THE WISCONSIN MEDICAL ALUMNI MAGAZINE

QUARTERLY

volume 35 • number two • spring 1995

WISCONSIN MEDICAL ALUMNI MAGAZINE
QUARTERLY
vol 35 • no. 2 spring 1995

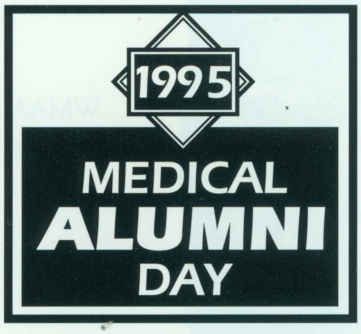
Published quarterly by
The Wisconsin Medical Alumni Association, Inc.,
Room 4245, 1300 University Avenue,
Madison, WI 53706-1532
Phone (608) 263-4914

CONTENTS

FEATURES

COLUMNS

COVER: "Tulips in a Glass Vase," a watercolor by Jean Crane. The Piece measures 17"x 25". Jean is a Cedarburg, Wisconsin artist whose works can be seen at the Katie Gingrass Gallery, Milwaukee.



University of Wisconsin
MEDICAL ALUMNI
ASSOCIATION

University of Wisconsin
MEDICAL SCHOOL

HONORING CLASS REUNIONS

1935	1955	1975
1940	1960	1980
1945	1965	1985
1950	1970	1990

PRE-ALUMNI DAY ACTIVITIES

Tuesday, May 16, 1995

6:00 P.M. Middleton Society Dinner

Wednesday, May 17, 1995

6:00 P.M. Middleton Society Dinner

MEDICAL ALUMNI DAY

Friday, May 19, 1995

Morning

9:00 **Registration–Continental Breakfast**
Union South

10:00 **Seminars & Campus Tour**
- Union South
- Campus Tour
- Life and Art of Owen Gromme
- Practicing Medicine in the Amazon Basin in Northeastern Peru

11:30 **Wine Reception**
Union South

Afternoon

Noon **Welcome Back Luncheon**
Union South

2:00 **Welcome & Alumni Business Meeting**
Medical Sciences Center

2:30 **Scientific Program**
Medical Sciences Center
John Marshall, M.D.
Professor of Psychiatry
Program will be on "Social Phobia."

Evening

6:30 **Reception**
Holiday Inn Madison East Towne

7:30 **Alumni Awards Banquet**
Holiday Inn Madison East Towne

Saturday, May 20, 1995

Morning

9:30 **Class & Specialty Representatives and Board of Directors Brunch**
Holiday Inn Madison East Towne

WMAA Citation Recipient Arlan L. Rosenbloom

Dr. Rosenbloom with several of the children with growth hormone receptor deficiency undergoing experimental treatment with insulin-like growth factor-I replacement in Ecuador.

The 16 year old boy managed to get a summer job as an orderly at the old Wisconsin General Hospital to find out if he really wanted to be a doctor. It was a formidable situation, with his first assignment to an old fashioned neuropsychiatric unit in the days before anti-psychotic drugs.

He was often the only orderly in the hospital with sole responsibility for preparing bodies and transporting them to the morgue, administering a dozen or more cleansing enemas during the early hours of the morning, and helping to set up respirators, "iron lungs," during a polio epidemic.

During that first summer on the job, an apocalyptic event occurred when legendary neurologist Hans Reese asked the young orderly to find out what happened to a newly admitted patient and to put the information in the chart. The man was a farmer with headaches and deteriorating mental ability. The boy took a detailed history and recorded it in the chart. Meeting the boy on the elevator a few days later, Dr. Reese told him that the history he took was typical for a subdural hematoma and that the man's skull had been opened to remove it, pressing his finger to the boy's forehead to show the exact spot. Already enamored with hospital work, the boy was now determined to be a physician.

Arlan L. Rosenbloom, now a renowned pediatric endocrinologist, has authored or co-authored more than 250 publications. He remains, he says, "as elated and awed to be able to participate in the drama of medicine as I was in those first weeks at Wisconsin General."

After graduation from Madison East High School, Dr. Rosenbloom did the then typical seven years of overlapping undergraduate and medical school years at UW Madison, where he was in the a cappella choir, Haresfoot ("All of our women are men, yet everyone is a lady"), and Wisconsin Players.

On graduation day, in front of the old Rennebohm drugstore across from Wisconsin General, he proposed to Edith Peterson, whom he had met during his externship in Eau Claire his last quarter of medical school. They were married three months later in Southern California, where Dr. Rosenbloom was doing a rotating internship at LA County. From there he went to a general practice residency in Ventura, California. "In those days, general practice was not only medicine for all ages, but surgery, anesthesiology, obstetrics, and even some psychiatry." Unwilling to settle down to a practice, Dr. Rosenbloom and his medical technologist wife, now a few months pregnant, joined Tom Dooley's MEDICO and were assigned to Kratie in Central Cambodia where they built a surgical hospital and Edith became a skilled operating room nurse. He delivered their first child in that remote setting, probably the only native American baby ever born in Cambodia. On the same day as his son was born, Rosenbloom said his last goodbye to Tom Dooley, whose malignant melanoma took his life a month later at age 34. After a year in Cambodia, the Rosenblooms moved to Maylaysia where Dr. Rosenbloom ran a TB program and developed a health center-subcenter system and where the Rosenblooms helped the Peace Corps get started.

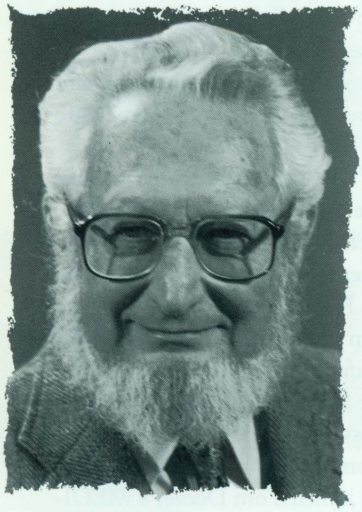
"I knew by then I needed to specialize and that I had to be working with children. The UW Department of Pediatrics was established as a separate entity from Medicine while I was in medical school and I had fond memories of the faculty, particularly the new chairman, Nathan Smith, and the endocrinologist, David Smith." As it turned out, Dr. Rosenbloom became David Smith's last endocrine fellow, as Smith moved into dysmorphology and clinical genetics. Because of Dave Smith's sabbatical plans, Arlan was able to begin his fellowship in his second year at Wisconsin and continue to serve as the endocrinologist while completing his residency. This was an exciting time and the field of pediatric endocrinology was still quite young. By the end of his residency/fellowship, he had a dozen papers published or in press in leading journals.

It was the Vietnam era and Rosenbloom was drafted near the end of his fellowship. Because he was fluent in French, had overseas experience, and the Smallpox Eradication Program was a high priority, he was able to get into the Public Health Service and report to the Centers for Disease Control to take Part in the SEP. He was assigned as an epidemiologist advisor to the French military organization that coordinated epidemic control activities in the countries of French Equatorial Africa and moved to Yaounde Cameroon with Edith and their four children ranging in age from

continued on page 7

Emeritus Faculty Award Recipient in Clinical Sciences

Arvin Weinstein



Arvin B. Weinstein,

Editor's note: This interview between a *Quarterly* staff member and Emeritus Professor of Medicine Arvin B. Weinstein occurred in early March.

***QUARTERLY:* What have you been doing since your retirement in 1986?**

ARVIN WEINSTEIN: After retiring, I freed myself from any commitment to the Medical School and made up my mind to turn to a really new interest–anthropology, more specifically archeology. (Archeology is a section of the Anthropology Department.) In the fall of '86 I went to the Anthropology Department and began to take courses. Since then, I've taken courses as a Guest Student (non-credit) every semester except two, when I was away. This has involved me in a completely different kind of discipline and environment. Now I have close friends among the Anthropology faculty and also among the graduate students. The seminars have provided a unique opportunity for me to interact with them and I'm very impressed with their dedication and commitment. The PhD program is protracted and arduous, and unlike the experience of young physicians completing training, the opportunities are considerably more limited for them.

I spent the summer of '87 on my first archeological field trip as part of a group of American volunteers with Earthwatch. We excavated a rock shelter in the mountains of east Swaziland, where prehistoric hunter-gatherers had camped intermittently for 20,000 years. Working there turned out to be a very exciting and interesting experience. Since then, I've been involved in three other digs. During the following summer, in '88, I again worked with an Earthwatch-sponsored project, this time in northeast Arizona, as part of an ongoing excavation of a Hopi Indian agricultural site from the 13th century. I've also been on two digs in Wisconsin as part of a UW Field School Program. Professor of Anthropology James Stoltman led our work at a site near Mineral Point; the other was also a prehistoric Indian site along the Mississippi River at Prairie du Chien.

This semester I temporarily broke away from ongoing studies in the Anthropology Department. I'm instead taking a rather challenging lecture and lab course in the use of computers in the Computer Sciences Department. My young classmates (add the ages of any three of them and add 10 years to approach my age!) are much more comfortable with computers, but I'm starting to get the hang of it. It will be more satisfying now that the early pain is behind me. It's actually beginning to be fun!

QUARTERLY: As you look back at your medical career from your current perspective, what do you think have been the most important influences and guiding principles in your life?

WEINSTEIN: Looking back after nine years of retirement and after my experiences in anthropology, I can observe my life from a different perspective–like an anthropologist might. My family background and the educational opportunities in the Madison school system, especially in West High School, greatly influenced my career choice. My family values influenced me to choose a career that offered a chance for useful service. For me, that was a medical career, because I had developed a keen interest in human biology and medicine, stimulated by a ninth grade course in physiology.

After graduating from medical school in 1944–the war years–and serving an internship in Chicago, Dr. Ovid Meyer offered me an opportunity to take a residency in Internal Medicine at the Wisconsin General Hospital, where teachers such as Dr. Meyer and Dr. William S. Middleton provided the most inspiring example of what an academic career could be. Drs. Meyer and Middleton and others, in addition to teaching the scientific aspects of medicine, showed us by example how one could relate to patients and families in sensitive, thoughtful and compassionate ways. Certainly I became imbued with the idea that a career as a teacher was one that suited my interests, and I began to aspire to that goal. I'm reminded of a line from Chaucer's Canterbury Tales: "And gladly wolde he lerne, and gladly teche."

Because of my interest in providing a more exciting learning opportunity for medical students and also so they would have a better understanding of the linkage between the so-called basic and clinical sciences, I became interested in curriculum revision. I served for many years on curriculum committees where we carried out

We excavated a rock shelter in the mountains of east Swaziland, where prehistoric hunter-gatherers had camped intermittently for 20,000 years.

some major revisions that resulted in the introduction of interdisciplinary teaching in the pre-clinical years. Clinicians with special knowledge and interest in subspecialties were then brought into teaching a newly developed second-year pathophysiology course. My most satisfying experiences involved interacting with medical students and residents both in the classroom and on clinical services, where I could help them study and solve patients' problems and show, by example, how a physician should relate and communicate with patients and families. This in my view included letting them know about our own pain and feeling of inadequacy when we can't offer any promising solutions–an area too often neglected.

I was asked by Dr. Meyer to set up a Renal program in the Department of Medicine, which included development of a hemodialysis unit. Subsequently I participated in helping to organize a renal transplant program, and I became strongly committed to developing a subspecialty fellowship in Nephrology. These efforts were enormously enhanced by the contributions of a very talented and committed group of colleagues in our section.

QUARTERLY: How did you get involved as a volunteer in the National Kidney Foundation?

WEINSTEIN: When I set up the first artificial kidney program at Dr. Meyer's request in 1959, our goals were limited. At first we treated only potentially reversible acute renal failure secondary to some catastrophic illness, but later, when we began to treat chronic kidney failure patients (also known as End Stage Renal Disease patients) for the rest of their lives, we were faced with a painful dilemma. We had far more patients presenting themselves with chronic renal failure than we could accommodate in our limited facilities. During those early days there were virtually no means for meeting ongoing, very expensive treatment programs unless we spent patients down to a state of indigency .

It was obvious that the only possibility of providing the financial resources to keep patients with chronic renal failure alive was to turn to the federal government. I therefore became involved in the National Kidney Foundation (as well as the Wisconsin affiliate) and we became strong advocates for a national program to underwrite this very expensive treatment. The National Kidney Foundation did indeed succeed in persuading the Congress to add some amendments to the Social Security Act of 1972, which made Medicare funds available to cover most of the costs of dialysis and renal transplantation regardless of age. We also became involved in the Foundation's ongoing interaction with federal agencies that implemented this landmark program. We subsequently were involved in the development of the Wisconsin Kidney Aid bill, which filled in the monetary gap left by federal legislation.

QUARTERLY: Do you think that physicians and more specifically those in academic life should be encouraged to play an active role in policy making on health care issues?

WEINSTEIN: Well, my answer is obviously "yes" for those of us who have strong convictions about the importance of providing guidance to federal agencies that make health care policies as well as rules and regulations required in the implementation of Congressional legislation. It is my conviction that we have a great deal to offer to career people in the federal government as well as Congressional leaders who have to deal with issues about which they are often less well informed than those of us who have special expertise and have made it the major concern in our lives. The issues are too important to be left solely in the hands of non-medical professionals.

QUARTERLY: On a more personal note, tell us about your family.

WEINSTEIN: I'm pleased with the opportunity to say something about my own family. I should start by pointing out that all three of my siblings attended the University of Wisconsin, and as the first generation born to Russian Jewish immigrants, we recognized the opportunity of being educated in a great university.

And of course I owe one other debt of gratitude to the University, namely, that I met a co-ed from Chicago here and she became my wife. We have two daughters, one an artist in Washington, D.C. and the other a social worker/counselor/therapist in Milwaukee. And we have two grandchildren in Milwaukee who are, of course, in the eyes of their grandparents, truly extraordinary. They certainly provide us with tremendous pride and joy.

QUARTERLY: Now a final question. Aside from your interest in Anthropology and Archeology, do you have any other absorbing recreational or hobby interests?

WEINSTEIN: Yes, I'd say I have long been an eager outdoorsman and enthusiastic canoeist. As a devotee and great admirer of Aldo Leopold, I have read and reread the Sand County Almanac and have long been converted to his concept of the land ethic, i.e., what we now refer to as ecology.

Emeritus Faculty Award Recipient in Basic Sciences
Richard C. Wolf

Richard C. Wolf

Richard C. Wolf grew up amid the rolling hills of eastern Pennsylvania, where the Amish, riding in their plain black buggies powered by horses, shared the roadways with their speedier brethren hurrying about in shiny cars and massive trucks.

His advanced education began at Franklin and Marshall College in Lancaster, Pennsylvania. Dick's undergraduate days came to an abrupt halt, however, after the first semester; the second world war was raging and Dick Wolf joined the U.S. Army. His first assignment was in the infantry, and later he moved to the cavalry. When the war ended, he was stationed on Okinawa. After serving 15 months in Japan, he picked up where he left off at Franklin and Marshall and earned a bachelor's degree in biology.

The young scholar proceeded to Rutgers University in New Brunswick, New Jersey to earn a PhD in Zoology in 1954. After remaining at Rutgers for a year as a Waksman-Merck Postdoctoral Fellow, Dick joined the Harvard School of Dental Medicine, where he studied the effects of growth hormone on protein metabolism, first as a Milton Fellow and then as a Public Health Service Fellow under the guidance of E. Knobil and R.O. Greep.

Then the Midwest beckoned. Through the efforts of Professor of Psychology Harry Harlow and Chairman of Physiology William Youmans, the talented young endocrinologist Richard Wolf was induced to join the University of Wisconsin in 1957 as Assistant Professor in the Department of Physiology and in the Primate Laboratory. (Later, when the Primate Research Center was established, Dick became one of its three original faculty.) He was the youngest member of the Committee of five in charge of the graduate program in Endocrinology and Reproductive Physiology, an interdisciplinary program under the Graduate School. Professor of Zoology Roland K. Meyer was Chairman of the Committee, and when he retired in 1970, Richard Wolf took over.

