhode Island for many years, semi-retired as of January, 1984. She was Instructor in Obstetrics at the Memorial Hospital Nursing School from 1949 to 1959. She teaches the illiterate to read, collects antiques and modern pill boxes, and enjoys traveling and crewel embroidery.

1941

Farrell F. Golden, a retired Madison radiologist, is on the volunteer staff of UW Hospital and Clinics, helping out in ICU and the out-patient and in-patient areas.

1943

Another inductee of the "Beaumont 500," supporters of the Medical Museum Endowment Fund, is **Eugene J. Nordby,** a retired Madison Orthopedic Surgeon and former president of the Wisconsin Association of Senior Physicians.

1944

The community of Dodgeville, Wisconsin honored **Nathaniel Rasmussen** in November for over 35 years of dedicated service to the region. After graduation from Medical School, Nat served a surgical residency at Methodist Hospital, Madison. This was followed by two years of military service at Oliver General Hospital in Augusta, Georgia performing orthopedic and plastic surgery. Because of a desire to raise their four children in a rural setting, Nat and Mary, trained as a nurse, established a practice in Montfort, Wisconsin. In 1957, Nat became a co-founder of the Dodgeville Clinic and practiced in Dodgeville until his retirement in 1984. The Rasmussen's have reared eight children and are now enjoying 13 grandchildren. Their farmhouse in picturesque southwestern Wisconsin houses an impressive collection of antiques assembled by Mary and displays the fruits of Nat's photography avocation. Since retirement the Rasmussen's have traveled extensively, including a visit to France where Nat spent his teenage years.

1945

Paul D. Everest continues practicing Orthopaedic Surgery in a five person group in Montgomery, Alabama. He still flies his airplane, hunts deer and turkeys, and is currently trying to master an Apple 2E. He and wife Peggy have two daughters, one son, and two grandchildren.

Wilson D. Hales has practiced Otolaryngology-Head and Neck Surgery with the Ogden (Utah) Clinic since 1952. He also consults with the Hill Air Force Base Hospital, and is Assistant Clinical Professor at the University of Utah Medical School Department of Surgery. He enjoys back-roads travel and visiting family members.

Ann Bardeen Henschell, an anesthesiologist, splits time between the Medical College of Wisconsin and the Oconomowoc Memorial Hospital. Daughter Kira is in Innsbruck, Austria, and daughter Ingrid is an artist in Milwaukee.

John E. Steinhaus

John E. Steinhaus plans to retire in September from 27 years of service as Chairman of the Department of Anesthesiology at Emory University in Atlanta. He received the 1982 Distinguished Service Award from the American Society of Anesthesiology, and was past president of the organization. He has five children. Wife Jean is active at Emory University.

1946

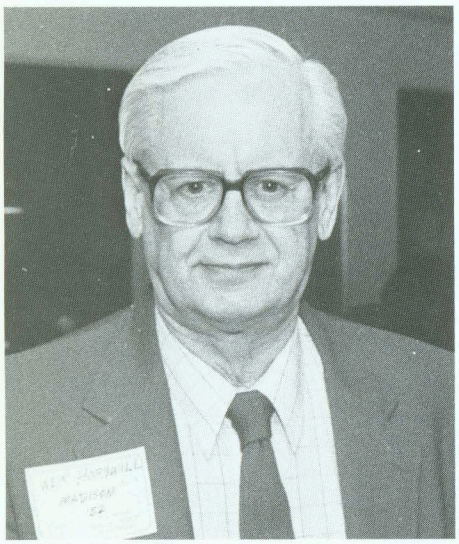
Gordon M. Garnett, a Madison Anesthesiologist, accompanied by his wife, Jeanne Swan Garnett, travelled to an area around Lianxian, China, 250 miles north of Guangzhow after receiving special permission from Chinese authorities. In a small village near Hanguang, they located the house where Jeanne's father, the Reverend Alfred Swan, was born in 1897, the church which was built by Rev. Swan's missionary father, and in Lianxian, the cemetery in which Rev. Swan's infant

sister is buried. Rev. Swan is a well-known Madison minister.

Working in Taiwan each fall is **Margaret S. Harris** of Garden City, New York, and her husband, Dr. William Harris. The couple spent seven weeks in contact with students, residents, and medical staff. Bill, a Professor of Clinical Medicine at New York University, was on the Medical and Pulmonary Services at Triservice General Hospital and at three teaching hospitals in Taipei, while Margaret was in the Pathology Services of the Triservice and Veterans hospitals.

1949

William L. Semler is serving as President of the Medical Staff at St. Michael's Hospital, Milwaukee. His term is from 1984 to 1986. An obstetrician, Bill has been serving as '49 Class Representative.



