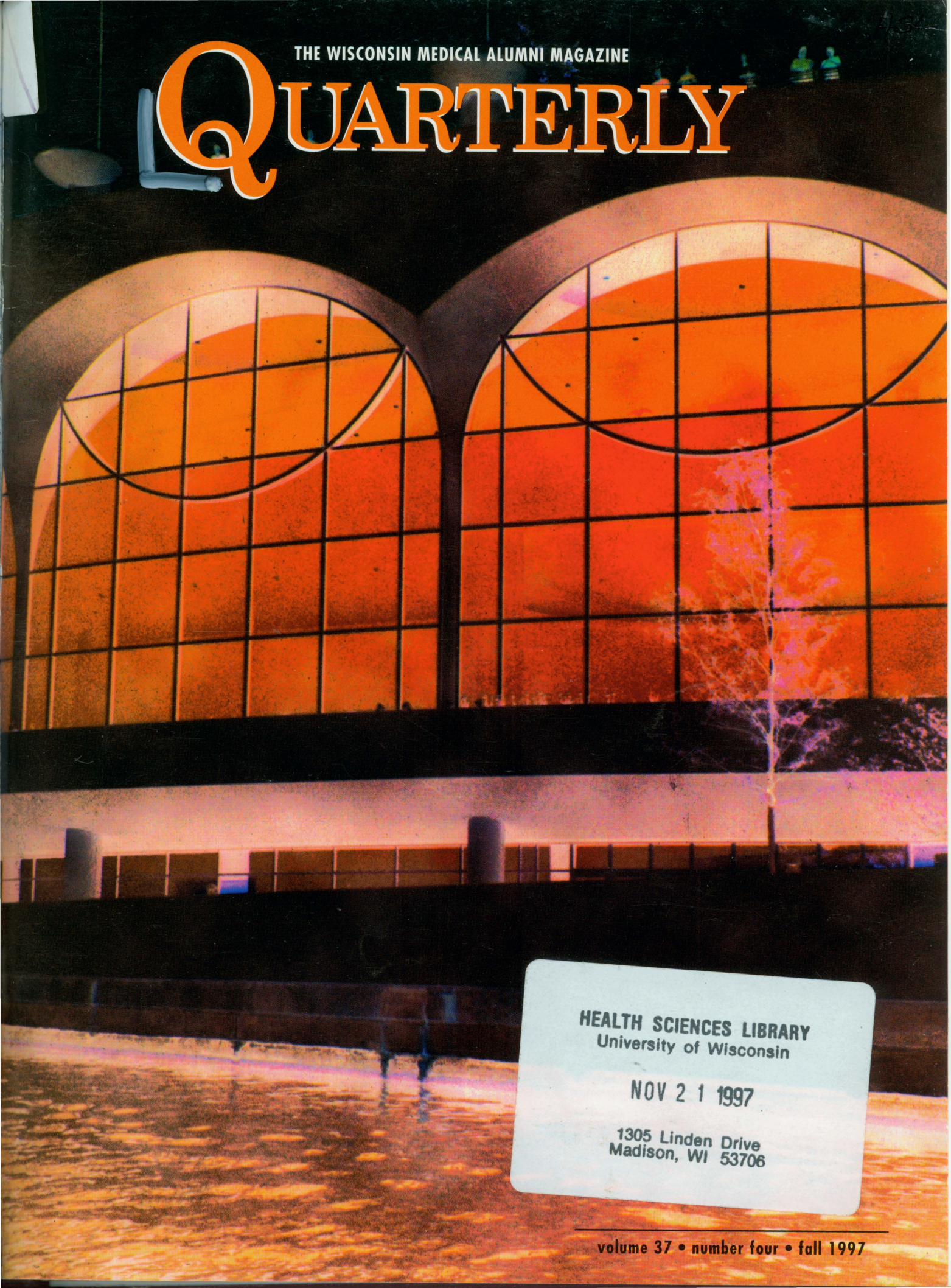


THE WISCONSIN MEDICAL ALUMNI MAGAZINE

# QUARTERLY



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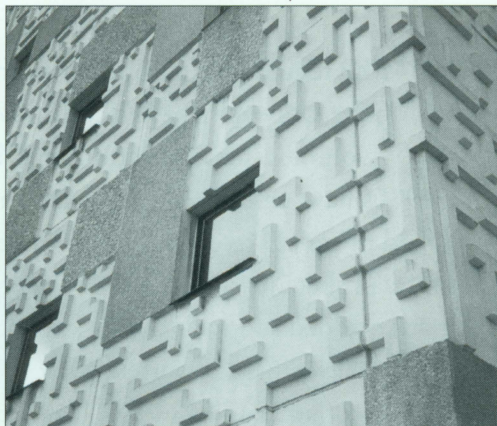
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The new Monona Terrace  
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# The Progress of **CANCER** **RESEARCH** and **TREATMENT** at the Medical School

**"Down the ages, cancer has been the most hideously persistent and the most persistently hideous enemy of mankind. For every body that is killed by the fact of cancer, multiplied thousands of minds are unnerved by the fear of cancer. What cancer, as an unsolved mystery, does to the morale of millions who may never know its ravage is incalculable... Nothing but the actual conquest of cancer itself will remove this sword that today hangs over every head."**

*University of Wisconsin President  
Glenn Frank September, 1936*

The remarkable chronicle of cancer research and treatment at the University of Wisconsin Medical School could fill many volumes, for innovations and breakthroughs that began in the 1930s have continued to the present. On the eve of a new era in the field of cancer research at the University, the *Quarterly* presents thumbnail sketches of some UW scientists and their achievements that have added so much to our knowledge of how cancer cells begin and how they can be thwarted. We can present only the barest minimum of accomplishments, but keep in mind that many of these scientists have determined much of the rationale and thrust of cancer research around the world.