Dick has always considered the University of Wisconsin unique. "There's absolutely no question that the faculty at Wisconsin are extremely helpful to students and colleagues," he said. "This is a campus where there is a fantastic amount of expertise, and people are willing to share that expertise with colleagues. It's easy to get information and assistance with research. I think that's what attracts people to Wisconsin."

For Dick Wolf, accepting the Wisconsin offer was an easy choice. "Wisconsin was the number one campus in my mind, with a reputation for excellence and a long-standing history in endocrinology and reproductive biology. I could become part of that and at the same time have the opportunity to work with primates." (He had already received training in primatology at Harvard.) Dick's abilities in both organizing and conducting research and in teaching quickly made him a valuable addition to the faculty.

The field of reproductive biology has been enriched by Dick's 30-year career as a researcher and by his nearly 160 publications. Chancellor Irving Shain expressed his appreciation thus: "Your colleagues nationally recognized your research contributions when you were elected a Fellow in the New York Academy of Sciences. Your leadership in your academic discipline clearly has enhanced the international reputation of this university, and we are most grateful."

A fellow faculty member who has observed Dick's research techniques for many years described him as a very consistent worker who sets his sights on a problem and then methodically continues to attack it. "He is someone who can see into a problem and come up with the important questions."

Richard Wolf and R.K. Meyer collaborated for many years exploring areas of reproductive biology such as:

- The control of gonadotropin secretion in the rhesus monkey
- Fluctuations in plasma lipid levels during pregnancy in the rhesus monkey
- The role of the corpus luteum in pregnant monkeys and its control
- Description of the menstrual cycle in the squirrel monkey
- Patterns of plasma protein and steroid hormone levels throughout pregnancy in the rhesus monkey

Other research interests included the physiological effects of exposure to radiation, various aspects of embryo implantation, maintenance of pregnancy, and factors that control ovarian follicular growth in the rhesus monkey.

Although he forged a reputation as a perceptive researcher, Dick was also known as a first-rate classroom teacher. He was, for example, named the School of Pharmacy's Outstanding Professor of the Year, and he received an educator's ultimate compliment from a fellow faculty member who had previously been a student: "Hands down, he was the best teacher I ever had."

Organizational skills represent still another facet of Dick's capability. He chaired the Department of Physiology for 15 years, beginning in 1971. This is the department that carries the largest teaching load in the Medical School, educating graduate and undergraduate students from several areas within the University. At the same time, he served as Chief of Reproductive Physiology at the Primate Center.

Being a "good faculty citizen," as a Medical School dean described him, he served at one time or another on most Medical School committees; many of them he chaired. He was, for example, Chair of the Educational Policy Council, the Student Promotions Committee and the First Year Committee. He also chaired the Karl Beyer Professorship Committee, the Medical School Promotions and Tenure Appointment Committee, and a number of chairmanship search committees. He served on the Research Committee as well as the Divisional Committee in the Biological Sciences.

In his role as Chairman of the Animal Welfare Committee at the Primate Center, Dick said, "I tried to be very sensitive to the fact that it is a privilege to work with living animals and that as scientists we must never abuse that privilege."

Committees well beyond the confines of the UW have benefited from Dick's input. He served, for instance, on the NIH Career Development Research Award Committee, the Scientific Advisory Board of the Yerkes Primate Research Center, the NIH Contraceptive Development Contract Review Committee–and more.

Now Dick and his wife are taking advantage of more free time. They have visited Europe, toured eastern Canada, and explored parts of this country they hadn't experienced before, especially the south and the southwest. Spending time with two grandchildren in Stoughton, Wisconsin is another of their favorite activities.

Dick can still be seen playing various Madison area golf courses. At home, he battles the computer with slowly increasing success and continues his penchant for eclectic reading, sometimes taking in two or three books a week. Some subjects are academic, some mystery and espionage, and some concern the life of old order Amish, perhaps transporting him to the gentle hills of his youth.

continued from page 3

six months to six years. "No one who has participated in the Smallpox Eradication Program can ever imagine doing anything again of comparable significance," he said. The epidemiologic principles learned at CDC and applied in Africa, were to be extremely useful in subsequent work on the epidemiology of diabetes and field investigations of growth hormone receptor deficiency in Ecuador.

In 1968 the Rosenblooms returned to the US, to the University of Florida in Gainesville, a medical school that was only then a dozen years old and where Rosenbloom was the first pediatric endocrinologist/diabetologist. He built a program that rapidly achieved international recognition and he rose from Assistant Professor to Associate in three years and to Professor three years later. At the University he not only served as Chief of the Division of Pediatric Endocrinology, but was Director of the NIH Clinical Research Center, founding Program Director of the University of Florida Diabetes, Research, Education and Treatment Center, founder and Program Director of the pioneering Regional Diabetes and Endocrine Programs for Children and Youth, and founder and long-term Director of Florida's Camp for Children and Youth with Diabetes, as well as serving on numerous committees. As one of the pioneers in pediatric diabetes, he organized the first conference of pediatric diabetologists in 1970, an outgrowth of his New England Journal of Medicine paper the previous year on chemical diabetes. He later organized the diabetes interest group meetings and committee of the Lawson Wilkins Pediatric Endocrine Society, served on the Board of the American Diabetes Association, chaired the workgroup on data systems for the National Diabetes Commission in 1975 that led to establishment of the National Diabetes Data Group, served on the Epidemiology and Disease Control Study Section of NIH as well as special study sections and served on the National Diabetes Advisory Board of NIH. He has been elected to the Society for Pediatric Research and the American Pediatric Society and to fellowship in the American College of Epidemiology, is listed in Who's Who in America, the International Who's Who in Medicine, and the Best Doctors in America. He is a frequent invited speaker nationally and internationally. In 1994 he was awarded the Faculty Research prize in Clinical Science of the University of Florida College of Medicine.

Dr. Rosenbloom has made a number of original contributions over the years for which he is well known internationally, including: the history of infantile hypoglycemia; the endocrinology of progeria; description of transient congenital hypoparathyroidism; psychosocial aspects of diabetes; the organization of diabetes services for children and youth; age effects on insulin responses; the natural history of diabetes and its long latency in children; cerebral complications of ketoacidosis; the recognition, description, and significance of limited joint mobility in diabetes, also known as Rosenbloom syndrome; initial description of insulin receptors in cultured human fibroblasts; bone mineral changes in response to glucose ingestion; bone density in childhood diabetes; growth hormone therapy; clinical, biochemical, genetic, and social aspects of growth hormone receptor deficiency.

Since 1988, Arlan has been working with a colleague in Ecuador in the development of pediatric endocrinology and endocrine research, focused on the world's largest population, comprising approximately 1/3 of all known instances of growth hormone receptor deficiency. This is the only large population with this condition that is genetically homogenous. This work has produced some 40 publications and is currently being pursued with the support of two NIH grants, a March of Dimes Birth Defects Foundation grant, and a FDA Orphan Drug grant. Another area of intense activity has been the development of a permanent facility for the diabetes camp program that led Arlan to organize other chronic diabetic specialists to join this effort. With the assistance and leadership of actor Paul Newman and General Norman Schwarzkopf, this has developed into the Boggy Creek Gang Camp being built in Central Florida. Arlan now serves as the Chairman of the Medical Advisory Committee. In addition, he is Assistant Medical Director for the Children's Medical Services program encompassing an area of Florida that is the size of the state of Maryland.

"I am truly overwhelmed by this honor," Rosenbloom commented about the WMAA citation, "and there is certainly no false modesty in this statement. I never dreamed that I could become a Professor and achieve the recognition that this honor epitomizes. I am deeply grateful to those at Wisconsin who inspired me, and provided models of scholarship and behavior to which I can only aspire."

SOCIAL Phobia

Imagine having to leave the security of your home every morning to face a barrage of potentially embarrassing situations during the day. You fear that you may blush, your hands may tremble, you may sweat profusely, and you may even vomit when you interact with other people.

John R. Marshall

At the office, if you need to enter data in a computer you may be unable to finger the keyboard because you're afraid someone is watching your performance and may notice that your hands shake . Later, you may have to give an oral presentation to several colleagues. Terror grips you as you think, "Will I cover the material adequately? Will someone ask a question I can't answer? Will I make a complete fool of myself so everyone will know I'm incompetent? How will my body react to these pressures? What if I stutter? What if I can't say anything at all? Maybe I'll just have to run out of the room before I'm done and everyone will ridicule me behind my back."

At lunch time, a colleague invites you to join him and fellow employees at a local restaurant. You decline. You suspect that you will drop some food, knock over your water, or say the wrong thing. Then the dreaded physical symptoms will give your fear away to everyone at the table.

On your way home you want to purchase an appliance. However, this would involve writing a check or having to sign a credit-card slip, and the clerk as well as other customers would see your hand tremble. Hence you head directly home, your only safe refuge.

Your life is dominated by your fears, which are making you miserable and probably limiting your aspirations. You would like to have close friends, but your condition makes meaningful social interaction essentially impossible — you can't tolerate being judged, rejected, humiliated. People say you are very shy and eventually leave you alone.

You have social phobia.

Not all social phobics fit the above description, which is a composite, but all are fearful of certain circumstances where, they feel, they will make a fool of themselves when people are watching or listening. Performance phobia, for example, is a form of social phobia in which an artist fears the audience will perceive his fear of blundering; an entertainer with excessive stage fright may eventually have to abandon the stage, although audiences and critics continue to praise his performances. (See sidebar describing the extreme apprehension of Sir Lawrence Olivier during a five-year period.) A professional baseball player may have to relinquish a lucrative career because he cannot pitch in public, although he is able to throw a nearly perfect ball in practice and during warm-up. There are many other kinds of anxiety that can be disabling to the sufferer or at least extremely uncomfortable.

The phenomenon, although painfully real to the social phobic, can be incomprehensible to laypersons and even to some medical and mental health professionals. It can be misdiagnosed or overlooked altogether, yet it effects a significant number of people.

In his book *Social Phobia* (Basic Books/Harper Collins Publishers, Inc., 1994) Professor of Psychiatry John R. Marshall explained why even psychiatrists can misjudge anxiety such as social phobia. "Whenever patients reported anxiety, the practice of the time was to search for conscious and/or unconscious conflicts related to childhood experiences that might be causing it. So the traditional orientation actually deflected psychiatrists' attention away from anxiety, encouraging us to ignore or look past someone's painful, often disabling feelings and symptoms.

"In retrospect, I realize that we were so preoccupied with trying to define the 'real meaning' of anxiety in Freudian terms that we failed to hear much of what our patients told us about what was really troubling them. And in our search for an underlying problem, we gave short shrift to the extreme discomfort that anxiety, in all its physical and psychological manifestations, caused."

"Increasingly, in the early 1980s, anxiety disorders emerged as psychiatric conditions in their own right, and reports began surfacing on two ways of treating them: either pharmacologically or with cognitive and behavioral therapies. . . . Collectively, psychiatrists were coming to

Editor's note: Dr. Marshall's book, Social Phobia, served as the basis for this article. To date, it is the only book about social phobia written for the general public.

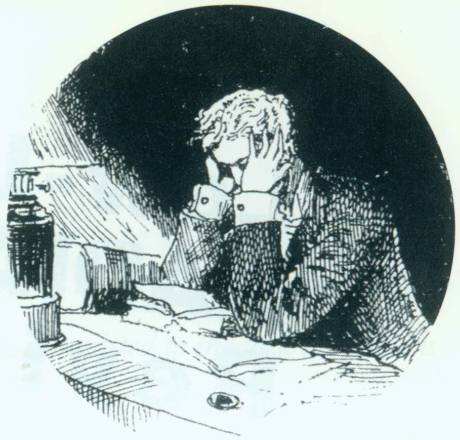
admit to a blind spot where chronic anxiety was concerned." The symptom itself was the problem.

As a result, the Anxiety Disorders Center at the University of Wisconsin Hospital and Clinics was established; it has attracted and helped many people from Wisconsin and beyond. The center's success has surprised even Dr. Marshall: "I began to see rapid, sometimes dramatic improvements in people whose self-esteem had been deeply eroded by lifelong battles with often bizarre fears, people who had been helpless at understanding or finding a way out of what was happening to them, people who had been hopeless about ever enjoying anxiety-free lives with the pleasures and enrichments that others took for granted.

"Now, that was something of a novelty for me. As a general therapist, I was not all that accustomed to seeing people get better. In the process of traditional insight-oriented psychotherapy, my patients and I would usually eventually agree on 'the course' of the problems that brought them into therapy. But some symptoms would almost always persist or seemed to follow an almost random course. Now we know that some conditions, including anxiety disorders, are not caused by unconscious conflict or symbolic processes..."

Patients in the clinic represented the full range of anxiety disorders such as agoraphobia with and without panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. Marshall, however, soon became intrigued with the subset of clinic patients who were uncommonly quiet and shy. They maintained a low profile and often were hard to communicate with, at least during early appointments–the social phobics.

"There is more to this disorder," Marshall explained, "than mere social reticence–their terror of social interaction and its consequences is as intense and debilitating as that of people under siege or threat of physical attack. The intensity of their fear of human encounter is comparable to the reactions of a phobic person at the sight of a snake... I found this condition particularly cruel–a virtual formula for



loneliness, despair and failure... I came to realize how often social phobia goes unrecognized and thus untreated..."

Although treatment, which consists of a mixture of specific kinds of therapy and medication such as certain anti-anxiety drugs and anti-depressants, is desirable and generally successful, even the diagnosis of social phobia in and of itself can reassure and help some patients. They realize they have a recognized disorder that they share with many others. No longer do they feel isolated from the rest of humanity by a unique, bizarre condition they cannot explain and cannot overcome by themselves.

So New and Yet So Old

Anxiety problems have been called the disorders of the decade. It was not until 1980 that the Diagnostic Statistical Manual of Mental Disorders , published by the American Psychiatric Association and used by most mental health professionals, offered new and precise descriptions of anxiety disorders clearly distinguished from other psychiatric illnesses. The 1987 edition included further information.

In 1980 the National Institutes of Mental Health assessed the extent of mental health problems in the nation. The comprehensive survey showed that anxiety disorders were the most common psychiatric conditions: 8.3% of Americans suffer from an anxiety disorder during any six-month period.

It might seem that anxiety disorders, along with the subcategory of social phobias, are relatively new phenomena. Not so. Investigators who examine older literature find uncanny descriptions of anxiety by authors such as Shakespeare.

High-Profile Performance Phobia

Sir Lawrence Olivier, widely considered the outstanding actor of the 20th century, late in his career was dogged by performance phobia for five years. He wrote, "My courage sank, and with each succeeding minute it became less possible to resist this horror. My cue came, and I went to the stage where I knew with grim certainty I would not be capable of remaining more than a few minutes. I began to watch for the instant at which my knowledge of my next line would vanish. Only the next two now, now–one more...and then now I took one pace forward and stopped abruptly. My voice had started to fade, my throat closed up and the audience began to go giddy round (why is it always anti-clockwise?)...Unhappily this malaise had a most obstinate reluctance to come to a conclusion. It persisted and continued to torment me for five whole years."

During a performance of Othello, be begged the actor playing Iago not to leave the stage, despite an exit called for by the stage directions, "since I feared I might not be able to stay there in front of the audience by myself." It seems that Olivier – king of the thespian hill–was thoroughly fearful of humiliating himself in front of an audience.

After five years of suffering, he confessed his problem to actor friends Lewis Casson and his wife Dame Sybil Thorndike. Dame Thorndike responded, "Take drugs, darling. We do."

Actress Rosalind Russell described acting as "standing up naked and turning around very slowly," implying that the actor fully exposes him/herself with all its potential for embarrassment and humiliation. Another actress illustrated stage fright similarly: "Getting out there on stage is like walking on stage naked — naked and looking awful."

Until recently, Barbra Streisand was apparently another victim of performance phobia for nearly three decades, for she couldn't sing before a paying audience. She did, however, frequently perform well when she sang for free on behalf of favorite causes.