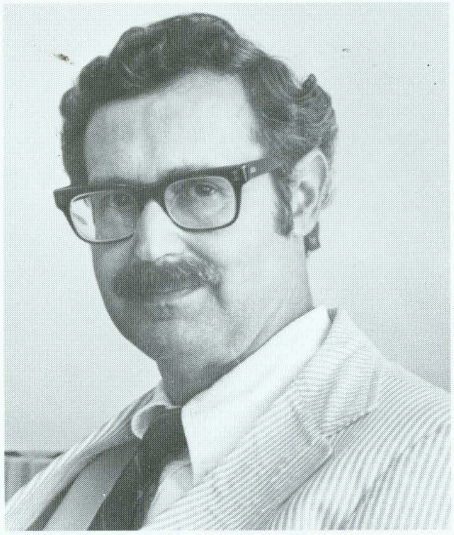
C. Weir Horswill

1952

C. Weir Horswill (also Res. OB-GYN), an obstetrician-gynecologist at the Middleton Quisling Clinic, now spends Tuesday mornings at the Cross Plains Clinic. He also is Clinical Associate Professor in the Medical School.

1954

Emanuel M. Stadlan has spent the past five years at the Neurology Institute of the National Institutes of Health and reports that in his role of monitoring research in the neurosciences, he has been very pleased with the work at UW. Two of his sons attend medical school—one at Georgetown University and one at the University of Maryland—and the oldest is working on a second degree in Judaic studies at the U. of Maryland.



Emanuel M. Stadlan

Milton F. Stuessy has recently started seeing patients at the Southwest Clinic/Shullsburg. He has had a family practice in the area for 23 years and is a partner in the Doctor's Park Clinic in Platteville. He trained at Memorial Hospital in South Bend, Ind., Fort Benning, Ga., and Fort Sam Houston, Texas, and practiced in Elkhorn before returning to his native Platteville.

1955

Walter Schwartz has been elected chairman of the Wisconsin Section of the American College of Obstetricians and Gynecologists (ACOG) for a three-year term. He is affiliated with Good Samaritan Medical Center, Froedtert Memorial Lutheran Hospital, the Milwaukee County Medical Complex, West Allis Memorial Hospital and Elmbrook Memorial Hospital in Brookfield. He also serves as Associate Clinical Professor of OB-GYN at the Medical College of Wisconsin.

1958

Irwin J. Bruhn received the Meritorious Service Award of the State Medical Society of Wisconsin at a summer meeting of the organization. A family practitioner with the Walworth Family Medical Clinic, he served nine years on the society's Board of Directors and is board liaison to the society's commission on public information. In 1983 he became chairman of the commission.

1960

Donald H. Schmidt is a full-time faculty member (Cardiovascular Diseases) at Mount Sinai Medical Center, Milwaukee and Head of the Cardiovascular Disease Section, University of Wisconsin–Milwaukee Clinical Campus, Mount Sinai Medical Center. He is also Executive Director of ProHealth, Inc., a private corporation delivering health promotion services to corporations and individuals in Milwaukee and Wisconsin. He has four children—Suzie (at Boston College), Terry, Amy and Donald, Jr. Wife Mary is a nurse educator for ProHealth.

1962

Ophthalmologist, **Charlotte A. Burns,** of Rice Lake played a key role in the return of sight for a Cumberland, Wisconsin woman recently. Discouraged by five unsuccessful corneal transplants, the patient was urged by Dr. Burns to try again and referred to the University of Minnesota Hospitals, where another transplant has restored vision after 57 years of blindness resulting from corneal deterioration following an attack of influenza.

David D. Hill, an otolaryngologist and head and neck surgeon, practices in St. Petersburg, Florida, and is on the faculty of the Department of Surgery and Department of Medicine at the University of South Florida Medical School. He has hosted 11 medical students from Switzerland for externships and is anxious to help Wisconsin graduates survey residency programs in the area.

1966

Gov. Anthony Earl has named **Thomas J. Ansfield** to the state's Health Policy Council, which advises the governor on health policy, planning and program development and makes recommendations

to the State Department of Health and Social Services on comprehensive health planning at both state and local levels. He is a cardiologist at Associated Physicians in Madison and vice chief of staff at Madison General Hospital as well as Associate Clinical Professor of Medicine at the Medical School. Dr. Ansfield served as President of the American Heart Association of Wisconsin and is currently Public Affairs Chairman.

1972

Robert S. Chudnow of Greenfield, Wisconsin, has been appointed medical director of the Mt. Carmel Health Center located in Milwaukee. A diplomate of the American Board of Family Practice, he has served as the Chief of Family Practice at St. Luke's Hospital and as a member of the Medical Doctors Emergency Service Corporation at St. Luke's. Dr. Chudnow also is a member of the Medical Personnel Pool Medical Advisory Board and is on the teaching faculty of St. Luke's Family Practice Residency Program.