## **The Beginnings of Laboratory Oncology at the UW**

In the early years, Dr. Harold Rusch, who received his M.D. and further training at the Medical School, stood out. With an uncanny knack for choosing bright young scientists, he was responsible for founding and developing the McArdle Laboratory for Cancer Research (later also called the Department of Oncology) as well as the Clinical (now Comprehensive) Cancer Center several years later, both of which he directed.

(The presence of the McArdle Laboratory and the UWCCC make the UW-Madison the only campus in the country with two distinguished, NCI-approved cancer centers.)

A gentle, soft-spoken, somewhat slight-built man, Dr. Rusch was nonetheless a giant in establishing the UW as a world-renowned pioneer in the cancer field. He would frequently travel to Washington, D.C., around the state and to other sites, returning to Madison with promises of sufficient funding to further cancer research on campus. He knew the field intimately and could convince others — even politicians — of the benefits that would eventually derive from investing in solid research. This was an extraordinary feat on Harold Rusch's part; before World War II, less than \$0.5 million was spent annually for cancer research in the entire world, and there were very few centers specifically devoted to cancer research.

Besides his talents as an administrator and master persuader, Dr. Rusch also contributed scientifically to the field. In 1939, for example, he showed that a high-fat or high-calorie diet hastened the production of cancer in mice, and in 1941 he found the wavelengths of ultraviolet light that cause skin cancer. Later, he established a lab to investigate the primitive slime mold *Physarum polycephalum*, which has both a vegetative stage and a differentiated stage, somewhat analogous to relatively undifferentiated cancer cells and differentiated normal cells.

The founding of the McArdle Laboratory proved to be an auspicious move. It was the first basic science cancer center in an academic institution in the U.S. and one of the first in the world. At McArdle, capable scientists were allowed to pursue their areas of interest in an unusually collegial, cooperative milieu. Over the years, the results of their work have been gratifying. Investigators from around the world would visit the laboratory — and they still do — to look into the many projects that had taken root there and to consult with the researchers, and generations of students and postdoctoral fellows spread the spirit of McArdle far and wide. For several years, McArdle was one of a kind.