Low-Level RADIATION Revisited

Nearly two years ago a *Quarterly* staff member interviewed physicist John Lenihan, who was visiting the Medical School to give a seminar at the Department of Medical Physics. Although Lenihan has since died of a heart attack, we thought our readers would be interested in his heretical views concerning low-level ionizing radiation. His words, in nearly verbatim form, extend ideas presented by Emeritus Professor or Physics, Radiology and Medical Physics John Cameron in an earlier issue of the *Quarterly.*

QUARTERLY: We understand that you believe that low-level radiation is not as harmful to humans as the public has been led to believe. Why do so many scientists and laymen argue the opposite?

LENIHAN: There is a large establishment with a vested interest in keeping the situation that way. There are not only environmental groups but also scientists and medical people and particularly government agencies committed to the idea that zero is the only safe level of radiation, which of course is complete nonsense. I think it will take a while to change.

The common sense way to look at this is to say we're all exposed to radiation. Background irradiation is there and always has been. You can do nothing about it. Natural background varies over this continent by up to almost 100 % from place to place. In mountain states you get more and in airplane trips as well. So you might think any increment which is very small compared with natural background is not going to do you any harm. But that's not the attitude of pressure groups and not the attitude of many official agencies. For instance, a favorite cry of antinuclear groups is "a single nuclear disintegration can cause cancer." This is not true, because cancer is a multistage process, and, if it was true, there are around 600,000,000 such events inside a human body every day. Is one more going to make a difference?

QUARTERLY: Do you feel that our policy makers and opinion shapers are not only wrong but corrupt as well?

LENIHAN: The leaders are in the business of titillation by scandal, vice, corruption and disaster–it's a sort of pornography of violence. You titillate the reader and excite his base instincts. The media have gone too far.

And you can always find somebody– some scientist, some doctor–who will take an extreme view. The trick practiced by the media is to put up these two views as if they were of equal merit. They don't say well, this man is a minority of 1 in 10,000 and he says that ... and the rest of educated scientists and experts say the opposite. It's not only radiation (that receives that kind of coverage).

QUARTERLY: Is there any harm at all to humans from radiation?

LENIHAN: The fear of radiation can be harmful and can do far more damage than radiation itself. They (the people mentioned above) ignore the harm done by the fear of radiation. After Chernobyl, within a year, fear of radiation caused 100,000 deaths because this was the increased number of abortions in Europe.

Another example: a quarter of all the food produced in the world is never used. It goes bad. A quarter of the world's people are suffering healthwise and economically through malnutrition. Food irradiation can eliminate much of the damage due to insects and infection by

There are not only environmental groups but also scientists and medical people and particularly government agencies committed to the idea that zero is the only safe level of radiation, which of course is complete nonsense.

microorganisms in grain, meat and soft fruits. Third world countries produce a lot of potentially high-value food–spices, exotic fruits, vegetables–but they lose up to half of it before it can be exported. It goes bad. So their economies are not as prosperous as they ought to be. If you were to put up food irradiation plants in some third world countries, you would do them a lot of good. You would get markets for a lot of their produce. 30 to 40% of chicken meat in the world is infected with salmonellà. There's no way the industry can produce meat free of the bacteria. In this country 2,000 die every year from salmonella poisoning and about another two million are made ill from food poisoning.

But there is much opposition to food irradiation, although it produces no change in taste and is relatively cheap at about five cents a pound. In France, women are willing to pay more for irradiated strawberries because they taste better and stay fresh longer. In thousands of tests with food irradiation, there were no health effects except (the consumers were) fitter because food was not infected. If you irradiate food you make it slightly radioactive, but food is radioactive anyway, naturally. The amount of radioactivity you can produce by irradiating food under standard conditions is really theoretical–it's so small you couldn't measure it. The natural radioactivity in the average diet in a year contributes 300 microsieverts of radiation. The amount that would be added by irradiating food is something like 1/1000 of a microsievert. Insignificant. Food comes from the earth, and everything in the ground is radioactive anyway, so you might think if you add on a tiny bit more, it's not going to harm you. But you can't get the point across even though the objection is quite irrational. And so people are dying, suffering from chronic disease and reduced to economic starvation because well-fed committees and well-fed campaigns in prosperous countries are saying to people in the third world, "No, you cannot have the benefit of irradiated food because we think it's dangerous." It's a gigantic scandal.

QUARTERLY: How about nuclear power generation. Isn't it a potential source of danger, especially to future generations?

LENIHAN: Although there is great fear about nuclear power, far more radioactivity has been put into the environment by burning coal and oil than by generating nuclear power. Nuclear power produces no carbon dioxide, therefore no greenhouse effect, and no atmospheric pollution. The amount of radiation produced by nuclear power is less than 1/100 of 1% of natural background and the discharge of low radioactivity by the industry is licensed and made known to the public.

In England in one year, the nuclear industry was allowed to put into the Irish Sea 400 kilograms of uranium. Although the amount of uranium in the Irish Sea already is tens of millions of kilograms, there was a great uproar. The anti-nuke groups said that this is terrible, it's going to kill us. An electric industry spokesman, on the other hand, said "My industry yesterday discharged into the environment 300 kilograms of uranium, and we do this every day. We call it coal ash." Coal, you see, contains uranium, so coal ash contains a good deal.

QUARTERLY: Tell us about the possible benefits of low-level radiation.

LINIHAN: There is increasing evidence that small amounts of radiation are beneficial to man. For example, after Hiroshima, among survivors with small doses, there were fewer deaths from cancer and all causes than among the survivors who received no radiation.

There was a huge government study of U.S. nuclear shipyard workers with many thousands on each side (i.e., those who had worked with nuclear equipment and those who hadn't). The nuclear workers were found healthier on every front. This seems to show that a small amount of radiation

*P*hysicist John Lenihan, born in England, spent most of his life in Scotland. He served as Professor of Clinical Physics at Glasgow University, Regents' Professor of Chemistry at the University of California, and consultant to the National Radiological Protection Board in England. His books on bioengineering and trace elements have been translated into many languages.

In France, women are willing to pay more for irradiated strawberries because they taste better and stay fresh longer.

may be healthful, but you'll never see that in the papers. Sad to say, government regulatory agencies have no interest in publishing the good news–they're too politicized. (Such an attitude) goes back eventually to the legislature. There is less money in good news and fewer votes. There are no votes for a campaigner saying that small amounts of radiation are not harmful and may even be healthful.

Among the academic community, it's a bad idea to talk to the general public, and this is why the message doesn't get across. Many of them (the academics) know the truth but don't speak out. Being known as a good teacher and communicator to the public can mean death to an academic.

How are we to get the message across? You won't hear it from the establishment. We get the anti-nuclear propaganda all the time. I think time will turn things around. The statistics are there but are not disclosed and people don't know about them.

QUARTERLY: Can you postulate a mechanism for the beneficial effects?

LENIHAN: I don't think there's any doubt now that small amounts of radiation are beneficial. It's known that small amounts of many poisonous substances are beneficial. For centuries, doctors prescribed strychnine, arsenic, all the trace elements. If you have zero in the diet, you'll die. Too much, you'll be poisoned. A little is good for you–molybdenum, magnesium, chromium, manganese. Even minute doses of botulism toxin, probably the most toxic substance there is, can be medically useful.

You can look upon radiation as a poison. If you get too much of it, it interferes with the vital activities of the cell. I think like many poisons, a small amount is essential; zero is not beneficial. Zero is impossible. Over the course of evolution we've been brought up to this. It would be very surprising if we weren't well adapted to those small amounts. Since the natural background varies so much over the earth, it would be very curious if we had this hypersensitivity to minute increments of background. If this was true, the human race would have died out years ago.

QUARTERLY: Why, then, is the publicity about nuclear energy so uniformly contrary to your position?

LENIHAN: Once again, bad news is what sells papers.

People think other forms of energy are safe, but they're not. The number of people killed by hydropower through dam failures

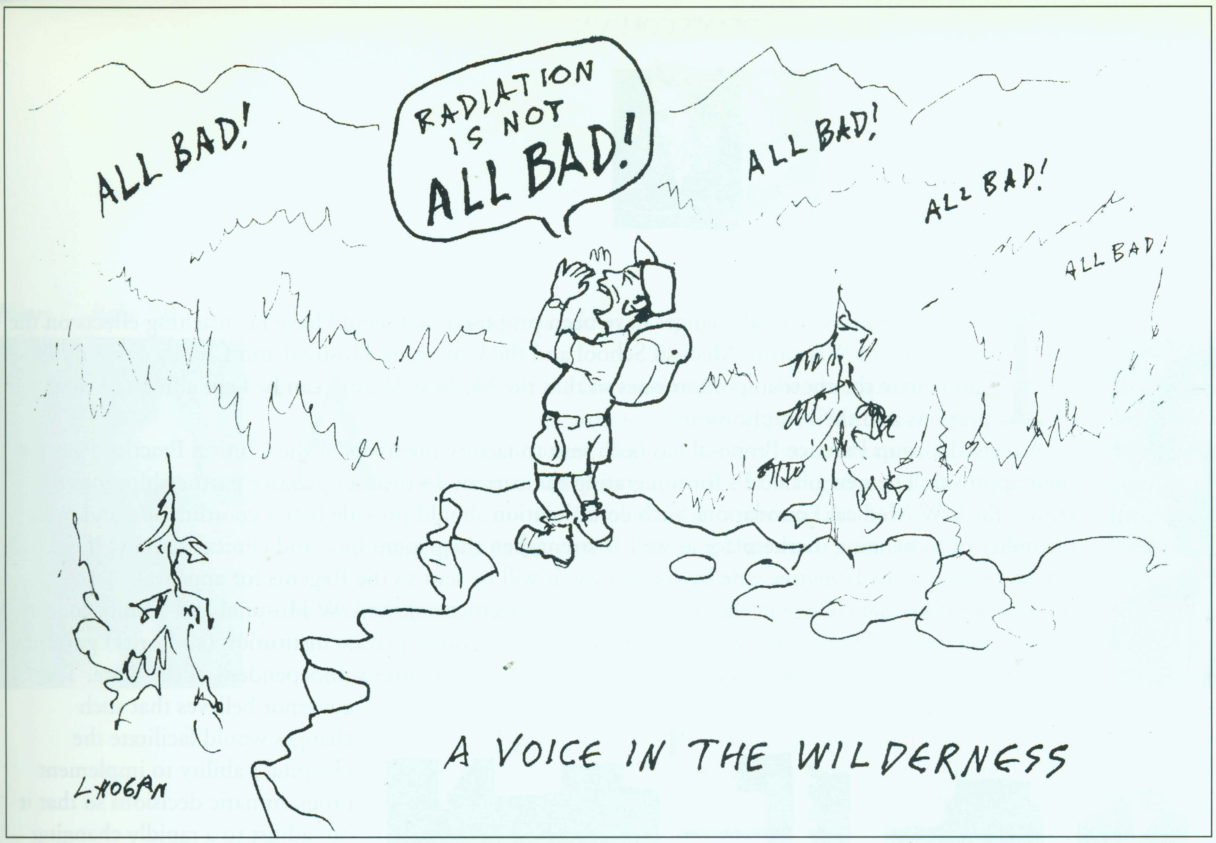
Another Viewpoint

*E*meritus Professor of Genetics and Medical Genetics James F. Crow, who also served as Acting Dean of the Medical School, agreed to offer another perspective of Lenihan's convictions:

"I agree with Lenihan that many among the general public have an irrational fear of low-level radiation. The consequence is that a great deal of attention is given to making already very low levels of radiation still lower, at great expense and to the neglect of much larger risks. I also agree that the environmental, and probably the health risks of fossil fuels–coal especially–far exceed those of nuclear power. I agree that nuclear waste disposal is a political and not a technological problem, although I'm not as sanguine as Lenihan about the risk of nuclear proliferation.

"As to the view that very low doses of radiation are harmless and possibly beneficial, I am doubtful. Epidemiological studies do not have the power to detect such small effects in either direction. On the other hand, we know that some effects of radiation, especially densely ionizing radiation, show a linear relationship with dose as far down to low dosages as the data go. This is clearly true for some genetic effects and may well be for some carcinogenesis.

"The main point, I think, is not whether tiny amounts of radiation are harmful or beneficial, but that doses of radiation that are small relative to the natural background entail at most a very small risk, far less than other risks that we choose to ignore."



We put more radioactivity in the air by burning coal and oil than by generating nuclear power.

is thousands and thousands. In this country every year hundreds of people are killed, knocked down by trucks carrying coal to coal-powered stations. How many people die from nuclear? Three Mile Island was a public relations disaster but was a non-event in the nuclear sense. These stories you read about plants, people dying, abortions and miscarriages–just lies, completely absurd.

QUARTERLY: What about the storage problem?

LINIHAN: The storage problem in a non-problem. I think each generation should deal with its own waste, so I think the right way to do it is to concentrate the waste by well known technology. Fuse it into glass rocks, bury it underground in ventilated vaults, and so on. Objectors say it will corrode, leak into the water chamber, and then into the food chain. This is complete nonsense. Millions of years ago there was a natural uranium reactor in Africa where there was a concentration of pitch blende (uranium ore) so big it went critical and there was a natural nuclear reaction. Eventually it just became poisoned by fission products and it died out. That's been studied and it's obvious they (the fission products) haven't moved in millions of years–they're exactly where you'd expect them to be. So in that sort of geology you can be certain that even if the nuclear waste were dispersed through the rock strata, it will stay there. It (high-level waste from nuclear fuel) all could be vitrified and stored safely underground.

The low level waste–tissues, gowns, etc.–can be buried and contribute nothing to the natural radioactivity. Or if it's in liquid form and reduced to a low level, it can be discharged into the ocean. There is far more radioactivity in the oceans than man has produced or ever could produce. And if it's diluted in the ocean it will make no difference; it would be a minute fraction of 1% of what there is and will do no harm.

QUARTERLY: Can you dismiss the danger of terrorists using plutonium from a nuclear plant to make weapons?

LENIHAN: The plutonium from a nuclear reactor cannot be used to make a weapon except by preposterous expenditure because there's a difference between reactor-grade plutonium and weapon-grade plutonium. The reactor-grade plutonium has a mixture of several isotopes of plutonium and it's no good for a bomb. It requires elaborate purification to get pure plutonium 239 to make a bomb and would cost a great deal. The idea that third world terrorists are going to be able to smuggle reactor-grade plutonium to make bombs is just a fairy tale. So nuclear proliferation has nothing to do with nuclear power generation except that the major powers can take reactor-grade plutonium and make it into weapons-grade, but a small country couldn't.

Transporting nuclear waste (is another non-problem). The containers are very safe.

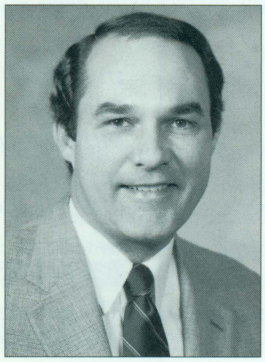
Lots of carcinogens enter the environment permanently via fossil fuels–arsenic, mercury, uranium. Coal contains uranium, like every mineral in the earth does. We put more radioactivity in the air by burning coal and oil than by generating nuclear power. The toxicity of plutonium is about the same as caffeine; you can safely swallow a few grains. The (fear of) its effect on the lungs, where it was thought to be the most dangerous, came from people who inhaled large amounts of plutonium during the Manhattan Project, and their health was better than average.

It's an uphill fight. People would rather listen to Greenpeace or Friends of the Earth.

The views covered above, as well as several others, are explained in detail in John Lenihan's book *The Good News About Radiation.* It was published in 1993 by Cogito Books, an imprint of Medical Physics Publishing Corporation, 732 N. Midvale Blvd, Madison. (608) 262-4021.

Editor's note: In recent years there has been significant confirmation in the literature that low-level radiation may be beneficial to human health.