Warren R. Procci recently graduated from the Southern California Psychoanalytic Institute with a Ph.D. in Psychoanalysis. He continues as Director, Residency Education in Psychiatry at Harbor-UCLA Medical Center and Associate Professor of Psychiatry, UCLA School of Medicine. Department Chairman Dr. Milton H. Miller was formerly Chairman of Psychiatry at UW.

1975

Susan F. Behrens, surgeon at the Beloit Clinic, has been elected to the National Federation of State Medical Boards Committee on Long Range Planning. The Federation is composed of members of all state Medical Examining Boards and makes National Policy for Medical Boards. She serves as Chairman of the Wisconsin Medical Examining Board.

James J. Magnino, who has been board certified in family medicine, resides in Kenosha, Wisconsin and not in Racine, as reported in the Summer 1984 *Quarterly*. We apologize.

1978

Bruce T. Haight is an ophthalmologist in San Diego, California. After completing an internship at Good Samaritan Hospital in Phoenix, he served his ophthalmology residency at the University of California in San Diego, where he is now an assistant clinical professor. He and his wife Francine are the parents of a son and a daughter.

Jeanne K. Schroeder, Eau Claire, recently became a member of the medical staff of the Midelfort Clinic in the Department of Obstetrics and Gynecology. After completing her residency at UW Hospital and Clinics, she was on the staff at University Hospitals until 1982 when she joined the Group Health Cooperative of Eau Claire.

Ophthalmologist, **Kristine M. Klewin,** is a new member of the medical staff of the Wilkinson Clinic, SC in Oconomowoc. She served her internship at Good Samaritan Hospital, Phoenix, Arizona, and her residency and a one-year fellowship in glaucoma, at the Medical College of Wisconsin Eye Institute in Milwaukee.

Megan Landauer has become associated with the Department of Obstetrics-Gynecology at UW Hospital and Clinics. Following her residency at Albert Einstein College of Medicine in New York City, she was a fellow in Perinatology at UW and is specializing in prenatal care.

Erik O. Torkelson joined the Marshfield Clinic staff in mid-July. He specializes in orthopedic surgery with emphasis on the hand. He completed a five-year residency in general surgery and orthopedic surgery at Wayne State University in Detroit, followed by a one-year fellowship at the University of New Mexico studying hand surgery. Erik and Jean Torkelson have two sons, Ian and Morgan.

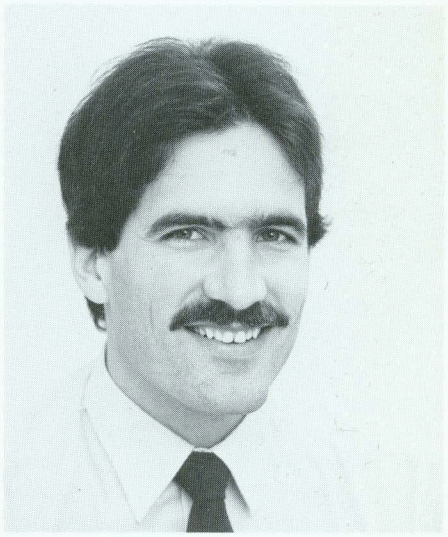
1979

Renee R. Coulter has joined the Milwaukee Medical Clinic, Cedar Creek Center. She completed her internship in internal medicine and her residency in obstetrics and gynecology at the Medical College of Wisconsin Affiliated Hospitals. She is also interested in infertility, and has degrees in mass communication.

Stephen C. Rousch is associated with the Edgar Medical Center, a satellite facility affiliated with the Wausau Medical Center. He served his residency in Family Practice in Waterloo, Iowa and was in practice in Sheboygan Falls before coming to Edgar.

1980

Family practitioner, **Patrick E. McBride,** is the new director of the De Forest Area Medical Clinic in De Forest. A Wauwatosa native, he is a former assistant clubhouse manager for the Milwaukee Brewers and also served as assistant trainer for the Milwaukee Bucks. Dr. McBride is an Assistant Professor of Family Medicine at the UW Medical School.



Patrick E. McBride

David Warner completed residency training in neuroanesthesia at the University of Iowa in January 1984 and then became an associate faculty member in the Department of Anesthesia. He is currently spending a year studying cerebral blood flow and metabolism at the Laboratory for Experimental Brain Research, University of Lund, Lund, Sweden. Upon completion of his study in Sweden, David will return to his faculty position at the University of Iowa.