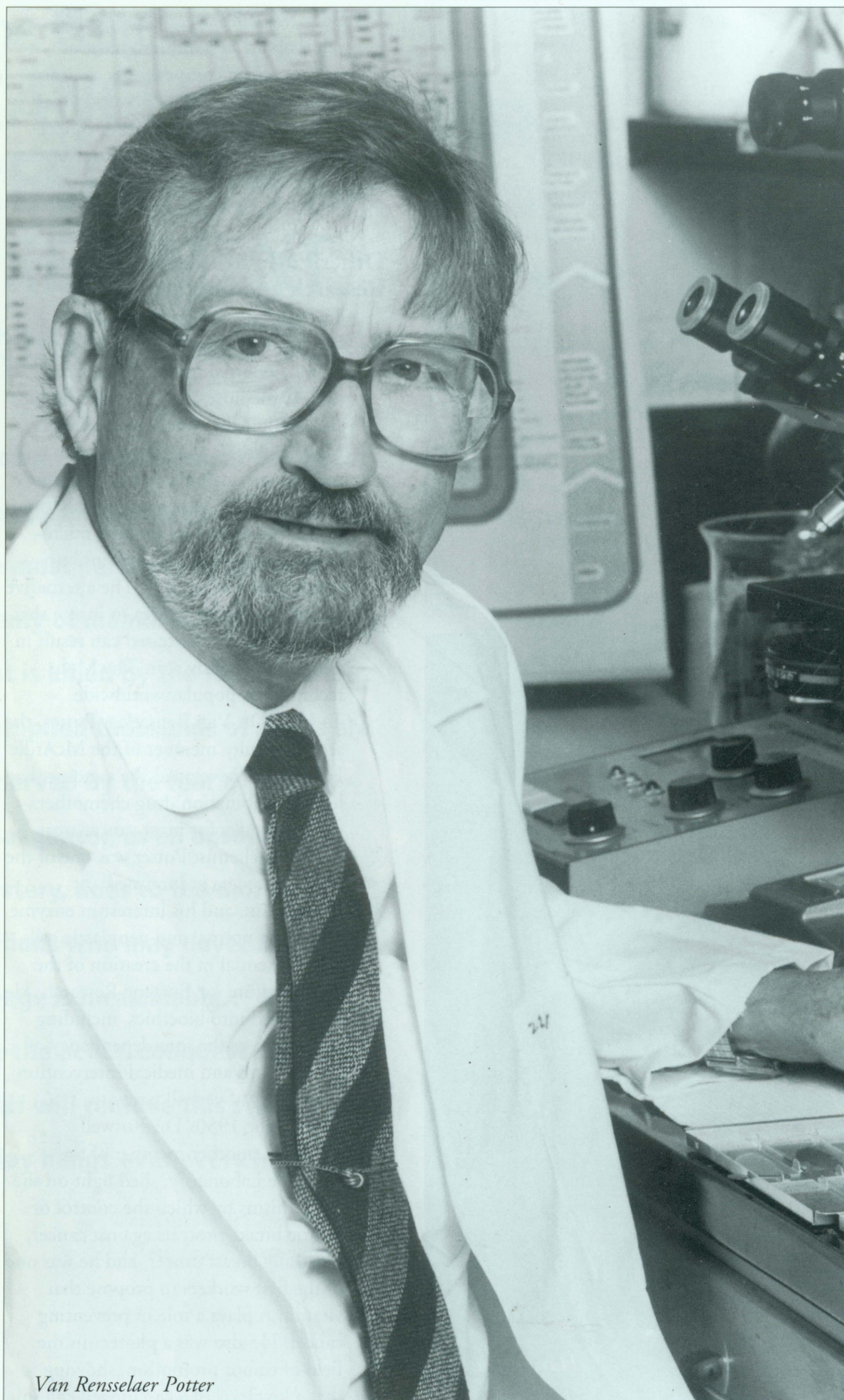


*Harold Rusch*

Today McArdle's yearly budget for research is about \$13 million, most of which comes from competitively awarded federal grants. Its investigators study the molecular biology and genetics of cancer-triggering viruses, chemicals that activate cancer at various stages, and factors underlying the growth of tumor cells.

### **Other Early Milestones in Cancer Research and Treatment**

- In the 1930s Dr. Frederick Mohs developed a surgical technique to remove external tumors from areas such as the nose, lips and other visible sites. Originally called chemosurgery, Mohs Micrographic Surgery relies on meticulous small dissections to remove cancerous cells, which are quickly processed and examined under a microscope; material is removed until no cancer cells can be seen. The alternative of removing a larger area to insure that all of the cancer is excised can result in a bigger, unsightly scar. The Mohs technique is popular worldwide.
- In 1951 Dr. Van Rensselaer Potter, the second faculty member of the McArdle Laboratory, developed the concept that led to combination drug chemotherapy, used today for most cancer treatment. Biochemist Potter was one of the nation's leaders in intermediary metabolism, and his interest in enzyme activity in normal and neoplastic cells was influential in the creation of the UW Institute for Enzyme Research. He also delved into bioethics, including issues such as the interdependency of all life forms and medical intervention in the lives of very ill patients.
- During the 1950s Dr. Roswell Boutwell, another member of the McArdle Laboratory, shed light on the mechanisms by which the control of calorie intake protects against cancer, especially breast cancer, and he was one of the first workers to propose that vitamin A plays a role in preventing cancer. He also was a pioneer in the field of tumor promotion, showing that a low level of a carcinogen can ini-



*Van Rensselaer Potter*

tiate a cancer but another substance can promote its growth, a process that can be reversed. Dr. Boutwell also served as Research Director for the Japan-U.S. Radiation Effects Research Foundation in Hiroshima, a position held by other UW scientists as well.

- One day in 1957 McArdle was abuzz with media representatives and others when Dr. Charles Heidelberger announced the synthesis of 5-fluorouracil (5-FU), the first rationally designed anti-cancer drug, still used today for certain cancers. From his metabolism work using radioactive isotopes, he reasoned that since thymine was incorporated into the DNA of growing cells in greater amounts than into nondividing cells, it might be possible to kill faster growing cancer cells by tricking them into incorporating a closely related but poisonous chemical that would interfere with growth. And he was right; 5-FU indeed interfered with thymine metabolism and thus inhibited cell division, as later shown in cancer patients by clinical oncologists at the UW Hospital. The further search for similar chemicals was off and running.
- The husband and wife team of Drs. Elizabeth and James Miller of the McArdle Laboratory found that most external chemicals that can cause cancer must be activated in the body before they gain the potential to become malignant — a key unifying concept in chemical carcinogenesis. They also demonstrated that external chemicals or drugs can influence the way the body uses other chemicals or drugs. The Miller's findings relating mutagenesis and carcinogenesis allowed other scientists to develop rapid tests to screen for potential cancer-causing agents, and their work showing the influence of liver enzymes on the way the body metabolizes foreign compounds led to a vast amount of research on drug metabolism and interactions.

- Dr. Derek Cripps, a dermatologist in the Department of Medicine, laid the foundation for the Food and Drug Administration's adoption of sun protection factor ratings now found in suntan and cosmetic products, a major advancement in preventing skin cancer.
- Dr. Fritz Bach from the Departments of Medical Genetics and Medicine developed the mixed leukocyte culture (MLC) test used to identify siblings as potential bone marrow donors. Later, Bach's team and one from the University of Minnesota used the methodology to simultaneously perform the world's first successful allogenic, or sibling-to-sibling, bone marrow transplants.
- In 1969 human oncologist George T. Bryan found evidence linking cancer in laboratory animals with the artificial sweeteners saccharine and cyclamates.
- In 1970 Dr. Howard Temin and his McARDle colleagues discovered reverse transcriptase, an enzyme that explains how retroviruses cause cancer and AIDS. Working with the Rous sarcoma virus, Temin speculated that an enzyme associated with RNA was involved with the synthesis of DNA. This was hard to accept for most scientists, who were convinced that information always flows from DNA to RNA. However, Dr. Temin soon was able to demonstrate that the RNA virus that caused the Rous chicken sarcoma did indeed code for DNA. For this discovery he shared a Nobel Prize with Drs. David Baltimore, who independently found reverse transcriptase, and Renato Dulbecco.