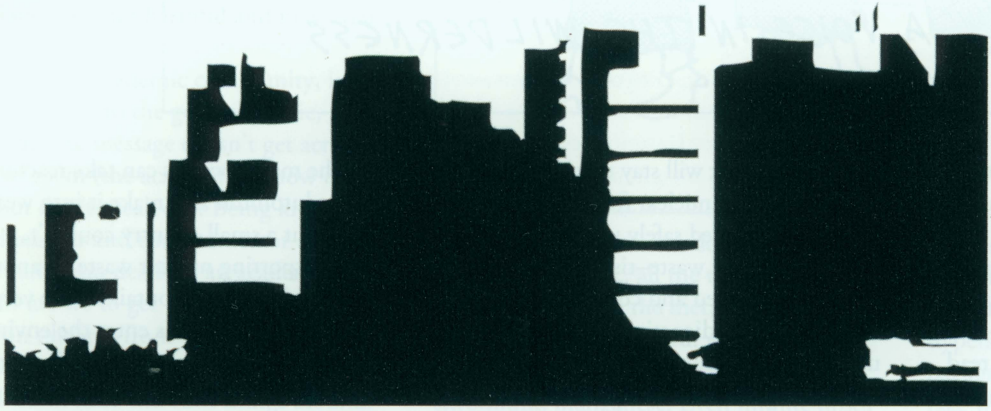
Philip Farrell



In recent months, several changes have been proposed that would have far-reaching effects on the University of Wisconsin Medical School and the University Hospital and Clinics. I will try to summarize the more important ones so that the Medical Alumni can be kept abreast of their progress and their implications.

A revised Group Practice Proposal has been sent to faculty members of the Clinical Practice Plan for their approval. The new plan calls for integrating the current 14 distinct practice partnerships into one entity, the UW Medical Foundation. Such consolidation should provide better coordination and more flexibility in a changing marketplace as well as strengthen the patient base and clinical activity. If the plan receives a 2/3 affirmative vote by the faculty, it will be sent to the Regents for approval.

Another potential change in the structure and management of the UW Hospital and Clinics concerns Governor Tommy Thompson's recent proposal to create a quasi-private institution (authority) governed by a nine-member board that could manage administrative operations, independent of the State. The governor believes that such changes would facilitate the Hospital's ability to implement programmatic decisions so that it can adjust to a rapidly changing medical environment. Many details remain to be worked out as the proposal proceeds through the Wisconsin Legislature, and we will keep you informed.



Another potential change in the structure and management of the UW Hospital and Clinics concerns Governor Tommy Thompson's recent proposal to create a quasi-private institution (authority) governed by a nine-member board that could manage administrative operations, independent of the State.

The Medical School Strategic Planning/Management Committee continues to discuss and to revise our 21st Century Vision/Mission/Goals Statement and to define criteria for determining strategic priorities. Completion of the strategic objectives proposal and presentation to the faculty will occur by the summer.

As you know from the past few issues of the Quarterly, medical education strategies have been receiving increasing attention. The first segment of our new generalist curriculum is completed. I am pleased to report that its centerpiece, the Generalist Physician Partner Program in which each new student is matched with a generalist physician for one afternoon every other week, appears to be very successful. Students, physician partners and patients have accepted and praised the program.

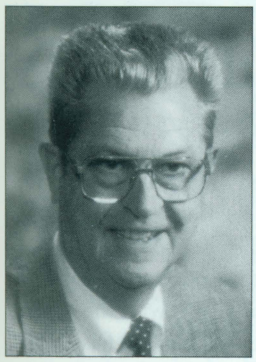
Our new Neuroscience course, which integrates clinical and basic science components into a cohesive treatment of the neurological processes, is off to a great start this semester under the leadership of John Harting. Two other courses, Pathology and Physiology, have undergone significant revision.

We are well into planning for new methods of evaluating the curriculum including: development of questionnaires for our graduates and their residency directors; development of a comprehensive clinical assessment for the end of the third year of medical school; development of a longitudinal data base for tracking both curriculum and student performance; and standardizing clinical rating forms across departments. We have also established student liaison committees for each of the basic science courses; the students will meet frequently with course directors to discuss the course as it unfolds.

Finally, I am pleased to announce that the Howard Hughes Medical Institute (HHMI) has invited us to submit an application for a grant from the "Research Resources Program for Medical Schools." In our proposal, we have decided to emphasize the Medical School and Campus strengths in genetics and neurosciences. These are priority areas for HHMI.

I am still learning about the complexities of this institution as I meet with faculty, department chairs, center directors, associate deans, alumni and friends of the Medical School. As Interim Dean, I am committed to carry on the momentum for advances in care, teaching, and research programs integrated with the Madison Campus and the community.

Henry C. Rahr '58



Dear Alumni and Friends:

As we reflect on the last year and look ahead to spring, I recall the many events and changes that have occurred regarding the University of Wisconsin Medical School and the UW Medical Alumni Association. We look forward to graduation in May at which time approximately 145 new Alumni will join our ranks. This occasion will be special, for my son-in-law, Dan Lemkuil, will be among the new grads. He, as all in his class, has worked hard and long hours to receive an M.D. degree from one of the leading medical schools in the country. I am confident that the Class of 1995 will soon more than realize the greatness of their education as those of us who preceded them have. In spite of the changes that have occurred in medicine in the last very few years, the new doctors, as we did, will learn that patients still become ill, that pain still hurts, that thoughtfulness, compassion, and caring still are the keynotes. A statement offered to me when I was in medical school by a much older and wiser colleague often comes to mind: "Doctor, you take care of your patients and they will take care of you." This means respect and trust.

"Doctor, you take care of your patients and they will take care of you." This means respect and trust.

Finally, I would like to acknowledge the new more colorful format of the *Quarterly.* We hope you like it! And sincere thanks to Jacqueline Kelley, Associate Editor. I couldn't always meet the deadline.

Jim Griffith, Executive Director, Wisconsin Medical Alumni Association, you are great. Thank you, thank you. Please continue to help us keep our organization "ticking" the way you do!

Keep in touch with the Alumni Office and classmates. Let us know what's happening in your life–and add a photo if you can.

Name, year

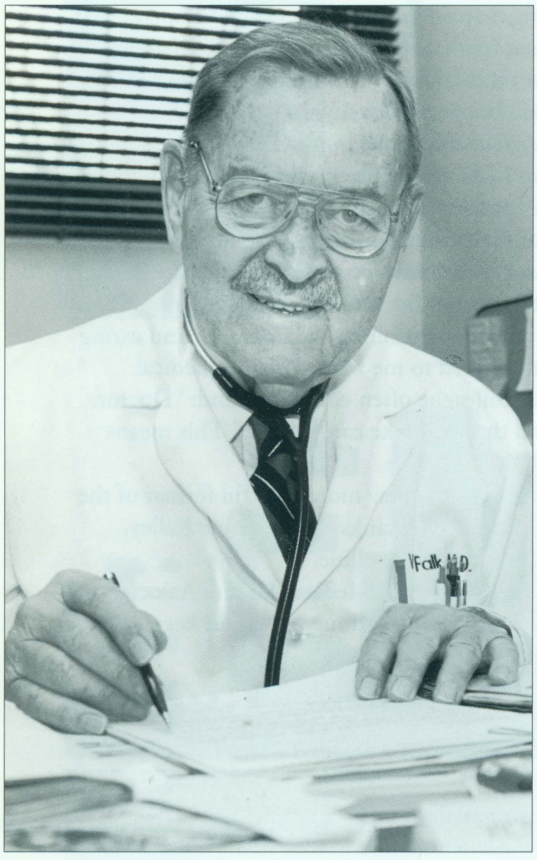
Home Address

City, State, Zip

Have you moved?
Please send us your new address.

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

Victor S. Falk, MD, '39



Pioneer Wisconsin Surgeons

The earliest surgeons in Wisconsin were undoubtedly those ordered here by the U.S. Army. Fort Howard was built in 1816 and Fort Winnebago in 1828. Most famous of the Army surgeons was William Beaumont who had joined the Army as a surgeon's mate in the War of 1812. He was stationed at Fort Crawford between 1829 and 1831 and there he recorded 56 experiments upon his patient the half breed Alexis St. Martin. The earliest medical schools in Wisconsin were only on paper. Erastus Wollcott was named President and Professor of Surgery of the College of Medicine in Milwaukee, although the school itself did not actually exist. He was one of the earliest itinerant surgeons and performed the first recorded nephrectomy upon a human being in East Troy in 1861. The patient was felt to have a cystic tumor of the liver and a 2 1/2 pound mass was removed but upon inspection of the mass it proved to be the right kidney. The patient died from peritonitis on the 15th postoperative day.

In 1854, the Board of Regents at the University of Wisconsin established a department of medicine including a chair of clinical and pathological surgery. Joseph Hobbins who had come from England in 1854 was appointed the first Professor of Surgery. His travels from England included a shipwreck off the coast of Ireland, and a 12 day trip from New York to Madison. He was able to travel by train as far as Stoughton and then by horse-drawn wagon to Madison which then had a population of 4,000. Again the medical school faculty never progressed beyond the paper stage.

Since the first Medical School in Wisconsin (The Wisconsin College of Physicians and Surgeons) was not established in Milwaukee until 1893, prospective medical students from Wisconsin all went to Chicago. There was a common theme involving most of these students in that they came from rural communities and most of them taught in rural schools following high school graduation before going to Chicago.

One of the earliest was Nicholas Senn who was born in Switzerland but lived near Fond du Lac. While teaching in the country school, he read medicine with a local physician and later worked his way through Chicago Medical College. His operating room ritual was described by one of his assistants: "To afford antiseptic facilities, the floor was covered with asphalt which became soft in warm weather and became affixed to the legs of the wooden operating room table. Warm carbolic acid solution was sprayed on the shelves, on the side walls and over the field of the operations. The admiring gallery of onlookers could be dimly seen through the haze hanging over the operating field with the sweat from their unwashed beards and faces dripping into the open abdomen or other wound." Dr. Senn was believed to be the first to use surgical gloves which were cotton and boiled before use. Following surgery, he would not see his patients for 48 hours and then would always ask if there was gas passing from their bowels. Thereafter he did not see the patient until they were ready for discharge. His studies on intestinal anastomosis were fundamental and he used decalcified bone plates in gastrointestinal surgery. He moved down to Chicago where he became Professor of Surgery and later accompanied the Army of Invasion to Cuba in 1898.

John B. Murphy came from a farm in Outagamie County and after teaching grade school and having a preceptorship, he too went to Chicago where he completed his medical course in 1880. Among other things, he did 2000 appendectomies in 14 years. He devised the Murphy button for anastomosing the bowel in approximation without sutures. Senn always staged an act when an intestinal anastomosis was scheduled. His nurse would hand him a Murphy button, whereupon he would denounce it and throw it to the floor. Murphy believed in keeping himself in the medical eye and after the Murphy button, there was a Murphy drip, then the Murphy knife and so on. He became so unpopular that for a time he was denied membership to the Chicago Medical Society. One particular episode involved Theodore Roosevelt who was campaigning in Milwaukee in October of 1912. He was shot by a fanatic there and was saved by a metal spectacle case in an inner pocket.

The bullet did enter his chest but Roosevelt continued to talk for an hour afterwards. Four distinguished Chicago surgeons were called to Milwaukee by special train. However, there was a change of plans and Roosevelt was to be brought to Chicago by train the next morning. Murphy maneuvered to meet the former President at the station in Chicago at 5 a.m. and had him comfortably settled in Mercy Hospital before any of his confreres learned of the Colonel's whereabouts. Although he won the patient's devoted friendship, it just furthered his animosity among the Chicago colleagues.

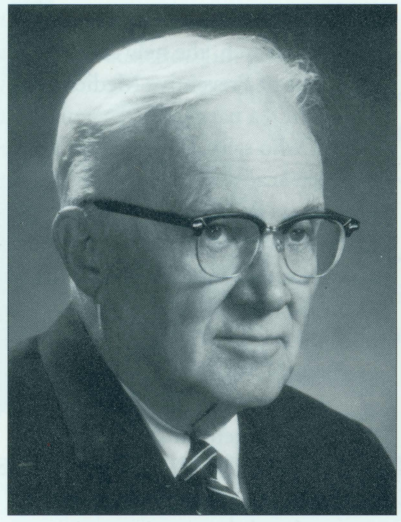
Another native son of Wisconsin was Franklin H. Martin who was born on a farm in Jefferson County. He too was a country school teacher, a housepupil of Dr. William G. Spalding at Watertown. He then went to Chicago Medical College and eventually gravitated into gynecology. He established a special medical journal called Surgery, Gynecology and Obstetrics and was instrumental in founding the American College of Surgeons in 1912.

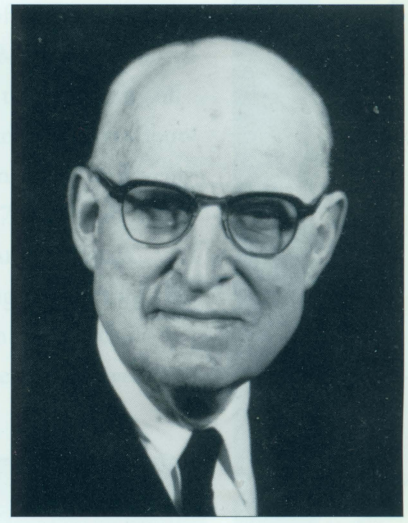
Another contemporary was Albert J. Ochsner who was born on a farm near Baraboo and he also taught at a district school before entering the University of Wisconsin. Following graduation, he entered Rush Medical College and studied in Europe. He was Professor of Surgery at Illinois for 25 years and was always associated with Augustana Hospital. He is best known for his seven papers on appendicitis in the first of which he recommended a large dose of castor oil if the patient was seen early. Fortunately, he subsequently removed the castor oil from the regimen and wrote a strong indictment against the use of cathartics.

A stepson of Wisconsin was Henry Palmer who came to Janesville in 1856. During the Civil War, he served as surgeon in the Iron Brigade and was taken prisoner by the Confederates but escaped during the Battle of Gettysburg. He subsequently became Surgeon General of the Wisconsin National Guard and was a professor at the College of Physicians and Surgeons in Milwaukee. He had two apprentices in 1878 and 1879 who gained renown. One was Daniel Williams, a black barber from Edgerton, who subsequently founded Provident Hospital in Chicago. There in 1893 he successfully operated on the heart of a patient who had been stabbed in a brawl. The other apprentice was Frank Pember, a founder of the Pember-Nuzum Clinic in Janesville.

From Norway came Christian Midelfart (the name was subsequently changed to Midelfort) who settled in Eau Claire and Adolph Gundersen who became the founder of the Gundersen Clinic in La Crosse. These family names are still prominent in American medical and surgical circles.

Although the University of Wisconsin Medical School began with the formation of the two year program in 1907, it was not until 1925 that the first junior class of 25 students was admitted. In 1920, the state legislature voted to permit some of the unused balance of remaining soldiers' funds for the construction of Wisconsin General Hospital as a memorial to the veterans of World War I. The first Professor of Surgery was Carl Hedblom, a skillful thoracic surgeon who came from the Mayo Clinic. He left for the University of Illinois just two years later and was succeeded by Dr. Erwin Schmidt whose entire life was devoted to his profession. He was tall and dignified and by simply walking into a patient's room, there was complete confidence. He made complete rounds every day and made a lasting impression not only on his patients but on the medical students and residents as well.





Left: Peter A.H. Midelfort, former resident, received the 1977 Medical Alumni Citation. Right: Erwin Schmidt left a lasting impression on patients as well as medical students and residents.

Wisconsin Network for

HEALTH POLICY RESEARCH

There's an old saying to the effect that the boundaries of the University of Wisconsin are the boundaries of the state–and beyond.

The Medical School, whose faculty members often study and teach in a variety of settings around the country and around the world, recently reinforced the concept when it formally created a research center whose mission is to join all state constituencies into a network that will address health policy issues. If it proves successful, it could function as a model for other states.