1981

Joyce M. Brehm has joined the Monroe Medical Center staff as an internist. She completed her residency in June, 1984 at the University of Nevada Affiliated Hospitals in Reno. She is an active runner as well as bicyclist, camper and skier.

David F. Cook recently joined the Cornell Clinic. He completed a three-year residency in the family practice program in Eau Claire, sponsored by the Medical School. The Cooks have two daughters and a son.

Karen K. Cowan has been certified for family practice. She practices family medicine and obstetrics at the Kiel Clinic, Kiel and is associated with the Sheboygan Clinic. She is also on the staff of Sheboygan Memorial and St. Nicholas Hospitals in Sheboygan, having trained at the Fox Valley Family Practice program affiliated with the Medical School.

Laura L. Jakious has joined the medical staff of the Nicolet Clinic in Neenah. She completed her residency in the Family Practice Program at UW Hospitals and Clinics.

Curtis D. Radford joined the McDonald Clinic in Winneconne, Wisconsin. He completed a residency in internal medicine at the Mayo Clinic, and likens the Clinic to urgent care centers, with its type of walk-in-patient care provided to area people for the past 33 years.

Emil B. Steinke joined the staff at Marshfield Clinic-Ladysmith Center as a family physician. He trained at the University of Iowa Hospitals and Clinics in Iowa City. His wife Kathy (M.S. in Nursing) is a clinical nurse specialist at Luther Hospital in Eau Claire.

FORMER HOUSE STAFF

Colorado native, **Karen R. Kronman** (Res. 80-83, Ob-Gyn) has joined the staff of the Department of Obstetrics-Gynecology at UW Hospital and Clinics. She is a graduate of the Mayo Medical Center, Rochester. After her internship at the University of Colorado's Southern Colorado Family Medicine Program, she was in private practice in Pueblo, Colo., before completing her residency at the UW.

Craig T. Johnson (Res. 81-84, Family Practice) has joined the medical staff of The Family Medical Clinic, Amery. A graduate of the University of Minnesota Medical School, he was the chief resident at the Eau Claire Family Practice Residency Program.

John David Silbar (Res. 50-55, Urology) has been elected President of the North Central Section of the American Urological Association. He is a former Chief of Staff of the Mt. Sinai Medical Center in Milwaukee, an affiliate of the University of Wisconsin Medical School. Dr. Silbar, also a Clinical Professor of Urology at the Medical College of Wisconsin, practices urology at the Clinic of Urology, S.C. in Milwaukee.

Radiologist, **David P. Ellis** (Res. 77-81, Rad.) has joined the medical staff of the Marshfield Clinic-Ladysmith Center. A graduate of the University of Oregon School of Medicine, he served his residency at UW School of Medicine and completed a fellowship in abdominal ultrasound and whole body scanning at the UW. He has been a radiologist for Rusk County Memorial Hospital as well as hospitals in Rice Lake, Shell Lake, Cumberland, Hayward and Spooner.

Necrology

Conrad Blunck
(former resident Orthopedics)
Rapid City, South Dakota
June 2, 1984

Herman F. Boerner, '41
(2 year)
Rosemont, Pennsylvania

Richard C. Bubolz, '29
(2 year)
Chicago, Illinois
May 20, 1984

Richard W. Garrity, '34
LaMesa, California
December 16, 1984

George A. Grindell, '40
(2 year)
Gordon, Wisconsin
September 22, 1984

Donald J. McNairy, '39
(2 year)
Phoenix, Arizona
May 24, 1984

Edmund B. Jacobs
(former resident Plastic Surgery)
Green Bay, Wisconsin
June 8, 1984

Miton Rosenberg, '48
Patchogue, New York
March 1, 1985

Lee I. Schocket
(former resident Internal Medicine)
Tucson, Arizona **Q**

Order Form

____***True color Aaron Bohrod Print of the Medical Center*** (18″ × 24″). Emeritus Artist-in-Residence Aaron Bohrod presented the original oil to the Medical School and personally approved the production of these prints of exceptional quality. The painting includes numerous symbols of significance to the Medical School. ($30 each or $50 for an autographed copy). $ _____

____Dr. Paul F. Clark's book ***The University of Wisconsin Medical School: A Chronicle, 1848–1948*** ($19.95 a copy). Only a limited quantity of this unique work remains, including a few autographed copies. There are no plans for a second printing. $ _____

____Dr. William S. Middleton's ***Medical History Essays*** ($6.00). $ _____

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

____***Medical Alumni Tie*** manufactured to our specifications by one of the nation's leading manufacturers. ($20.00 each). $ _____