### The UW Comprehensive Cancer Center

In 1973 the University of Wisconsin Clinical Cancer Center (UWCCC) was formed, bringing together many UW cancer treatment experts and basic scientists to form one of the first university-based comprehensive cancer centers. The centers were created via the National Cancer Act of 1971 and recognized by the National Cancer Institute as focal points that were to excel in cancer research, care, education and prevention. Recognized for its interdisciplinary, team approach, the Center has earned an enviable reputation in each major area of cancer treatment — chemotherapy, radiation and surgery — and for serving the public. The UWCCC, for example, sponsored the nation's first Cancer Information Service (CIS), one of 19 designated outreach facilities of the National Cancer Institute. The Region 11 CIS responds to more than 1,300 calls each month from patients, family members and others seeking accurate, up-to-date information about cancer.

Today the UWCCC, now designated the UW Comprehensive Cancer Center, conducts more than 80 clinical trials at any one time.

The UWCCC team effort applies not only to cooperation among oncologists and basic scientists but also to collaboration with those in other disciplines. The CCC has worked extensively with the Institute on Aging, for instance, to try to fathom the idiosyncrasies of cancer development and progress among the elderly. The Center also maintains alliances with other campus entities in the spirit of sharing that is a hallmark of UW-Madison.



*Howard Temin*

### Other Milestones

- In the 1960s and '70s Dr. Henry Pitot, trained as a biochemist and pathologist, demonstrated that the environmental regulation of gene expression in primary and transplanted hepatocellular carcinomas was defective and significantly different from that in normal liver. A popular and skillful teacher, he also proved very successful as the Director of McARDle after Dr. Rusch resigned to head the CCC.
- During the 1970s and '80s Dr. Douglas Tormey from the Departments of Human Oncology and Medicine studied the use of the anti-estrogen drug tamoxifen, which decreases the chances of breast cancer recurring. His work drew upon the research of human oncologist and pharmacologist Dr. V. Craig Jordan, begun in the 1970s. The UWCCC conducted the first trials that proved the effectiveness of tamoxifen and taxol for breast cancer. In May of 1997, the National Cancer Institute announced the recruitment of the 13,000th and final woman to a key national study based upon Jordan's and Tormey's findings.
- In 1979, as headquarters for the Eastern Cooperative Oncology Group, led by Dr. Paul Carbone, the UWCCC developed pioneering studies involving adjuvant therapy, administering treatment when cancer is suspected but cannot be proven, for the treatment of breast cancer using tamoxifen and chemotherapy after surgery.



## More Recent Developments in Cancer Research and Treatment

In more recent years, the pace of cancer research at the University has accelerated as personnel and projects have increased. The research accomplishments listed below provide only a small sample of the wide range of research activities at the McArdle Laboratory and the UWCCC>

- In the 1980s researchers under the direction of Dr. Ernest Borden performed the first clinical trials using interferon produced by recombinant DNA.
- In the 1980s Bill Sugden, a McArdle professor, discovered the mechanism by which the cancer causing Epstein-Barr virus grows in infected human cells.
- William E. Dove and Amy Moser, McArdle Laboratory, isolated the mutant Min mouse, the first animal model for familial colon cancer.
- In 1984 Dr. Donald Trump conducted one of the first studies determining the safest and most effective dosage of taxol, a cancer-fighting drug derived from the bark of Pacific yew trees.
- Oncologist and neurologist Dr. H. Ian Robins in the 1980s developed a safe system to treat cancer with systemic hyperthermia. This approach, in

which the patient is heated to 107° F with radiant heat technology, was successfully used for the first time with radiation and immunotherapy.

- In 1986 Drs. Paul Carbone and Richard Love led the first clinical trials with difluoromethylornithine, a potential cancer preventive that slows an enzyme that stimulates tumor growth. UW colleagues are

now studying the drug's effect on bladder, prostate, colorectal and skin cancers. Dr. Love directed the first study in the U.S. to determine the long-term effects of tamoxifen on post-menopausal woman who have had cancer.

- For several years pediatrician and oncologist Dr. Paul Sondel and his team have been investigating recombinant Interleukin-2 in boosting the body's immune system in children with neuroblastoma and in adults with melanoma, lung cancer and kidney cancer.
- In studies between 1986 and '92, Dr. Edward Messing was the first worker to document that home screening for blood in the urine is feasible in detecting early stage urologic malignancies.
- In 1986, McArdle's Waclaw Szybalski and a Polish colleague discovered a chemical "scissors" that can cut DNA at specifically chosen sites, giving molecular biologists the ability to locate unidentified genes, diagnose genetic diseases, transfer genes and produce purer biochemicals.
- Dr. Catherine Reznikoff transformed commonly found human cells into an immortal, cancer-like growth in her laboratory in 1987.

- F. Michael Hoffmann and colleagues, using fruit fly genetics, identified two novel pathways that interact with the Abl gene, a common target in leukemia.
- In 1991, following more than 20 years of research into the carcinogen dioxin, Dr. Alan Poland and his McArdle associates cloned the CDNA for a soluble cellular protein, Ah receptor, that binds and transports dioxin and like-acting carcinogens, providing insight into the mechanisms of dioxin's effects on the cell.
- In 1992 Drs. Judith Stitt and Dolores Buchler of the UWCCC described the results of high dose-rate brachytherapy for treating cervical cancer with outpatient radiation therapy.
- McArdle Professor Dr. Jeffrey Ross isolated and characterized the first enzyme that regulates the stability of messenger RNA.
- In October 1985 the UWCCC and the National Cancer Institute began the world's first study treating patients with perillyl alcohol (a monoterpene), initially found in orange peel and lavender oil and discovered by UWCCC scientist Michael Gould. Monoterpenes appear to affect several cancers and may serve as cancer preventives.
- Dr. Richard Burgess, a McArdle scientist, found a new class of monoclonal antibodies that are ideal for rapid, gentle purification of unstable • McArdle Director Norman Drinkwater and his students identified three genes that determine the risk of developing liver cancer among inbred mice. The genes may serve as models for inherited factors that influence human cancer risk.
- In October 1996 Dr. David Mahvi and associates, in collaboration with scientists from a Middleton, Wisconsin biotechnology firm, launched the first test of "gene gun" technology in cancer patients. The gun-like device shoots new genetic commands into tumor cells, coaxing white blood cells to produce a strong immune response. The researchers

hope that such particle-mediated gene transfer may prove effective against aggressive cancers that are hard to stop and tend to return.