Called the Wisconsin Network for Health Policy Research, the new center is headed by Professor of Preventive Medicine David Kindig, MD, PhD, a nationally recognized health policy expert, who said, "We want to bridge the gap between academics, legislators and corporate policy makers by bringing together people and data focused on health policy issues of importance to all state constituents." Some states have schools of public health to fill this niche, Kindig added, but "we hope to build a school without walls."

Early Network projects will include:

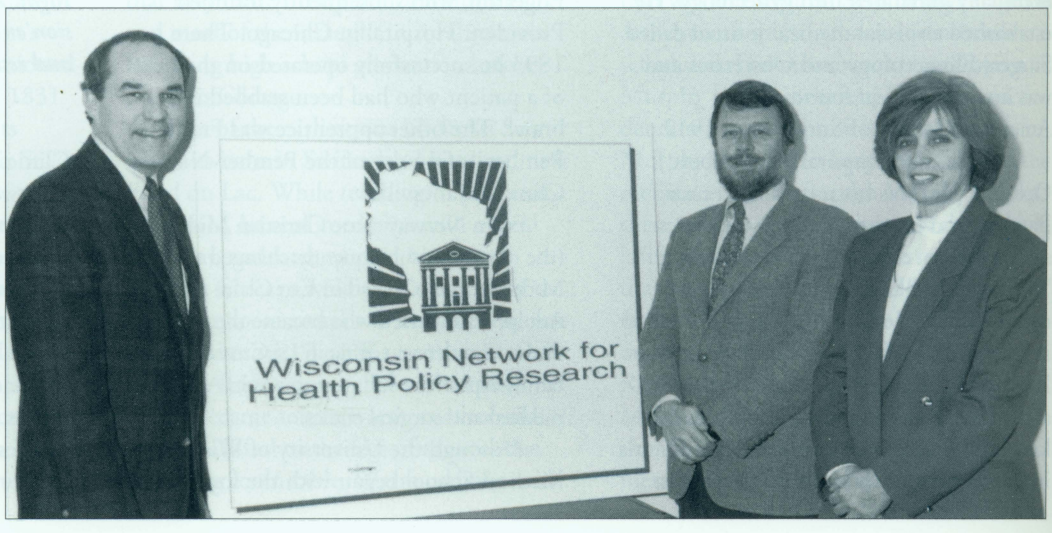
- ✓ evaluating the state's training capacity for generalist physicians
- ✓ state health information needs and systems
- ✓ and the practice environment for advanced-practice nurses and physician assistants in Wisconsin.

On campus, the Network seeks to enhance the collaborative relationships of more than 150 UW faculty and researchers interested in health services and policy research through activities such as policy research seminars, an e-mail distribution system to announce research and grant funding opportunities, a policy paper series, newsletters, and access to health-related databases.

In addition, the Network is actively reaching out to organizations and policy makers across the state. To ensure that it will continue to explore real-world issues, the Network has created an external advisory board consisting of organizations, groups and individuals with health policy interests. It includes people from instate and out-of-state health care organizations, legislators, consumer and corporate representatives, state health agencies, and even a journalist.

The advisory board provides advice on the selection of study topics it considers vital to the state, which the Network core staff and affiliated faculty then research. "These projects will provide the theoretical framework for recommending and evaluating policy decisions regarding health policy issues of importance to the residents of Wisconsin," according to Network deputy director Nancy Cross Dunham, PhD.

The availability of core funding from the Medical School provides the oportunity to examine key state policy issues for which grants and contracts would not likely be available, Dunham said.



Medical School Dean Philip Farrell, Professor of Preventive Medicine, David Kindig, and Deputy Director Nancy Cross Dunham announce the establishment of the Wisconsin Network for Health Policy Research.

Annual WMAA Milwaukee Winter Meeting

A bitterly cold Sunday, February 12, didn't keep the University of Wisconsin Medical Alumni away from the Winter meeting in Milwaukee. About 85 attended the function, held at the Wyndham Garden Hotel in Brookfield.

The day began with a Board of Directors meeting at 9 a.m.. Later, participants enjoyed a reception followed by a lovely brunch and program. President Henry Rahr welcomed the members, friends and Interim Medical School Dean Philip Farrell, who delivered the Medical School Report. Guest speaker Jim Bakken, Associate Director, Special Events UW Athletics, was introduced by President Rahr. He gave a very interesting talk about the challenges of intercollegiate athletics. Jim graduated from Madison Memorial High School and the University of Wisconsin-Madison, played football at the University and went on to play 17 years with the NFL St. Louis Cardinals.

Following the meeting, the hardy Alumni tried starting their cars in below-zero weather.

THE MEHARRY CONNECTION

Two dissimilar schools have forged an unique alliance that promises to enrich one another as well as the quality of medical care nationally.

At first glance, they seem to be unlikely partners–Meharry Medical College, a small, private, southern, historically black institution in Nashville, Tennessee and the University of Wisconsin, a large, northern, state institution where students and staff have typically been white. Yet these two schools have formed an alliance that aims to better educate the students of each and to begin to improve medical care throughout the country, especially to the poor and underserved.

"We are and always have been a mixed society," explained Professor of Family Medicine Gene Farley. "Neither school fully represents the mix of our country, but together we more nearly represent the nation's diversity, and we can benefit from each other."

The story of the Meharry connection began three years ago, when Dr. Farley was nearing the end of his tenure as Chair of the Medical School's Department of Family Medicine. Two Meharry faculty members asked him to consider directing a faculty development grant to prepare mid-career physicians who want to teach in programs which prepare people to serve the poor and the underserved. Wondering whether there was still a role in today's world for a historically black medical school with chronic financial troubles, Gene, along with his wife and collaborator Linda Farley, M.D., visited Meharry before committing to a sabbatical leave there.

In their week-long visit, the Farleys gained a better understanding of Meharry's important role in American medicine, particularly during the 100 years African Americans, regardless of qualifications, were not admitted even to public schools and colleges. "Historically, it has supplied a large percentage of African-American physicians for the country," Gene Farley said. "This is beginning to change because all other medical schools are now open to minority students. However, the reality is that many African Americans still feel more comfortable at an institution such as Meharry where they aren't confronted with subtle or non-subtle racism. Their top students compare well with the top students in any other medical school."

The Farleys' enthusiasm helped to bring about a linkage between Meharry and the UW Department of Family Medicine that is still continuing and evolving. In an initial move, Gene Farley accepted the position of Senior Clinician to facilitate recruitment and further development and implementation of the Faculty Development Program. For two years he divided his time between Nashville and Madison, first as part of a sabbatical leave, then as a contact between the two schools.

The goals of the Meharry-UW affiliation are both broad and specific. They aim to:

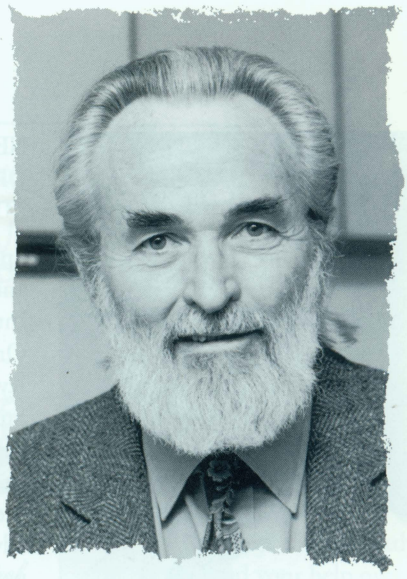
- Improve the ability of each institution to educate and serve the diverse peoples who make up the population of Wisconsin, Tennessee, the United States and the world.
- Improve the ability of each medical school to prepare physicians who can and will serve in health-care shortage areas and other places with need, which includes serving the poor and underserved.
- Improve the ability of both institutions to attract and retain qualified students, residents, fellows and faculty through development of cooperative educational, service and research programs difficult for either to accomplish alone.
- Improve UW-Madison's ability to attract highly qualified African-American students, residents, fellows and faculty.
- Increase the number of graduates of these two institutions who enter primary care.

Its goal is to develop a replicable community-based, life enhancement program that promotes significant reduction in the incidence of early pregnancy and child bearing, prevents sexually transmitted diseases and HIV, alcohol and other substance abuse, school dropouts, unemployment and homicide and violence among male and female adolescents between the ages of 10 and 17 residing in public housing.

The Faculty Development Program that Farley helped develop consists of ten generalists–four general pediatricians, four family practitioners and two general internists–who want to serve the poor and medically underserved. They focus on problem-based learning, community-oriented primary care, and a systems approach to practice management. Emphasis is placed on the development of strong practice-based, interdisciplinary, patient-care teams in which providers are paired to facilitate continuity of care and a better learning/teaching environment. The "classrooms" and "laboratories" for much of the learning, teaching and doing are the Cayce Community Health center, the greater community it serves, and the Nashville Metropolitan General Hospital, which is moving to Meharry's Hubbard Hospital facility. These sites are also used by Meharry's Family Practice Residency and pre-doctoral program with which the Faculty Development Program physicians are involved.

Future plans involve exchanges between the two schools at all levels–medical student, resident and faculty. Preliminary visits to prepare the way already have taken place.

Dr. Farley will retire this July, but he is confident that Dr. Nick Turkal, Associate Professor at the Department of Family Medicine's Milwaukee campus, will carry on the program as part of the Milwaukee campus's efforts to increase and improve residency experience in cross-cultural health care in underserved urban areas. Chair of UW Family Medicine John Frey also supports the Meharry-UW alliance. "It's committed people like them that will make the difference," Farley said.



Eugene S. Farley

I Have a Future

Dr. Farley has been particularly impressed by the "I Have a Future" program developed by Meharry School of Medicine's recent Dean Henry Foster. Its goal is to develop a replicable community-based, life enhancement program that promotes significant reduction in the incidence of early pregnancy and child bearing, prevents sexually transmitted diseases and HIV, alcohol and other substance abuse, school dropouts, unemployment and homicide and violence among male and female adolescents between the ages of 10 and 17 residing in public housing.

"I Have a Future" activities are practical and focused. They include honing skills such as good decision making and problem solving, conflict resolution, sports, violence prevention, family-life education, computer skills, art classes, creative movement and dance, peer counseling and more. Many of the activities accentuate personal responsibility, creativity, physical awareness and nutrition.

"The program has been extremely successful," Farley said, "and is a national model. Dr. Foster stresses that teens need to understand they have the potential for a bright future if they finish their education, improve themselves, learn to be good parents when the time comes but defer having babies until they are ready. He is someone who does not insist that people 'do it my way' but offers options."

"I Have a Future" was formerly directed by Dr. Henry W. Foster. Currently, Lorraine Williams Greene, PhD, is the Director. Dr. Greene has talked to UW Medical School audiences about the project at the request of Dr. Farley.

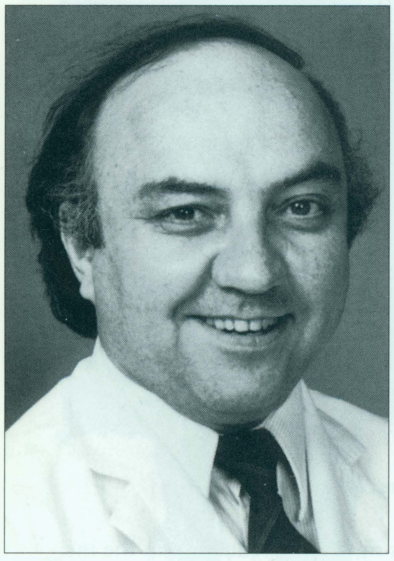
Meharry Medical College

*F*ounded in 1876, Meharry Medical College is the largest private, comprehensive historically black institution for educating health care professionals and scientists in the U.S. It consists of four schools:

- School of Medicine
- School of Dentistry
- School of Graduate Studies
- School of Allied Health Professions

Meharry includes several Centers of Excellence: Comprehensive Sickle Cell Center, Center on Aging, Center for Nutrition, Center for Tropical Diseases, and Research Center of Excellence in Cell and Molecular Biology. The school also conducts continuing medical education programs and several cooperative ventures such as I Have a Future Program, Area Health Education Centers Program, AIDS Consortium, Meharry Substance Abuse Unit, and partnerships with other schools such as Vanderbilt University and Tennessee State University.

Meharry Medical College is located in Nashville, Tennessee and has an enrollment of more than 800 students. Its faculty and graduates occupy several prestigious positions. Former Meharry President David Satcher, MD, PhD, for example, now heads the Centers for Disease Control. Dean of the Meharry Medical School Henry Foster was preferred for Surgeon General by President Clinton. (As of this writing, the fate of Dr. Foster was undecided.)



Hans Sollinger

NEW TRANSPLANT DRUG IS A MAJOR ADVANCE

Speaking to the fifteenth annual Congress of the International Society of Organ Transplantation in Kyoto, Japan, Professor of Surgery Hans Sollinger described a new anti-rejection drug, RS-61443, as the single most important advance for transplant patients since the introduction of cyclosporine. It reduces acute rejection in transplant patients by more than 50% with virtually no major side effects.

Sollinger began testing the drug in animals in 1988. Early studies in humans found the drug effective for kidney, heart and liver transplantation. The double blind clinical trial described by Sollinger involved more than 1,500 patients from the U.S., Canada, Australia and several European countries. Assistant Professor of Surgery Anthony D'Alessandro also has found that the drug prolongs the survival of small-bowel transplants in animals.

RS-61443 offers patients a better quality of life and may ultimately expand the number of patients who get transplants by reducing the need for re-transplantation due to graft failure, Sollinger said.

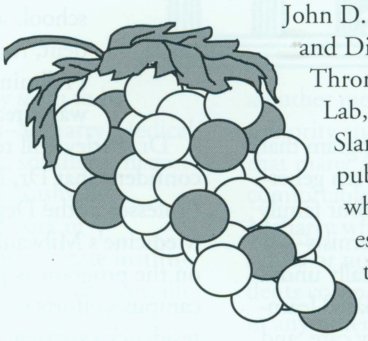
After further analysis of the research findings, the manufacturer of the drug will petition regulatory agencies for permission to market RS-61443.

INCREASED, BETTER FOCUSED RADIATION TREATMENT TESTED ON PROSTATE CANCER

Researchers at the UW Comprehensive Cancer Center and eight other treatment centers are preparing to add up to nine days to the standard 35-day radiation treatment for some men with localized prostate cancer in a five-year national study.

Radiation doses for treating prostate cancer have remained fairly constant for 20 years, according to Associate Professor of Human Oncology Mark Ritter, due to concern for radiation exposure to neighboring tissue and organs with standard techniques. The study with higher doses is made possible by technology that helps direct radiation more precisely to the target prostate. Thomas Rockwell Mackie, Associate Professor of Medical Physics and Human Oncology, directs the technical aspects of UW's research into the technology, called three-dimensional conformal radiation therapy (3D CRT), in which information from CT scans is re-calculated by computer.

GRAPE JUICE MAY REDUCE RISK OF HEART ATTACK



John D. Folts, Professor of Medicine and Director of the Coronary Artery Thrombosis Research and Prevention Lab, along with colleagues Peter B. Slane and Heather S. Demrow, published a study in *Circulation* which claimed that multiple glasses of purple grape juice may have the same anti-clogging effects that red wine and large amounts of alcohol do. The finding gives an easy way to prevent heart disease for those who choose not to drink alcohol or should not do so. This follows their report of a year ago that two glasses of red wine inhibit the clotting that can lead to coronary thrombosis by reducing the stickiness of platelets.

The researchers believe the beneficial substances are flavonoids, present in the skins, stems and seeds of grapes. Flavonoids also are present to varying degrees in beer (particularly dark beer) and some fruits and vegetables. By measuring platelet activity in the blood of subjects, they determined that it took three times as much grape juice to achieve the same preventive effects as red wine, which contains three times the amount of flavonoids as grape juice.

In 1974 Folts was the first to demonstrate that aspirin helps guard against heart disease by turning down platelet activity.