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Medical School logo _____
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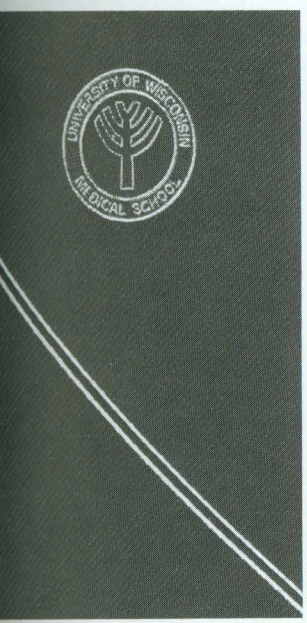
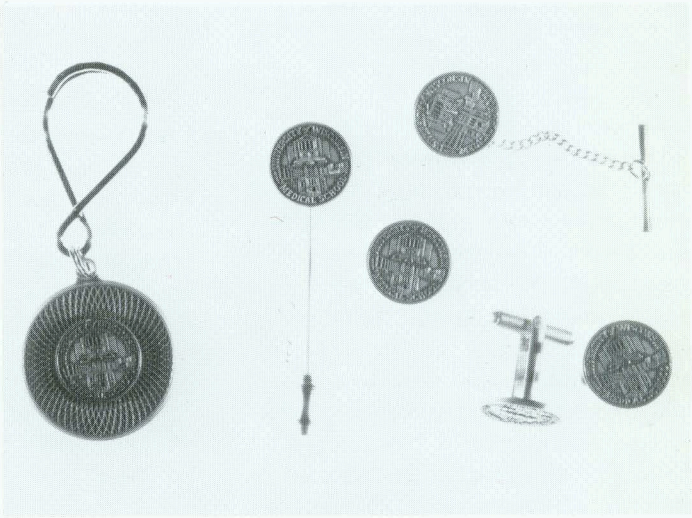


____***Jewelry Item(s)*** incorporating unique Medical School Medallion (5/8 in.) gold filled. $ _____

_____	Charm with loop	$20
_____	Pendant	$20
_____	Key tag with super-loop	$20
_____	Tie tack	$20
_____	Stick pin	$20
_____	Lapel pin	$20
_____	Cuff links	$30



_____Dr. Harold P. Rusch's book ***Something Attempted, Something Done*** ($15.00 a copy). $ _____

_____***Coffee Mug*** incorporating Medical School Medallion design. The mug is cobalt blue. ($6.00 each). $ _____

TOTAL $ _____

I wish to use my _____Visa or _____MasterCard
My charge card number is

Expiration date _____
or enclosed is my check for $ _____ (payable to the University of Wisconsin Medical Alumni Ass'n).

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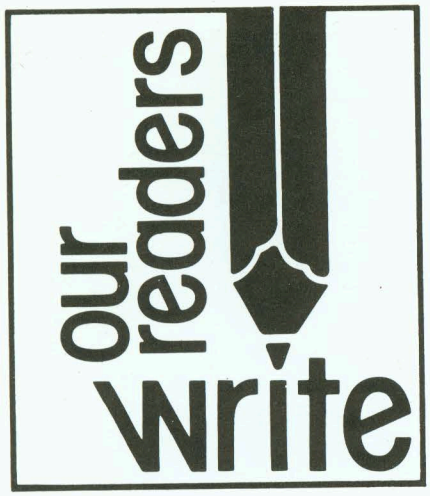
Send form and check to:
Wisconsin Medical Alumni Association, Inc.
1300 University Avenue, Room 1239
Madison, Wisconsin 53706



A California Perspective

The physician manpower and oversupply is one of the most prominent health policy issues of the 1980's, widely discussed by all of us in California. The legacy of the perceived shortage of the doctors in the 1960's and 1970's has now grown to the realistic prospect of a rapidly growing oversupply. The CMA (California Medical Association) House of Delegates as early as 1981 pronounced an oversupply of physicians already in existence in California. In 1983, the State Auditor General also released a report titled "California Has Too Many Physicians." The California Legislature has been urged to reduce the state's subsidy for medical education in response to the problem.

Specifically, the number of active California physicians rose four percent in 1982—double the rate of population growth in the state—to a record 57,225, continuing a decade-long trend of accelerated increases. In the 10 years ending in 1982, California's population grew slightly more than one-fifth while the ranks of practicing physicians swelled by more than one-half. The physician population ratio during this period climbed from 185 to 232 physicians per 100,000 population, exceeding by 22 percent the national average. In California's major metropolitan areas, the ratio is considerably higher, topping 250 per 100,000 in the Los Angeles area and 620 in San Francisco. San Francisco ranks as one of the most doctor-crowded cities in the country.