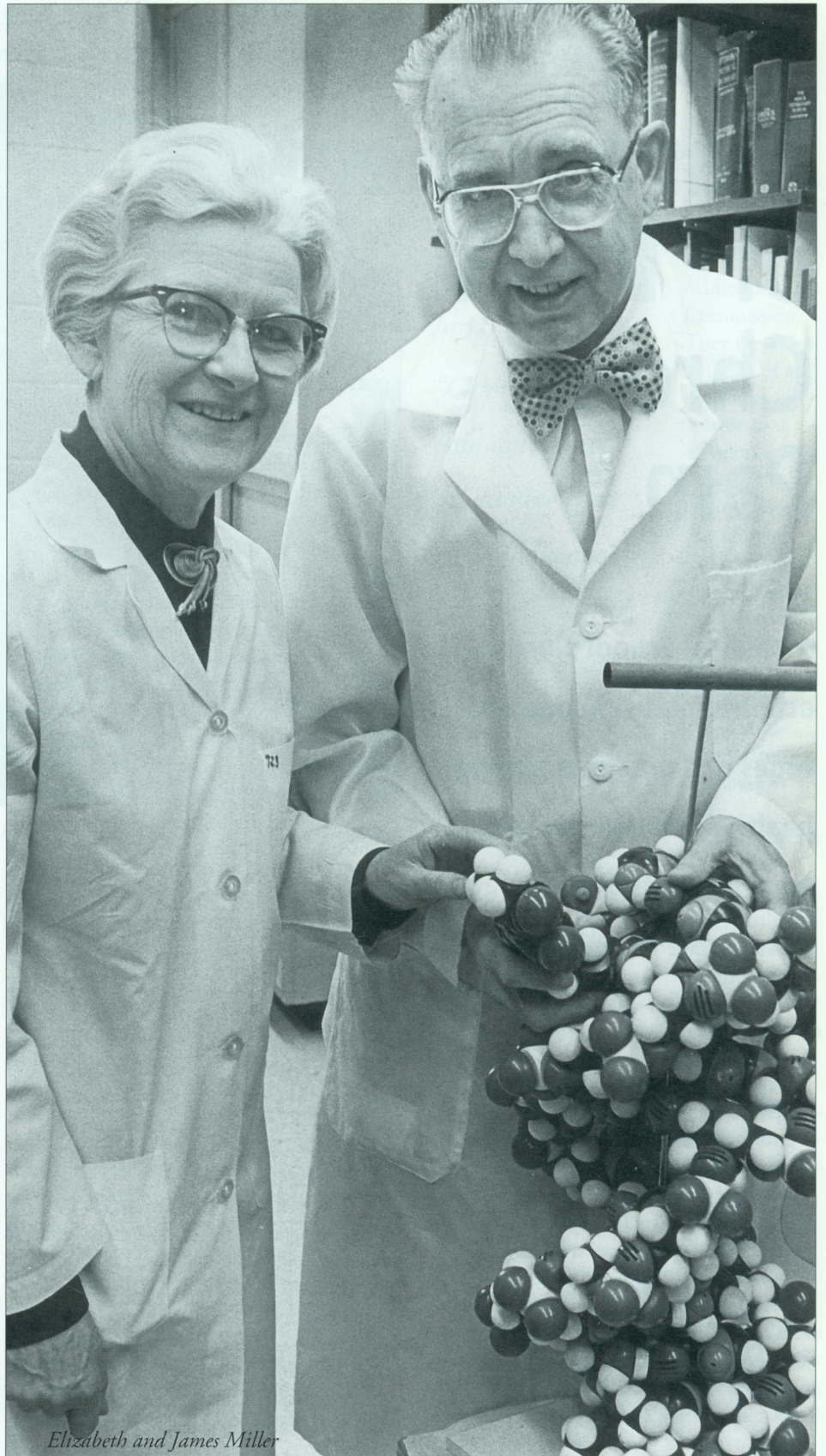
### A New Era Begins

With the arrival of surgeon and scientist Dr. John E. Niederhuber from Stanford University, the Medical School took the first step to consolidate the McArdle Laboratory for Cancer Research and the UWCCC within five years.

As the UW's top cancer researcher, Assistant Dean of Oncology Niederhuber, formerly Chair of Surgery at Stanford Medical School and Chief of Surgical Oncology, will coordinate the activities of more than 500 researchers, staff and students from 30 academic departments. He also fills the positions of Professor of Surgery and Director of the UWCCC, succeeding Dr. Paul Carbone, who will continue to serve the University as a medical oncologist specializing in breast cancer, a prevention researcher and program leader at the CCC, and as Assistant Dean for Program Development and Emeritus Professor.

Dean Philip Farrell cited the leadership Dr. Niederhuber has shown at some of the nation's most respected university-based centers, including Stanford, Johns Hopkins and the University of Michigan. "By integrating the university's two outstanding cancer research programs into a single, comprehensive center, he (Dr. Niederhuber) will be instrumental in forging a dynamic new environment for cancer research, care, education and outreach," the Dean added.