NEW TREATMENT FOR NEARSIGHTEDNESS USES UV LIGHT

The UW Hospital and Clinic's new Laser Vision Center is one of a handful of sites nationwide to test "cool" ultraviolet light to flatten the cornea by shaving off thin layers of cells to treat nearsightedness. The laser is precisely controlled by a computer to prevent deep cuts that could weaken the cornea. The procedure, known as photorefractive keratotomy (PRK), is currently being used on patients with obstructed vision due to shallow scarring of the cornea caused by corneal ulcers, infections from contact lens use and inherited corneal diseases. The laser treatment may reduce the need for corneal transplants by 20%. Later, the laser will be available to study participants with low, moderate and severe nearsightedness and to those with astigmatism.

The UW arm of the study, being conducted under FDA guidelines, is led by Professor of Ophthalmology and Visual Sciences Frederick Brightbill.

The Laser Vision Center also offers radial keratotomy (RK) to treat nearsightedness and astigmatism. In RK, cuts are made in the cornea by a thin diamond knife in a pattern that resembles bicycle spokes. The use of RK and PRK may one day make eyeglasses and contact lenses obsolete for many nearsighted people.

Our Readers Write

Dear Medical Alumni:

I recently returned to Madison after visiting several potential residency sites where I took advantage of the Alumni Host Program. Not only did I meet some great alumni and get a good feeling for the area, but I was able to save hotel money. Thank you so much for sponsoring the program. Once I get settled, I, too will become a host–somewhere.

I know I speak for all my classmates when I thank you for all the things you have made possible throughout our four years, like TGIFs, special occasions, Medical Student Association activities and the amazingly never quite empty candy bowl in the alumni office. (Sometimes the little things in life come along at just the right time.)

When I start earning a salary and begin to dig out of debt, I hope to contribute to the Association so that other students can also enjoy the alumni's efforts like we did.

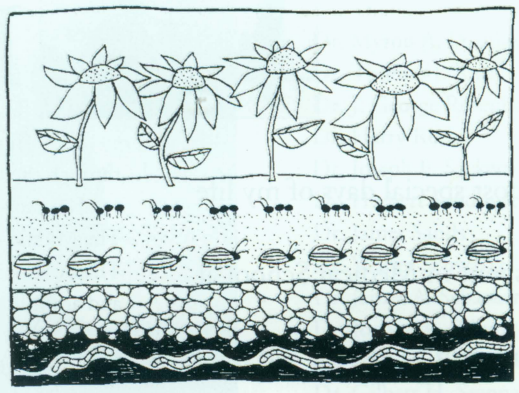
Shawn Kelley
Med IV

Dear Alumni Association,

This past holiday season, the Medical Student Association and friends at the Wil-Mar Neighborhood Center organized the third annual Family Holiday Project to benefit twelve local families. It was a great way to capture the spirit of giving after a hectic semester. Groups of medical students were matched with families for which they purchased and prepared food baskets. The baskets were delivered along with gifts donated by area merchants. All gifts were received with warm gratitude.

The project would not have been possible without the contribution of the Alumni Association. Their generous donation allowed the purchase of hams, wrapping paper and decorations. On behalf of the Medical Student Association and the entire Center staff, we would like to extend our thanks to the Alumni Association and students for making the project a great success.

Sincerely,
Will Aughenbaugh, Ryan Wubben



To the Members of the Medical Student Association:

On behalf of the staff of the Wil-Mar Neighborhood Center and the families who participated in the Family Christmas Project, I would like to thank you for all of your efforts putting together food baskets and delivering food and gifts. This year, Wil-Mar's Family Christmas Project served 55 children from 16 families. The project simply would not have been possible without the Medical Student Association. The staff of Wil-Mar are looking forward to your continued assistance next year.

Personally, I have greatly appreciated your help over the last three years. The members of the Medical Student Association have always been very helpful, generous, and cheerful. They have made my work here at Wil-Mar so much easier. I will be leaving Wil-Mar after this coming summer and will not be coordinating the Family Christmas Project next year. However, I will always look back on the Family Christmas Project as one of the best things in which I participated while at Wil-Mar. The food and gifts that were delivered were always needed and greatly appreciated by the families. It has been very gratifying

NECROLOGY

Jack D. Brownfield
(Former Resident Ophthalmology)
Fort Worth, Texas
July 17, 1994

Lisa Drabinowicz
(Former Resident Family Practice)
Springfield, Missouri
October 15, 1994

Lawrence L. Garner, '32
La Jolla, California

Donald R. Korst, '48
Hilton Head, South Carolina
February 4, 1995

Clifford C. Lardinois, '51
Huron, South Dakota
October 13, 1994

Arno Leshin, '33
Bay St. Louis, Mississippi
November 20, 1994

Leo C. McCampbell*
Blacksburg, Virginia
November 5, 1994

Ralph B. Pelkey, '35
Crivitz, Wisconsin
February 11, 1995

John K. Quinlivan
(Former Resident Plastic Surgery)
Eggetsville, New York
August 27, 1994

Emmett V. Richardson*
Marion, Virginia
August 23, 1994

Gregory N. Roeber, '80
Madison, Wisconsin
February 10, 1995

Dwight G. Sattler•
Kalona, Iowa
September 11, 1991

Donald W. Schulz, '56*
Manawa, Wisconsin
November 27, 1994

Raymond S. Simenson, '32
Appleton, Wisconsin
September 5, 1994

Harold J. Theisen, '30 (2 yr)
Cleveland, Ohio

David G. Welton, '35
Charlotte, North Carolina
January 13, 1995

**(Former Intern)*

MEDICAL ALUMNI DEVELOPMENT NEWS

by Eileen Murphy

In 1994, the Medical School experienced the most dramatic increase in private gifts to the school ever. Alumni and friends showed their support by contributing significantly to ongoing initiatives within departments and programs, supporting low-interest student loans, giving to scholarship funds, chairs and professorships, funding research projects and academic programs–and much more. The amount raised through the University of Wisconsin Foundation totalled more than $5.6 million.

The support shown by the membership of the Medical Alumni Association is extraordinary. The Middleton Society has nearly doubled. Bequests and estate gifts are on the rise, as well. The increase clearly indicates that the alumni understand the long-term needs of the school and are willing to make a commitment to help by supporting it.

Recently, the board of the Medical Alumni Association was asked to articulate what they feel are the greatest needs in the school. Those focus areas for fund raising for this year are now being formulated.

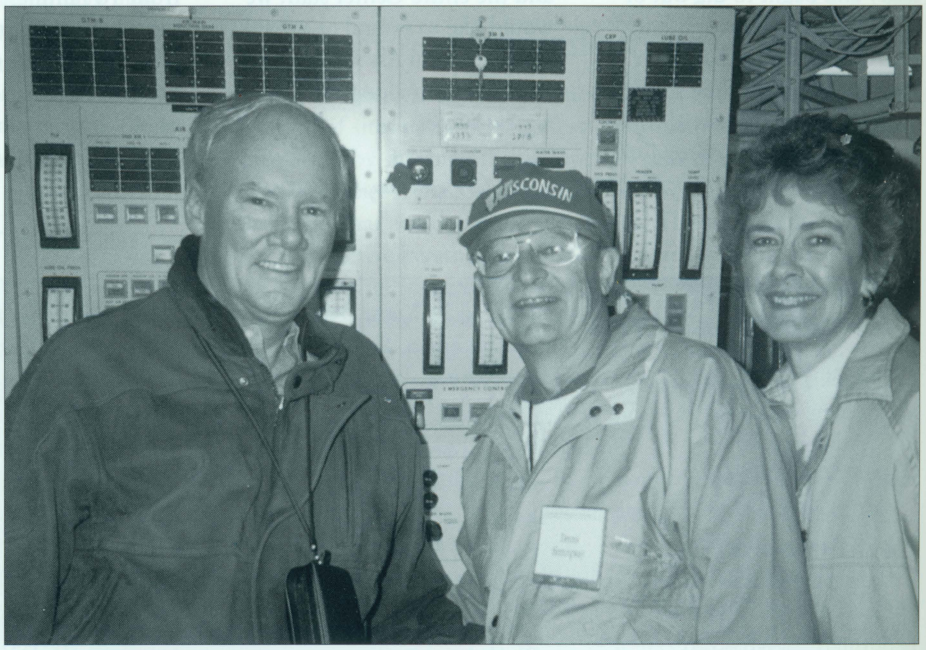
While the majority of donors know the specific area they want to support, others ask for direction. The group that remains constant in the ever changing arena of academic health care is the student. For this reason, the board has suggested directing major support in the coming year specifically to student needs. Those areas will be outlined in the next issue of the *Quarterly.*

The Medical Alumni Association and the University of Wisconsin Foundation have joined together in a partnership to encourage vital private support to medical school programs while assisting in reaching philanthropic goals. The work that has taken place in the past year is a positive reminder of how working as a team is the prerequisite for success. We look forward to continuing this work in the months to come.

At the request of a number of medical alumni, the Foundation will hold planned giving seminars designed specifically for physicians. In responding to that request Russell Howes, counsel for the UW Foundation and Director of Planned Giving will go out to Medical Alumni in the State and offer sessions in estate planning, with particular emphasis of the unique needs of today's physician. These free seminars are sponsored in partnership with the Medical Alumni Association.

"The most special days of my life were spent in Medical School at Wisconsin in Madison. We were the first class to occupy the new Bardeen building for basic sciences courses, which was very exciting. No more climbing many steps, up to the top floor of old Science Hall. We used an elevator and had beautiful new labs and equipment as well as a gorgeous new lecture hall with up-to-date audio visuals. As a class, 1961 felt quite lucky to start our medical careers in such wonderful facilities."

Mary Van Horn Pratt, MD '61
Chief of Ophthalmology
Veterans Hospital, Salem, VA



In February, Dr. Dennis Hemingway (MD '61) and his wife, Carol (BS '60) joined UW Foundation President Sandy Wilcox (left) for a day at sea on the missile cruiser USS Lake Champlain in San Diego. The Hemingways were among forty Wisconsin alumni, including Dr. Herbert Eisen (MD '46) and wife, Sally (BA '47) who were hosted for this event by the captain of the ship who is also a Wisconsin graduate.

THE MIDDLETON SOCIETY MEMBERS

The Society is formed to recognize its alumni, faculty and friends who contribute a one-time gift of $10,000 or $10,000 payable over a 10-year period to support the Medical School.

Dr. C. Joseph Anderson
Dr. Richard B. Anderson
Dr. Merne W. Asplund
Dr. Barry V. Bast
Dr. D. J. Beltran
Dr. Maxine E. Bennett
Dr. Theodore B. Berndt
Dr. Louis C. Bernhardt
Drs. Eugene and Dorothy Betlach
Dr. Jean Chapman Born
Dr. Alexander Braze
Dr. James W. Bringe
Dr. Henry W. Brosin
Dr. F. Martin Brutran
Dr. George T. Bryan
Dr. Kathryn S. Budzak
Dr. Ardis J. Candy DECEASED
Mr. and Mrs. Donald E. Cheney
Dr. Clarence P. Chrest
Dr. Renee R. Coulter
Dr. Andrew B. Crummy
Dr. Vincent H. Dahl
Dr. Frederick J. Davis

1995 MAJOR DONORS

$225,000 +
Julia O. Holmes Estate

$50,000 +
D.B. Reinhart Family Foundation

$10,000 +
Elan Pharmaceutical Research
John J. Redfern IV
Randall Redfern MacNaughton
Lewis A. Barness, MD

$5,000 +
Ocular Physiology Research Foundation
Nelson Milo Hagan
Carl Olson, MD '69
Jane R. Perlman
Florence E. Veatch

Dr. Alice McPherson (MD '51) noted Houston ophthalmologist and founder of the Retinal Research Foundation, will give the Commencement address to Wisconsin graduates at the 9:30 am ceremony on May 21, 1995. Dr. McPherson, first president of the UW Ophthalmology Alumni Association, funded the annual McPherson Lecture in the Department of Ophthalmology and Visual Sciences.

Dr. Richard K. Dortzbach
Dr. Robert F. Douglas
Dr. A. A. Drescher
Dr. James L. Esswein
Dr. V. S. Falk
Dr. Carolyn J. Farrell
Dr. James R. Ferwerda
Dr. Louis C. Fischer
Dr. James M. Fox
Dr. D. J. Freeman
Dr. Steven L. Goldberg
Dr. Richard S. Goodman
Dr. Harold E. Gries
Dr. Thomas M. Grist
Gilman E. Heggestad Memorial
Dr. Roger E. Henning
Dr. Ann B. Henschel
Dr. John P. Hermann
Mrs. Lola Gordon-Hickey
Dr. Thep Himathongkam
Dr. Marvin Hinke
Dr. John M. Irvin
Dr. Sture A.M. Johnson
Dr. John H. Juhl
Dr. and Mrs. Albert V. Kanner
Dr. Anthony L. Karpinski
Dr. Thomas J. Karras
Dr. Hugh A. Kennedy
Dr. John E. Kippenhan
Drs. Ronald and Barbara Klein
Dr. Edgar L. Koch
Dr. George M. Kroncke
Dr. John R. Larsen
Dr. Roger Laubenheimer
Dr. James W. Long
Dr. Rolf Lulloff
Dr. George E. Magnin
Dr. Dennis and Gail Maki
Dr. Eric R. Marcus
Dr. Jacobs H. Martens
Dr. W. Bradford Martin
Dr. Andrew A. McBeath
Dr. Milton R. Mc Millen
Dr. Alice R. McPherson
Dr. John R. Milbrath
Dr. David L. Morris
Dr. Irving I. Moskowitz
Dr. William C. Nietert
Dr. Kenneth H. Oberheu
Dr. Milford S. Ofstun
Dr. Carl E. Olson
Dr. Warren N. Otterson
Dr. John F. Pederson
Dr. Mary Ellen Peters
Dr. Thomas and Nancy J. Plank
Dr. Myron A. Pozniak
Dr. Thomas J. Rice
Dr. J. George Rosenbaum
Dr. Harry Roth
Dr. Joseph F. Sackett
Dr. Herbert Sandmire
Dr. James Sands
Dr. Walter Schwartz
Dr. James A. Sebastian
Dr. Joanne A. Selkurt
Dr. Michael J. Smullen
Dr. Gilbert H. Stannard
Dr. E. Richard Stiehm
Dr. Bruce J. Stoehr
Dr. Charles M. Strother
Dr. Loron F. Thurwachter
Dr. Palmer G. Tibbetts
Dr. Herman Tuchman
Dr. Mark A. Urban
Dr. Michael J. Urban
Dr. Barry H. Usow
Dr. John Vander Heyden
Dr. Raymond C. Waisman
Dr. Wilbert Wiviott
Dr. Robert G. Wochos
Dr. John B. Wyman

CURRENT EVENTS

May 15, 1995
Medical Alumni Reception
New York City
Host: I. Bernard Weinstein, MD '55
Speaker: Dr. Paul Carbone, UW Comprehensive Cancer Center

September 16, 1995
Tailgate Reception
Stanford University, CA
UW vs Stanford Football
Host: Donald C. Dafoe, MD '75

PLANNED GIVING SEMINARS
Designed specifically for Wisconsin Medical Alumni
Locations to be announced

If you are interested, please call Eileen Murphy at (608) 263-2202

27,33
34,82 **The Poser Clinic,** which began its practice of medicine in Columbus, Wisconsin in 1895, is celebrating its 100th anniversary as a family owned health care facility, the second longest practice in Wisconsin, second only to the Gundersen Clinic in La Crosse. The Posers who went to the Medical School include **Ed Poser** '27, a retired ophthalmologist, **John F.** '33 and **Rolf Poser** '34, and **Samuel G. Poser** '82.

47 If you watched the last Super Bowl game on TV, you probably noticed an advertisement that featured a Jeep stopping abruptly on its Goodyear Aquatred tires at the very end of a water-sheeted ski

Philips Bland

jump. The man called by the J. Walter Thompson ad agency to approve blueprints for the jump and to supervise its construction on an island off the coast of Vancouver was none other than our own **Philips Bland,** who has practiced in Westby, Wisconsin since 1952. Westby is a hub of ski jumping, with one of the four big ski jumps in the U.S.; it has hosted an annual international ski jumping competition since 1923. Doc Bland is team physician.