Breaking it down by specialty still shows that nearly every specialty is also oversupplied by GMENAC standards, with pulmonary specialists, cardiologists, neurosurgeons and plastic surgeons exceeding the ideal ratio by more than 50 percent. Also a high percentage of physicians responding to a survey said that their own community had an excess of physicians. Naturally, there is some difference of opinion depending on the location of the practice and what the specialty is.

In our local 250-bed hospital, our staff increased 17 percent in the past eight years, with the number of cardiologists going from five to 22 on our staff. The number of foreign medical graduates in our area and in Southern California likewise has markedly increased, although I do not have any specific numbers.

The implications to all of us in practice is obvious, and many of us out here in California feel that certain men in Congress, interested in socialized medicine, have brought this situation upon us.

James H. Sands, M.D., F.A.C.P., F.C.C.P., '47

Dear Editor:

I would like to identify the other medical student captured by photographer Joe Tiedt in the Pathology Laboratory, 1959. Harlie Sybers is now a pathologist. Joe Tiedt and I are both at the Gundersen Clinic/Lutheran Hospital in La Crosse, Wisconsin, and I understand that Dr. Coye is, or at least was, the dean at the Wayne State University in Detroit. You evoked many memory potentials of the 50's and 60's when you exhumed this photograph.

Thank you.
Sincerely yours,
Charles H. Miller, III, M.D., '62
La Crosse

Dear Alumni:

The Class of 1978 has a rather unusual grouping of alumni in a northern Wisconsin community. Rhinelander, Wisconsin is a community of about 8,000 persons and has a medical community of about 35 physicians in various specialities and of these 35, five physicians were classmates of the UW Medical School Class of 1978.

Dr. Jim Dyrbey, '78, is an orthopedic surgeon with Northland Orthopedics in Rhinelander. He joined this three physician group after completing his residency in the UW Orthopedic program at Madison. He and his wife Kathy have two children.

Dr. Bob Aylesworth, '78, is a dermatologist having served his internship at UW Hospitals in Madison and his residency at the University of Minnesota in Minneapolis. He is in private practice in Rhinelander with outreach offices in Tomahawk, Minocqua, Eagle River and Crandon. He and his wife Sue are parents of a son and a daughter.

Dr. Rebecca Conway Niehaus, '78, is an internist with Northwoods Medical Associates of Rhinelander. She staffs the satellite office of this multi specialty group in Crandon. She completed an internal medicine residency at the Marshfield Clinic in June of 1981 and has been with Northwoods since then. She and her husband Dan have a son and a daughter.

Dr. Jim Binder, '78, is also a member of Northwoods Medical Associates in Rhinelander. He joined the group in August of 1983 after completing a general surgery residency at the UW Hospitals in Madison. He and his wife Sue are the parents of three daughters.

Dr. Lee DeJongh, '78, is a radiologist with a three member radiology group which staffs the Radiology department at St. Mary's Hospital in Rhinelander. He completed his internshnip and residency at UW Hospitals in Madison. He and his wife Carolyn have a son and a daughter.

The University of Wisconsin Medical School Class of 1978 has a unique representation in this small northern city.

Dear Dr. Lustok:

Over the last couple of weeks I have had occasion to give several lectures to the Sophomore class in 227 SML. What a change! What a pleasant change, to see how the room has been refurbished by the Medical Alumni.

In years past 227 always presented a particular problem for radiology lectures, because the large distance from the projectors to the screen made it difficult to have slides properly illuminated. I had tried to solve this problem by having the projectors placed on the seats nearer the screen. This was only a partial solution. Then there was a constant frustration wit

the shades and draperies which would not satisfactorily close. One cold February day I asked the students why they all sat in the back. They replied that it was 15 degrees warmer in the high seats. This of course reinforced my thought that down by the blackboard I was freezing.

Now we have a room with superb seats, excellent desks, and first class projection facilities. Back projection has eliminated the problems with the inverse square law, the windows have been eliminated, and even the lecturer is warm.

227 SMI is now an outstanding facility for teaching, and I wish to express my appreciation to the Wisconsin Medical Alumni for their generous support.

Sincerely,
Andrew Crummy
Professor
Department of Radiology

Dear Isabelle:

I just saw my Alumni *Quarterly* and learned of your retirement. I suspect the entire Medical School will have to be put up for adoption. You have remained amongst my best memories of my four years in Madison. Enjoy your retirement; certainly, no one has earned it more. Enjoy your fishing and remember, you've got to clean what you catch.

Best wishes,
Leigh I. G. Iverson, '67
Piedmont, California

Dear Dr. Lustok:

As a University of Wisconsin Medical School graduate for whom Isabelle Peterson must of had to work overtime when requests for transcripts and letters of recommendation were needed, I know I must speak for untold hundreds of us when I thank her for tirelessness and ever respondent presence. I wish her the very best from all of "us" upon the announcement of her retirement.