**Note:** The *Quarterly* thanks Scott Hainzinger, writer with UW Health Sciences Public Affairs, for providing material, especially about the more recent years at McArdle and UWCCC. We also drew information from Dr. Harold Rusch's book *Something Attempted, Something Done*, published by the UW Medical Alumni Association, as well as past *Quarterly* issues and personal communications.



*Elizabeth and James Miller*

# The Management of Chronic Pain

**A Medical School alumnus is attempting to change attitudes and practices among health professionals who treat patients with intractable chronic pain.**

During the past few years, increasing numbers of health care professionals as well as laypersons have agreed that end-stage cancer patients should have their pain managed appropriately. The 11-year-old Wisconsin Cancer Pain Initiative (WCPI), under the guidance of Professor of Pharmacology June Dahl, has spearheaded efforts to spread this message throughout the country. Now, every state has a similar initiative or is in the process of organizing such an effort. The message has come of age, although the WCPI, as well as other groups and individuals interested in good pain management, know they have a long way to go before the concept is widely accepted. An estimated 50% of cancer patients still die in unnecessary pain.

The aggressive treatment of acute pain also has advanced as physicians realize that severe pain can negatively affect the recovery of post-operative and trauma patients.

The long-term management of severe chronic pain, however, is a different matter. The public, regulatory and legislative bodies, many physicians, and even some patients themselves typically look askance at the management of chronic pain with medications such as opioids, which often are the only drugs that work. Some have grave doubts about prescribing narcotics for extensive periods, and others are totally against the concept under any circumstances.

Even those who accept the validity of treating acute and terminal cancer pain with opioids may acknowledge only the negative aspects of using opioids to manage chronic pain. It has been forbidden territory. Within the year, however, attitudes may be changing even among the general public as they have been exposed to presentations on television and in the press that question the validity of withholding medications capable of helping those with chronic, debilitating pain.

On April 4, for example, ABC-TV's 20/20 program featured a segment on what the hosts called a "revolution taking place in the world of medicine." The revolution concerned a "new and controversial drug treatment — morphine" — for management of pain.

Interviewee Dr. Kathleen Foley of Sloane Kettering explained some of the

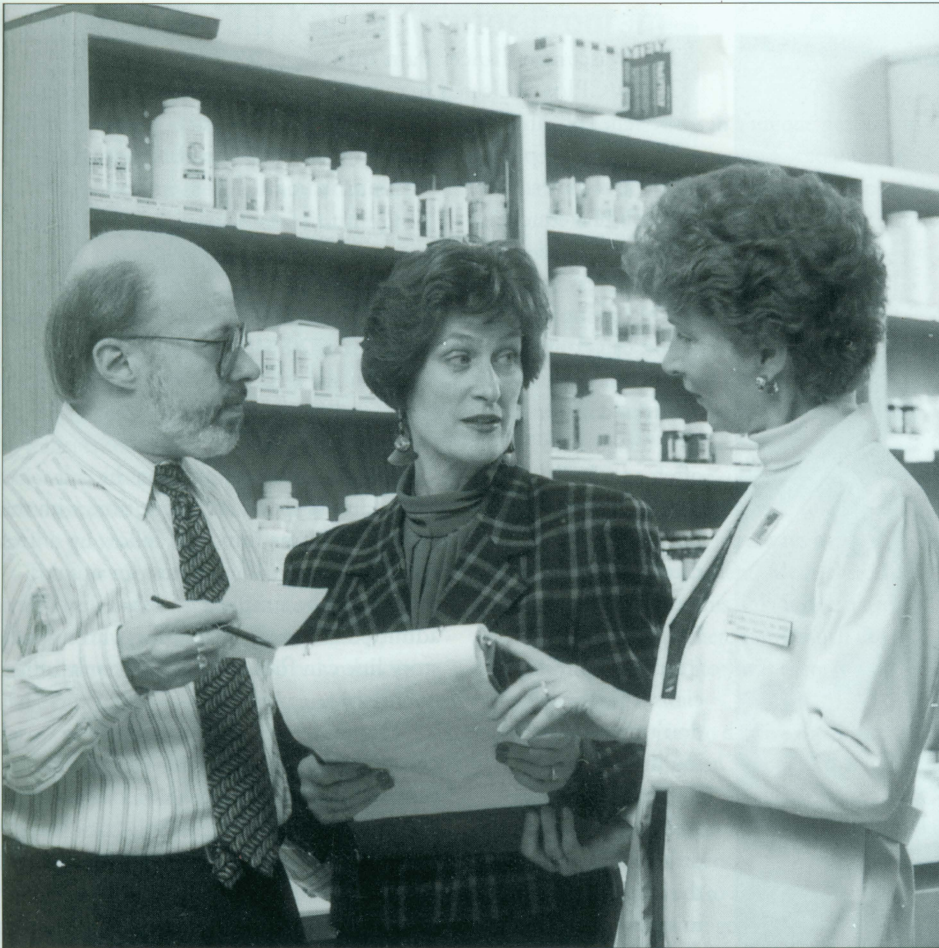
reasons why pain patients are routinely undertreated, including many physicians' lack of knowledge and unfounded fears of addiction.

The first person 20/20 interviewed was a metastatic cancer patient who had withdrawn into isolation and depression from her overwhelming, poorly treated pain until she discovered the Pain Center at Jefferson Hospital, Philadelphia, where she found relief with opioids and, according to her, "got her life back."