His proficiency in building ski jumps began in 1967 when the Westby hill needed to be reengineered. The world expert in ski-hill engineering traveled from Norway to Westby to guide the work, and young Dr. Philips Bland hung around to see how such a job was done. After a while he, too, became an expert in designing and building ski jumps, expert enough to become chairman of the engineering committee for the U.S. Ski Association. He's been called to Korea, Sarajevo, Sapporo, Lake Placid, Park City, Utah–wherever Winter Olympic competitions are or might be held– to offer his guidance and expertise in the fine art of making proper ski jumps. In the Westby area, he's still known for the fine art of healing.

Philips was WMAA President in 1963.

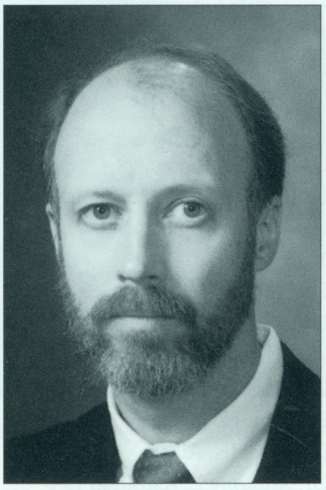
71 **Mary E. Wilson,** Chief of Infectious Diseases at Mount Auburn Hospital in Cambridge, Massachusetts and Assistant Professor of Population and International Health and Epidemiology at the Harvard School of Public Health, has published two major books in the last few years. She is the senior editor with Richard Levins and Andrew Spielman of Disease in Evolution: Global Changes and Emergence of Infectious Diseases (New York Academy of Sciences, 1994), a book

Mary Wilson

based on the 1993 Woods Hole workshop on emerging infections. Her book, A World Guide to Infections: Diseases, Distribution, Diagnosis, was published in 1991 by Oxford University Press.

Mary served on the Advisory Committee for Immunization Practices of the Centers for Disease Control from 1988 through 1992.

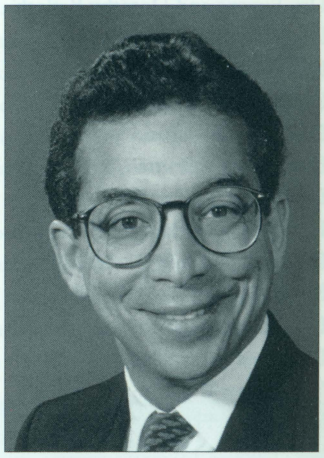
73 **Peter G. Anderson** presently serves as President of the 2,500-member Orange County Medical Association in Southern California. He also belongs to the Board of Directors of the Optima Health Authority, which will place Orange County's 300,000 Medicaid patients into a managed care system.



Peter Anderson

Peter, who lives in Newport Beach, just finished his 18th year as Director of the Emergency Department at Fountain Valley Regional Hospital.

Milwaukee urologist **Richard Boxer** has been appointed to the Medical College of Wisconsin's Health Policy Institute Advisory Board, made up of community leaders who form a bridge between the Institute and the community



Richard Boxer

so that policy concerns can be debated and discussed. He is chairman of surgery at St. Michael Hospital and past-president of the Milwaukee Urological Society.

Richard, a WMAA Board Member, is an active and distinguished cancer researcher and a political activist. Currently he is finance chair of the National Health Policy Council.

77 Continuing her volunteer work, **Diana Lardy** has been serving in Rwanda since mid-September as part of a relief team operating a medical clinic and feeding station 30 miles from Goma, the large

refugee camp on the Zaire border. She had been serving with Lalmba–a small relief agency–for the past two years in rural Kenya and went directly from Kenya to Rwanda as part of an emergency response team.

Previously, Diana did volunteer work in Senegal, Mexico and Guatemala.

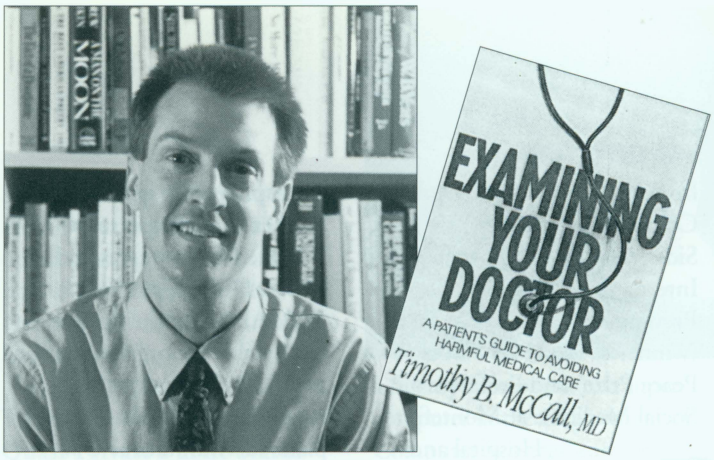
80 **Gail Amundson** has been named Associate Medical Director for Quality and Utilization Management in the Contracted Care division at HealthPartners in Minneapolis. She has worked at HealthPartners for 10 years,

Gail Amundson

most recently serving as Chief of Professional Services at the Group Health Maplewood Medical Center.

Gail, a member of the American College of Physicians, is board certified in Internal Medicine and has a certificate of added proficiency in geriatrics.

83 **Timothy B. McCall,** a Boston-area internist, has become a proficient writer in his spare time, contributing articles to the *New England Journal of Medicine* and *JAMA.* Most recently, he completed a book called *Examining Your Doctor (A Patient's Guide to Avoiding Harmful Medical Care)*, which is due out in May.



Timothy McCall

Dr. Arnold S. Relman, Editor-in-Chief Emeritus of the *New England Journal of Medicine* and Harvard Medical School Professor of Medicine wrote: "This is one of the few books of its genre that I can warmly recommend to the general public. It is honest, well-informed, and full of good, sensible advice." Another Harvard faculty member, Dr. Richard Feinbloom, was equally enthusiastic: "An easy-to-read, sophisticated discussion of how to judge the quality of your medical care and get what's best for you. Highly recommended for doctors as well as patients." Joe Graedon, author of the *People's Pharmacy,* had this assessment: "Timothy McCall understands people, and better still, he cares. *Examining Your Doctor* enables you to avoid the traps that lurk every time you visit the doctor. The drug chapter alone is worth the price of admission. Don't leave home without it."

84 **Gregory J. Schmeling** was inducted on February 16 as a Fellow of the American Academy of Orthopaedic Surgeons during ceremonies at the Academy's 62nd annual meeting in Orlando.

88 **Raymond T. Fedderly** recently completed a fellowship in pediatric cardiology at the University of Michigan after serving a residency at Baylor College of Medicine. He has been appointed Assistant Professor of Pediatrics at the Medical College of Wisconsin and he practices at Children's Hospital of Wisconsin. He is interested in new diagnostic and interventional techniques for congenital heart disorders.

91 **Tim Goltz** has just moved from Maine to New Mexico to practice as a family physician at the Crownpoint Indian Health

Tim Golz

House Staff

The Southern Medical Association recently selected M. Pinson Neal, Jr to receive its 1994 Distinguished Service Award. He is Professor of Radiology at The Medical College of Virginia where he has served in several other capacities such as Assistant and Interim Dean, Director of Graduate Medical Education, Director of CME, Vice-President Health Sciences Campus, and Provost for Health Sciences Campus, which includes six health professional schools and a 1,000-bed hospital. In 1982 he was President of the Southern Medical Association.

He served a residency in Radiology at the UW 1954-57.

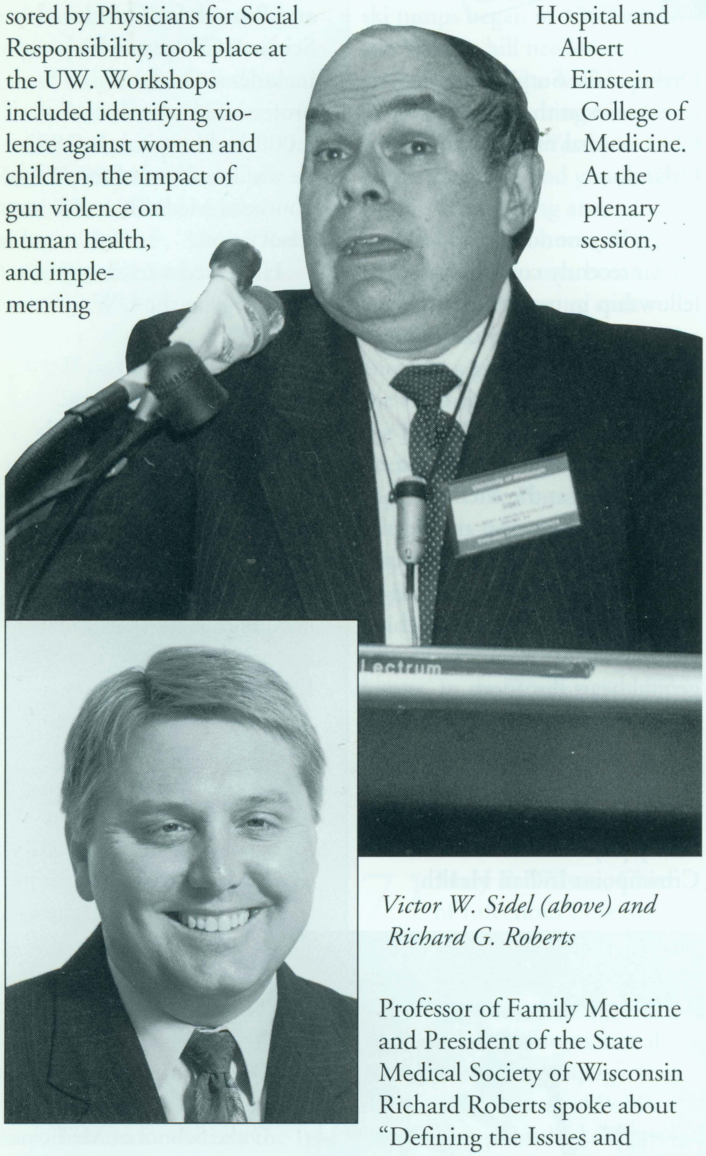
John M. Talmadge has joined Planned Behavioral Health Care, Inc. in Dallas as a staff psychiatrist specializing in addiction medicine. Previously he spent four years practicing community, hospital and emergency psychiatry and addiction medicine in Dallas. Before that, he was in private practice and also served as team physician for the Texas A&M football team and a health reporter for a TV station. He is continuing his studies as a candidate for a spiritual theology degree at the Anglican School of Theology, Dallas.

A graduate of Dartmouth College, he served a residency at Duke School of Medicine and was chief resident at the UW in 1975.

National Conference Focuses on Physicians' Preventing Violence

On the weekend of February 10-12, a national conference titled "Healing a Violent Society: Health Profession Students Take Action," sponsored by Physicians for Social Responsibility, took place at the UW. Workshops included identifying violence against women and children, the impact of gun violence on human health, and implementing a volunteer emergency room service for domestic violence victims. The conference's goal was to educate medical students to promote awareness and prevention of violence in society.

A panel on "Breaking the Common Thread of Violence from the Home to the Global Community" included Victor Sidel, Co-President of the International Physicians for the Prevention of Nuclear War (winner of the 1985 Nobel Peace Prize) and Professor of Social Medicine at Montefiore Hospital and Albert Einstein College of Medicine. At the plenary session,



Victor W. Sidel (above) and Richard G. Roberts

Professor of Family Medicine and President of the State Medical Society of Wisconsin Richard Roberts spoke about "Defining the Issues and Asking the Questions."

Attendees also learned about the role physicians can play in preventing ethnic violence, supporting relief efforts in a warring region, and collecting supplies to send overseas.

Transplant Survival Rates Higher Than Expected at UW

The Health Resources and Services Administration (HRSA, the federal agency responsible for organ donation and transplant programs) recently reported that transplant survival rates at UW Hospital and Clinics exceed expected rates in all transplant categories. The figures, verified and provided by the United Network for Organ Sharing, cover a period of 51 months and include data on 640 transplant programs.

The UW transplant program performs kidney, kidney-pancreas, liver, heart, lung, and heart-lung transplants.

Surgery Residents Volunteer in Ecuador

Plastic surgery residents Mark Mulkey and Steve Ozeran spent two weeks this past winter providing free plastic surgery to poor Ecuadorian children with congenital defects. They were volunteers for Interplast, an international organization of physicians and nurses who have visited Ecuador for more than 25 years. The residents brought with them donated medical supplies and hand puppets for the children.

Howard Johnson's Again Hosts Holiday Hospital Visitors

For the sixth year, owner Dan Nevaiser provided free rooms at the Howard Johnson Plaza Hotel for families of patients in Madison hospitals between December 20 and January 1. Families of UW Hospital patients accounted for more than 800 room-nights this past holiday season.

Nevaiser began the program in 1989 after a hospital stay of his own so that fewer patients would be alone during the holidays. The Howard Johnson Corporation picked up on the program, dubbing it Operation Care, and more than 150 motels across the country and in Canada participated in 1994.

Comprehensive Cancer Center Again Earns Accreditation

After a review spanning more than a year, the UW Comprehensive Cancer Center has once again received approval from the National Cancer Advisory Board and the National Cancer Institute. Requirements for comprehensiveness mean that the center has a strong core of basic laboratory research in several fields; a strong program of clinical research; an ability to transfer research findings into clinical practice; regular participation in NCI-designated high-priority clinical trials; cancer prevention and control research activities; and outreach and educational activities. The UW CCC approval is effective through March 1998.

There are 26 other cancer centers in the nation designated as comprehensive.

NFL and Others Contribute to Children's Hospital School

The Madison Chapter of the National Football League Alumni, along with other Madison area companies, contributed to several improvements in the UW Children's Hospital School, a facility that enables pediatric patients to keep up with their school work

in a more normal atmosphere while they recover. The NFL Alumni Chapter has donated more than $300,000 in the past eight years to benefit patients and families at the hospital.

UW Physicians to Vote on Reorganization Plan

A plan to create an integrated group practice for Medical School faculty physicians will soon be submitted to clinical faculty for a vote. If approved by two-thirds of the number of faculty members who return ballots, the plan would be presented to the UW Board of Regents for formal approval. The current Clinical Practice Plan encompasses 14 distinct partnerships, one for each clinical department. The funds generated from clinical practice help support research and teaching.

Proponents say the new entity, called the UW Medical Foundation, would provide for better coordination and more flexibility in a changing marketplace, and it will help to strengthen the patient base and clinical activity. Many facets of the potential changes such as faculty compensation are not yet settled.

Other academic medical centers have moved in this direction and more plan to do so.

Ophthalmology Ranks High in Research Funding

The Department of Ophthalmology and Visual Sciences has again ranked second in the country in NIH ophthalmology research support and other grants. The Department received $5.8 million in 1994.

Wisconsin Governor Backs Quasi-Private Public Status for Hospital

Wisconsin Governor Tommy Thompson has proposed that the UW Hospital and Clinics be turned into a quasi-private public institution (authority) effective July 1, 1996. The new authority, under the oversight of a nine-member governing board (five of them appointed by the governor) who could buy, receive, lease or otherwise acquire properties and services without approval, and it could issue its own bonds up to $90 million without authorization from the state Building Commission. Hospital workers would become authority employees no longer on the state payroll. It is anticipated that such changes, along with other reorganizations, will give the Hospital the ability to quickly adjust to the rapidly changing medical environment and thus compete more effectively.

Powerful New Microscope to Explore Nervous System

A super-computer-linked microscope was recently installed in the new Keck Laboratory for Neural Imaging in the Medical School's Medical Sciences Center. The confocal microscope lets scientists construct and view three-dimensional images, which are created, stored and displayed on a computer and may range from parts of single nerve cells to integrated circuits in the brain. The instrument, linked through a fiberoptic network to a supercomputer in the Department of Computer Sciences, can perform large numbers of calculations simultaneously, known as parallel computing.