Sincerely,
Joel J. Teplinsky, M.D., '65
Encino, California

Dear Sig:

I am at once pleased and saddened by the news of Isabelle's pending retirement. I'm pleased because I hope she will have time to enjoy her many interests and I'm obviously saddened for the medical students, Medical School and also for the preceptors.

I've been associated with the Medical School through the Ashland preceptorship since I have been in practice. Isabelle has always been an important part of that liaison through the preceptorship, first with Dr. Smiles and with Dr. Prentice, and for the ten some years, as preceptgor myself. In addition to the wonderfully warm feelings we've all experienced through the years at preceptor meetings and with other communications with the Medical School, it has always been gratifying to see how her caring has been returned with trust and love.

We shall all obviously miss her but we wish her well and God speed.

With warm regards,
A.A. Koeller, M.D.
Preceptor
Ashland, Wisconsin

Dear Sirs:

I want to thank you for sending the *Quarterly* to me for so many years. I spent one year of residency at Wisconsin General in 1942 to study with Dr. Elmer Severinghaus and made many good friends there during that time.

It has been a pleasure to follow the activities of the Staff members whom I had the pleasure of knowing and to follow the progress of the Medical School.

I am now retiring.

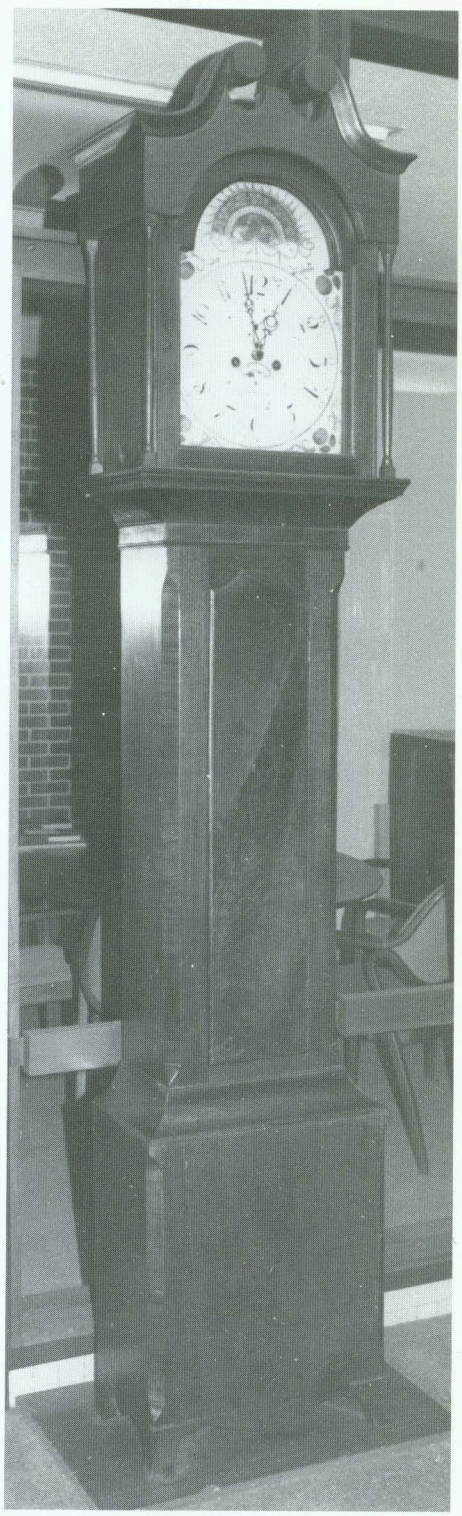
Gratefully yours,
Ruth H. St.John, M.D.

Dear Isabelle:

I just had to write you a note when I noticed in the Medical Alumni *Quarterly* that you are retiring. I never had anything but pleasant memories of my contact with you and I find it astonishing that you could be at retirement age. I wish you all the best and thank you for being there for all of those years and helping to hold the place together.

If you do get out in the vicinity of Salt Lake City, please give me a call. I would be delighted to show you around the Health Sciences Center. All best wishes.

Cordially,
Don E. Detmer, M.D.
Vice President for Health Sciences
The University of Utah **Q**



Dr. Middleton's clock, housed in the Middleton library

CONTINUING MEDICAL EDUCATION

DATE: **May 16–18, 1985**
TITLE: **Diagnosis and Treatment of Thromboembolic Disease: 1985**
SITE: **Pfister Hotel, Milwaukee, Wisconsin**
AUDIENCE: Physicians, nurses, other interested health professionals
CREDIT: AMA Category 1, University of Wisconsin–Extension CEU's (for nurses)—both 10 hours
HIGHLIGHTS: A summary and clinical update on relevant aspects of diagnosis and management of venous and arterial thromboembolic disease. Emphasis on currently available diagnostic modalities and therapeutic options. Attention is also focused on aspects of newer therapeutic agents. Main topics covered: venous disease and pulmonary embolism; myocardial infarction.