The other patient was more problematic. He suffered from a non-life-threatening condition that dogged him with constant and severe pain. His feet in particular were unbearably painful. One day, in desperation, he shot his foot with a pistol, an event that finally brought him into contact with a physician who was willing to treat the pain adequately. He required 210 mg/day of morphine (7 times greater than previously prescribed), which greatly lightened the pain but did not eliminate it. The man was then able to return to a relatively normal life.

CBS-TV's 60 Minutes ran a similar story about a physician treating patients with opioids for extreme pain that was unresponsive to all other treatments. The doctor eventually lost his license; later he was allowed to practice but couldn't prescribe controlled substances. His patients were left in dire straights, at least one committing suicide.

Even Dear Abby (Abigail Van Buren) spoke her mind about pain management



*Pain management requires consultation between professionals and the patient*

this spring. A reader wrote, "Chronic, serious pain can have a debilitating effect on an individual, seriously impairing the quality of life. Patients with chronic pain should not be considered addicts simply because they are treated with narcotics..." Abby replied, "No one should have to suffer pain when relief is available..."

### **A Novel Approach to Management of Intractable Pain**

Dr. Jerry Hisgen '67, an internist with Physicians Plus at Meriter Hospital (previously known as Madison General) in Madison, is interested in appropriate management of all sorts of pain, including acute and intractable chronic pain, which he has combined with his interest in medical ethics. He is Chair of Meriter Hospital's Ethics Advisory Committee, and for the past year he has been Chair of the

Commission on Medicine and Ethics of the State Medical Society of Wisconsin. His ideas about pain management have led to a unique effort in Wisconsin.

Recently the Wisconsin Cancer Pain Initiative and the Ethics Commission of the Wisconsin Medical Society have joined forces on a project to develop recommendations for the state Medical Examining Board. The recommendations will delineate the ethical rationale for treating the suffering patient (the beneficence principle), appropriate procedures for pain management, and the physician's obligation to meticulously monitor the patient. The recommendations, if accepted by the Medical Examining Board, should remove the specter of big brother looking over the physician's shoulder and should help to reassure patients that they will not become addicts.



*Jerry Hisgen*

*"Chronic, serious pain can have a debilitating effect on an individual, seriously impairing the quality of life. Patients with chronic pain should not be considered addicts simply because they are treated with narcotics..."*

a program is presented directly to an agency that regulates physicians.

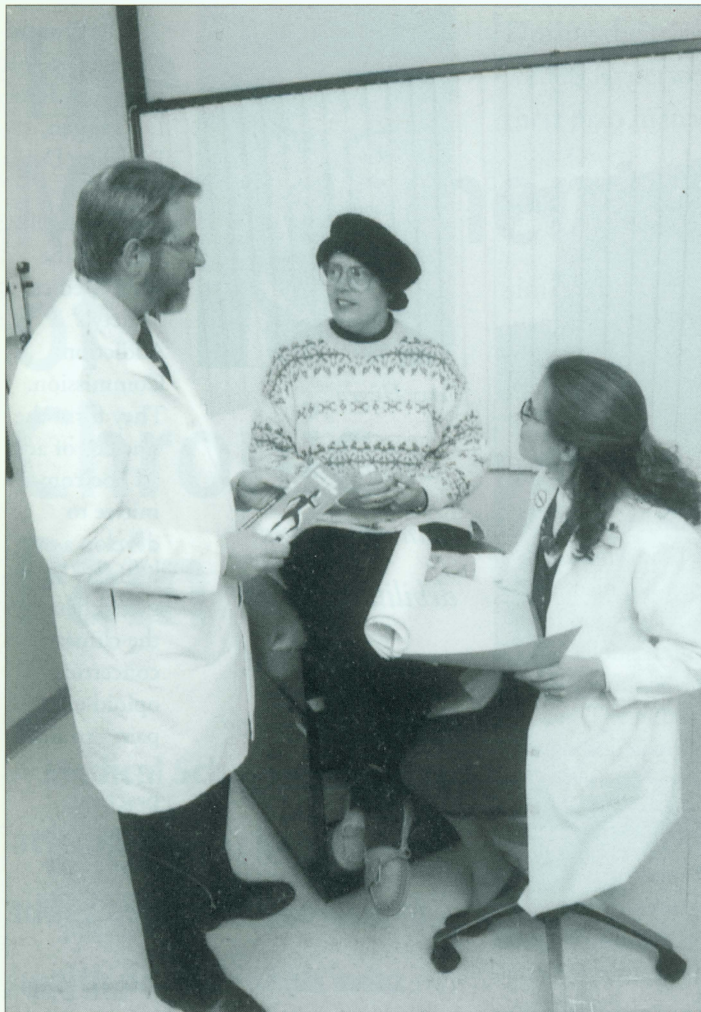
The alternative pathway, via the legislature, is fraught with problems according to Dr. Hisgen. "Laws have inherent weaknesses. They may have loopholes, unnecessary requirements, and other limitations."

Jerry Hisgen has been concerned with the management of intractable pain for much of his career.

"This kind of pain requires use of more extreme measures," Hisgen said. "A lot of physicians and boards that oversee physicians don't accept managing chronic pain

The group working on the project include Dr. Hisgen, Professor Dahl and Dr. Michael Miller, Chair of the State Medical Society's Addiction Commission. They form the nucleus of an ad hoc committee to develop a preliminary strategy to change the climate concerning opioid use for pain - to make a case for a practical, caring and responsible approach to managing pain.