Professor of Ophthalmology and Director of the Center for Neuroscience Ronald Kalil explained that parallel computing ability allows the computer to process complex images of the brain and nervous system captured by the microscope in real time, and hence lets researchers analyze them immediately.

The Keck Laboratory was funded by a $330,000 grant from the W.M. Keck Foundation of Los Angeles, one of the nation's largest charitable organizations with primary interests in education, science, engineering and medical research.

Transfusion Program Is Re-Accredited

The Transfusion Service at the UW Hospital and Clinics has been re-accredited by the American Association of Blood Banks (AABB) following an intensive on-site inspection. The Hospital and other member facilities of the AABB, which includes the Red Cross, are responsible for collecting virtually all of the nation's blood supply and for transfusing more than 80% of blood used for patient care in the U.S. The UW Hospital alone transfuses about 65,000 units of blood and blood products annually.

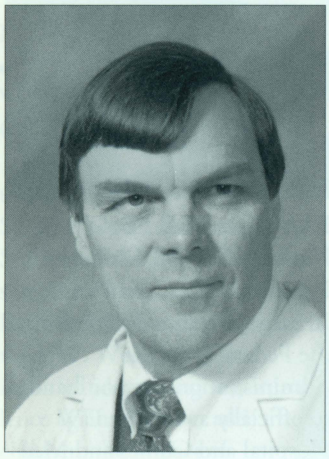
FAA Gives Med Flight Nation's Second Global Positioning System

In early January, officials from the Federal Aviation Administration were on hand to officially award the UW Hospital and Clinics and Med Flight the nation's second Global Positioning System (GPS), a navigation aide that uses information obtained from 24 satellites 11,000 miles above the earth to provide Med Flight pilots with an extremely accurate approach to the Hospital. Med Flight can now respond to more medical emergencies and arrive more quickly at the hospital in spite of certain poor weather conditions.

Nationwide, about 50 hospitals with critical care facilities have applied for GPS designation.

UW-Madison Ranks Among Top Recipients for Research Awards

The UW-Madison continues to be among the top U.S. universities in attracting federal and non-federal money for research. In 1993-94, the University received $240 million in federal research awards and $87 million in non-federal research awards. A record 57 faculty members attracted $1 million or more in grants during the time period. About 31% of the research funds were accounted for by Medical School investigations.



Richard L. Atkinson

Endocrinologist and obesity expert **Richard L. Atkinson** joined the Medical School this year as Professor of Medicine and head of the new Beers Clinical Nutrition Center, established through a $1.8 million grant from the Wisconsin Alumni Research Foundation. The Center will focus on research, continuing medical education, treatment, and health care policy as it affects nutrition.

Atkinson is particularly interested in treating obesity like many other chronic diseases–with medication. He heads a study with a group of physicians in North Carolina in which 1,200 patients weighing an average of 215 pounds are being treated with two anti-obesity drugs, phentermine and fenfluramine; this represents the longest study to date on the drug combination, and results so far are positive.

Atkinson emphasizes that a sensible low-fat diet, exercise and behavior modification remain instrumental in maintaining a healthy lifestyle regardless of weight. Those with genetic deficiencies, however, may also need the help of drugs so that they can enjoy eating food like others do.

He is President of the American Society for Clinical Nutrition and Chair of the Nutrition Study Section of the NIH. Formerly he was President of the North American Association for Study of Obesity. He comes to the UW from the Eastern Virginia Medical School, where he was Professor of Internal Medicine, Chief of the Division of Clinical Nutrition, and Associate Chief of Staff for Research and Development.

Editor's note: The University of Wisconsin has long been a leader in the field of nutrition–but always in the Ag School. Now, finally, the Medical School has added nutrition to its curriculum.

Chairman of the Department of Surgery **Folkert Belzer,** who has been Chief of Surgery since

Folkert Belzer

1974, will leave at the end of the spring semester for health reasons. He has made major contributions to organ transplantation, and he led the development of a solution that preserves organs while they are being transported from donor to recipient; use of the UW solution has greatly facilitated organ transplantation. Belzer, listed in the 1994-95 edition of "Best Doctors in America," has published more than 550 papers concerning liver and kidney transplantation.

Peggy J. Farnham, Associate Professor of Oncology at the McArdle Laboratory for Cancer Research, was selected to serve as a study section member in the NIH division of research grants. She will serve through June 1998.

Farnham's research focuses on signaling mechanisms in normal and cancerous cells.

The UW-Madison Teaching Academy inducted 35 faculty and academic staff members as fellows on October 12 to signal the beginning of serious deliberation and discussion sessions concerning topics such as innovations in instructional technology, instructional preparation for new and veteran teachers, curriculum content, peer review and student evaluations, and celebration of "the excellence and expertise of teaching at UW-Madison." Academy Fellows hail from the UW's nine major schools and colleges.

The first of its kind in the Big Ten, the Academy is designed as a "gathering place for teaching scholars" to discuss complex teaching issues unique to a large research university. Although other universities are engaged in similar efforts, the UW Academy is considered the most comprehensive.

Medical School inductees are: Professor and Chair of Anatomy **John K. Harting;** Professor of Pediatrics and Associate Dean **Sheldon D. Horowitz;** Professor of Medicine **Norman M. Jensen;** Associate Professor of Medical Genetics **Raymond Kessel;** Associate Professor of Family Medicine **Patrick E. McBride;** and Associate Professor of Medicine **Bennett S. Vogelman.**

Last November, UW Comprehensive Cancer Center Director **Paul Carbone** received the Health Medal of

Paul Carbone

the First Order from the government of the Republic of China in recognition of his significant aid in establishing and improving training in clinical cancer research. He visited and worked in Taiwan and encouraged other oncologists to do the same. Carbone also has facilitated exchanges between Taiwan and UW research universities and promoted collegiate relationships among academic oncologists worldwide.

Tim Baker, Doug Jorenby and Michael Fiore received a grant from the National Institute on Drug Abuse so that more information on how to treat smoking cessation can be developed for primary care physicians to use in their practices. The project, Matching Patients to Smoking Treatments, will study 560 patients, all of whom will receive nicotine patch therapy. In addition, participants will be randomly assigned to receive skill training, supportive counseling, skills and support, or a placebo treatment. It is hoped that the results of the study will give physicians an easy-to-use rule that will allow them to suggest optimal quitting strategies to their patients.

Associate Professor of Psychiatry **Ruth Benca,** an expert in sleep disorders, received two research grants to study the psychobiology and other aspects of sleep disorders. The National Institute of Mental Health (NIMH) awarded her $437,000 over four years to explore the neuromechanisms by which light changes behavior, a study that could lead to a better understanding of how light therapy works and improve treatment for those with sleep disorders, including shift workers and people who suffer from depression. She also received a $423,000 Research Scientist Development Award from the NIMH to support her sleep-related research over a five-year period.

Craig T. January, MD, PhD, has been named head of cardiology at the Medical School and UW Hospital and Clinics replacing A. James Leidtke, who remains in the department.

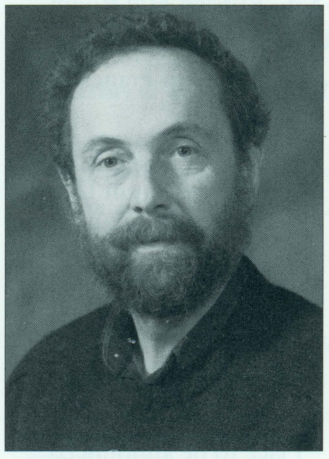
January, a faculty member at the University of Chicago Medical Center for 12 years, was acting chief of cardiology from 1990-92 and program director of the Cardiology Fellowship Training Program since 1990. His research in treating arrhythmias has focused on mechanisms that trigger certain types of arrhythmias, in particular the movement of calcium ions into heart cells, and new strategies for treating patients.

He is a member of the NIH Cardiovascular and Renal Study Section and the Basic Sciences Council of the American Heart Association. He also is a fellow with the American College of Cardiology, the American Board of Internal Medicine, and the Subspecialty Boards in Cardiovascular Diseases.

Masood Akhtar was named President Elect of the American Heart Association. He is Professor of Medicine at the UW Milwaukee Clinical Campus as well as Director of the Arrhythmia Service and Clinical Electrophysiology at the Milwaukee Heart Institute, Sinai Samaritan Medical Center and Staff Electrophysiologist at St. Luke's Medical Center. He also practices at Bellin Memorial Hospital, Green Bay, St. Elizabeth Hospital, Appleton, Theda Clark Regional Medical Center in Neenah, and Lutheran Hospital in La Crosse.

Scott Spear has joined the University Health Services as Associate Director for Clinical Services and Assistant Professor of Pediatrics. He came from the University of Texas Student Health Center, where he was physician coordinator for clinical research and academic liaison.

Professor of Neurology and Director of the UW Pain Research Group **Charles Cleeland** was chosen as President-Elect of the American Pain Society (APS), a national chapter of the



Charles Cleeland

International Association for the Study of Pain. The APS consists of more than 2,500 clinicians and researchers who have joined forces for "advocacy for the patient in pain,

Paul Bertics

whatever the cause, and excellence in pain management, whatever the modality."

The UW Pain Research Group, founded by Cleeland, is widely recognized for its interdisciplinary research into cancer pain and its treatment.

The National Institutes of Health appointed two faculty members to the Division of Research Grants. Professor of Human Oncology **Catherine Reznikoff,** who also belongs to the UW Comprehensive Cancer Center, will serve on the Chemical Pathology Study Section, and **Paul Bertics,** Associate Professor of Biomolecular Chemistry, will serve on the Cellular Biology and Physiology Study Sections.

Two members of the Department of Ophthalmology and Visual Sciences received major awards from Research to Prevent Blindness, the world's leading voluntary organization supporting eye research. They are **Paul Kaufman,** Professor and Director of Glaucoma Services, who received a Senior Scientific Investigator Award, and Assistant Professor **Robert Nickells,** who received a Career Development Award.

Correction

1993 HONOR ROLL & LIFE MEMBERSHIP

Listed in the Winter 1995 Quarterly

Middleton Society
Dr. and Mrs. Dennis Maki

Pace-Setter's
$1000 or more
Dr. and Mrs. Dennis Maki

Life Members
Steven R. Rettke, M.D.

Class of 1961
George M. Kopf, M.D.

Class of 1993
John R. Larsen, M.D.

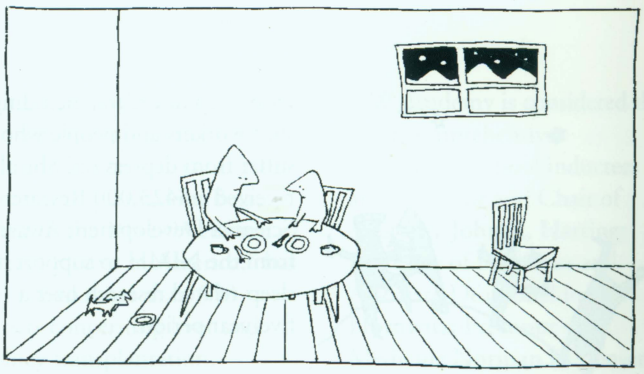
COMING EVENTS

May 8
American College of Obstetricians and Gynecologists
Wisconsin Reception
6-8 p., Russian Hill Room
San Francisco Marriott Hotel
San Francisco

May 19
Alumni Day
Madison

October 16 (tentative)
American Academy of Pediatrics
Wisconsin Reception
6:30-7:30 p.m.
Place to be announced
San Francisco

October 28
Homecoming
Tailgate and Game with Michigan State
Madison



CONTINUING MEDICAL EDUCATION

New Strategies in Heart Disease Prevention
April 7-8
Concourse

Maternity Care in America: Controversies in Family Medicine
April 20-21
Concourse

Annual Ophthalmology Postgraduate Conference and Alumni Day
April 20-22
Concourse

Nosocomial Infection Control
April 26-27
Edgewater

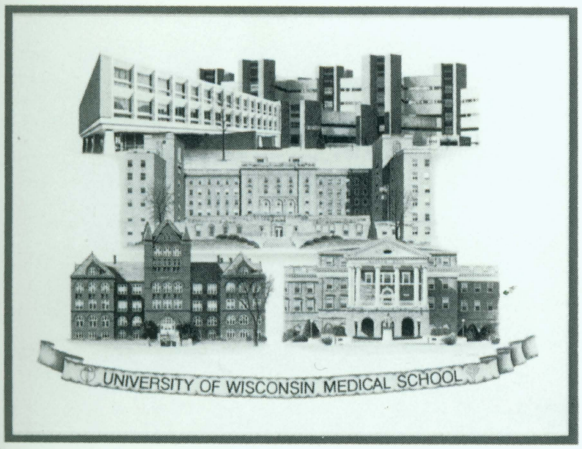
Geriatric Clinical Update
May 5-6
Edgewater

Sports Medicine Symposium
May 11-13
Holiday Inn West

State Cancer Pain Initiatives
June 15-18
Portland, OR

Gynecologic Oncology Conference Honoring Dolores Buchler, MD
June 2-4, 1995
Lake Lawn Lodge, Delavan, WI

NEW Medical School Diploma Holder




University of Wisconsin-Madison

The Board of Regents of the University of Wisconsin System,
on the nomination of the faculty, has conferred upon

[redacted]

The Degree of
DOCTOR OF MEDICINE

Together with all honors, rights, and privileges belonging to that degree.
In witness whereof, this diploma is granted.

Given at Madison in the State of Wisconsin
this twenty-third day of December in the year nineteen hundred ninety
and of the University the one hundred fortieth.

The Wisconsin Medical Alumni Association is now offering a handsome setting for your diploma. It includes the Robin Lauersdorf print of Medical School Buildings and a space in which you insert your own diploma, each trimmed in Wisconsin red. The 17 1/2" x 23" white mat background is surrounded by a red or silver metal frame. For $88.00 plus shipping and handling of $10 in the continental United States.

ORDER FORM

_____Diploma Holders @ $88.00 $ _____

Frame Choice _____ Red or

_____ Silver

Shipping & Handling @ $ 10.00

Total $ _____

Allow three weeks for shipping.

I wish to use my ☐ Visa ☐ MasterCard

My Charge Number Is _____

Expiration Date _____

Enclosed is my Check for $ _____

(Payable to the
University of Wisconsin Medical Alumni Association).

*The proceeds from your purchase help support the various **W**isconsin **M**edical **A**lumni **A**ssociation programs.*

NAME _____

ADDRESS _____

CITY _____

STATE, ZIP _____

Send Form and Check to:
Wisconsin Medical Alumni Association, Inc.
Room 1250, 1300 University Avenue
Madison, WI 53706–1532

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

Wisconsin Medical Journal
Box 1109
Madison, WI 53701

UW

Outline for
DIRECTING CONTRIBUTIONS

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

UNDIRECTED CONTRIBTION–this will go to the general University Funds and can be used anywhere the University decides–i.e., Law School, Music School or General Operations.

DIRECTED CONTRIBUTION–this will go wherever you designate. It is hoped that primary consideration be given to:

A. The UW Medical Alumni Association
   1. *Unrestricted*–this can go into general operating funds to be used as directed by the Board of Directors for student activities, class reunion planning, The *Quarterly,* receptions at national meetings, student or teaching awards and other regular activities.
   2. *Restricted*–this can go to a Class Fund, the low interest student loan program, scholarships, guest lectures, Medical School teaching or research programs or any other specific project of the Medical Alumni Association.

B. The UW Medical School
   1. *Unrestricted*–this goes into the general fund of the Medical School to be used for building, equipment, teaching, etc.
   2. *Restricted*–this can go to a Department, an activity such as the Cancer Research Center, or a specific such as an endowed Professorship.

YOUR CONTRIBUTIONS ARE GENEROUS AND APPRECIATED. The purpose of this outline is to make sure that your contribution gets to the place you originally intended, and is used for the purpose that you had in mind when you contributed. If there are any questions, call 608-263-4915.