DATE: **May 17, 1985**
TITLE: **Plastic Surgery in Primary Care**
SITE: **University of Wisconsin Clinical Science Center, Madison, Wisconsin**
AUDIENCE: Primary care physicians and nurses; emergency room physicians and personnel
CREDIT: AMA Category 1; AOA Category 2-D; AAFP; UW–Extension, Continuing Education Units—all 6 hours
HIGHLIGHTS: Program will feature clinical information which can be used in the primary care practice.

DATE: **May 21–22, 1985**
TITLE: Controversies in Family Medicine: Low Intervention Obstetrics
SITE: Sheraton Hotel, Madison, Wisconsin
AUDIENCE: Primary Care Practitioners
CREDIT: AMA Category 1; AOA Category 2-D; AAFP prescribed; University of Wisconsin–Extension CEU's—all 11 credits
HIGHLIGHTS: First in a series of conferences to present all aspects of a controversy in family medicine and allow each practitioner to form his or her own conclusions to aid in diagnosis and management.

DATE: **June 6–7, 1985**
TITLE: **Prediction of Drug Levels and Drug Monitoring**
SITE: **Madison, Wisconsin**
AUDIENCE: Primary Care Practitioners
CREDIT: AMA Category 1; AOA Category 2-D; AAFP; University of Wisconsin–Extension CEU's

DATE: **June 14–15, 1985**
TITLE: **A Medical and Surgical Review of Reflux Esophagitis and the Angelchik Prosthesis**
SITE: **Concourse Hotel, Madison, Wisconsin**
AUDIENCE: Physicians, Primary Care Providers
CREDIT: AMA Category 1; University of Wisconsin CEU's—both 11 hours
HIGHLIGHTS: Conference to feature internationally known speakers. Interchange between participants and faculty will be actively encouraged. Exhibits will also be featured.

DATE: **June 29–29, 1985**
TITLE: **Anxiety Disorders—1985 Update**
SITE: **Wisconsin Center, Madison, Wisconsin**
AUDIENCE: Psychiatrists, Psychologists and Health Professionals
CREDIT: AMA Category 1—10 hours; University of Wisconsin CEU's—1.0
HIGHLIGHTS: Faculty for this course are clinicians with extensive experience in treating anxiety disorders.
FEE: $200.00 for physicians and health care professionals;
$100 for residents and trainees

FOR FURTHER INFORMATION, CONTACT:

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Telephone: (608) 263-2856

Good News for Seniors on "Match Day"

1985 CLASS REUNIONS

CLASS	REUNION COMMITTEE	ACTIVITY
Post-Fiftieth and Pre-'27 Emeritus faculty, Past Presidents, representatives and Board members	Staff	*May 16*—Reunion Dinner Madison Club
1935	Gerry Cooper Mischa Lustok	*May 16*—Reunion Dinner Madison Club Music by Dave Welton
1940	Fred Gaenslen	*May 16*—Reunion Dinner Site to be announced
1945	Tom Rice	*May 16*—Reunion Dinner Inn on the Park
1950	Marty Fliegel B.J. Haza Roger Laubenheimer	*May 16*—Reunion Dinner Site to be announced
1955	Gene Weston Dick Schwartz Robert Wheaton	*May 16*—Reunion Dinner Site to be announced
1960	Frank Murray Paul Gohdes Paul McLeod Thomas Kivlin Mitchell Rapkin	*May 16*—Reunion Dinner Site to be announced
1965	Norman Jensen	*May 16*—Reunion Dinner Site to be announced
1970	Phil Shenefelt	*May 16*—Reunion Dinner Site to be announced
1975	Constance Barr Robert Lemanske	*May 18*—Reunion Brunch Madison Club
1980	James Carlson	*May 18*—Reunion Brunch Site to be announced

If you have not heard from your representative, write or call him/her or call the Medical Alumni Office.

Coming Events

April 26, 1985

Awards Day
Honors Convocation and A.O.A. Lecture
Medical School

The Idaho Room—Sheraton Washington Hotel
5 p.m.
Washington, D.C.

May 13, 1985

Wisconsin Reception
American College of Obstetrics and Gynecology
Annual Meeting

May 18, 1985

Graduation—Saturday evening
Champagne reception for graduates and parents preceding ceremony—Union South

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

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