Dr. Dahl is particularly excited about the possibility, for this will be the first time, to her knowledge, that such



*Adequate doses of the appropriate drug(s) must fit the needs of each individual patient*

with opioids as routine. They are nervous about using them and feel that patients should learn to live with pain because opioids will addict them. If prescribed opioids, they further claim, some patients will try to sell them, or they won't function as productive individuals."

Dr. Hisgen sees the situation differently. His goal is not to make patients into zombies who sleep most of the time, but rather to allow patients to become functional individuals able to work or at least to enjoy life. He fervently desires that this goal will become more widely accepted.

The cynicism and fear he sees in practicing physicians who believe that some patients fabricate pain, take opioids after they are needed or become addicted, are

can be reported by a pharmacist [most likely], a family member or a disgruntled friend.) For these physicians and many others, the notion of legal scrutiny is a barrier they don't care to challenge.

"We're concerned that these people hold an unenlightened viewpoint that keeps some physicians from using drugs for their long-term patients," Hisgen explained. "Some of these patients who really need opioids walk the streets to obtain diverted, stolen or illicit drugs. If they were managed sensibly in the first place, they wouldn't be a market for illegal drugs and they wouldn't have to keep visiting emergency rooms. Others become depressed or alcoholic. Most of them are not bad people; they are people with bad chronic pain who seek relief."

### The Wisconsin Cancer Pain Initiative (WCPI)

The WCPI is dedicated to overcoming the barriers that prevent the relief of cancer pain. It is a voluntary, grass-roots organization of health care professionals and representatives of higher education and government. It has four major areas of service:

- Public education
- Patient education
- Professional education
- Making pain management a priority in all health care settings

You can contact WCPI at Room 4720 MSC, 1300 University Ave., Madison, WI 53706 or on the web at <http://www.wisc.edu/wcpi>

often acquired, Hisgen believes, from some physicians who teach in medical schools and hospitals. Such (teaching) physicians, therefore, don't provide training in how to use the drugs appropriately and may pass on the perception that medical examining boards and disciplining agencies will criticize a physician for prescribing too many opioids. (Such information

The prescribing physician, he cautioned, must spend sufficient time with the patient, examine him, and follow up at frequent intervals. The request for opioids must never be simply a one-shot visit. He admitted that a smooth talker with a good story line can fool a doctor, but only infrequently.

Hisgen related that his interest in chronic pain began several years ago in his primary care practice as he encountered patients with daily, intractable back pain, neuralgic pain, chronic migraine pain and other conditions that the usual analgesics didn't touch. He now manages chronic pain as he would other chronic diseases such as diabetes, and he hopes that more physicians would adopt this attitude. When the majority of doctors don't hold such a viewpoint, patients are undertreated and friction can develop among physicians even within a group practice.

If the group's proposals are adopted, many suffering patients will receive the relief they desperately need. If the proposals are rejected, at least the subject will have been debated and more persons in and out of medicine will have been exposed to a common-sense approach to managing chronic pain.

*William J. (Jerry) Hisgen graduated from the UW Medical School in 1967 and trained in internal medicine at the UW from 1968-71. He serves on the Medical School faculty as Clinical Associate Professor of Medicine.*

## Update on the J D Kabler Mentor Program

From 1985 until 1994 the University of Wisconsin Medical School Class Mentor Program flourished. Medical students, faculty and administrators agreed that the presence of an experienced mentor in the places where medical students gather — classes, laboratories, lounges, discussion groups, lunchrooms, hallways and social settings — helped create an atmosphere that enabled students to make better sense of their studies. If they chose to, students could turn to a knowledgeable professional to explain concepts, to relate academic learning to real patients, and to help maintain sensible priorities.

The class mentor could also serve as academic advisor, friend, even confidante on occasion. And sometimes the mentor, as an “insider,” could discover inadequacies and redundancies in the curriculum — what works and what doesn’t work.

The need for a leaner Medical School budget forced curtailment of the Class Mentor Program in 1995. When Philip Farrell became Dean, however, he asked the University of Wisconsin Foundation to lead an effort to raise private support for a restructured, newly established effort called the JD Kabler Mentor Program. It honored the late Professor of Medicine, who mentored the Class of 1996. (Dr. Kabler became a mentor in 1992 when he retired and remained with the class as it advanced. A mentor becomes, in essence, a classmate of the students. The mentor is most active during the first two years.)

The spirit of the reinstated program now beginning its second year remains the same as that of its predecessor— to make tangible connections between formal studies and the wide world of medicine and broaden students’ perspectives and horizons. Mentors can likewise spark discussions about problematic social and ethical issues that may never arise in a conventional classroom. The program, in short, complements the curriculum, filling in gaps that beg for attention.

Feedback from former students now in practice or in training attest to the value of the mentor program. Here are a few excerpts from their letters.

- The class mentor is in a unique position to teach values and attitudes essential to the art of medicine: This is especially important in a curriculum overwhelmed by information overload... It was wonderful to learn that such a famous academic physician was such a warm-hearted, open and generous man. He combined playfulness and scholarship, and his passion for medicine was infectious.
- This program is something that sets our medical school apart and above others. (Our mentor) was a fantastic role model, friend, and teacher. He always helped link the textbook and patient. Medical students need to be shown this link; it doesn’t just appear to them. There is too much to learn/do; (the mentor) was there to slow us down...
- It would be a pity to deprive the future classes at the Medical School of this unique form of support and education.”
- (Our mentor) was an incredible asset to our class. He provided encouragement, friendship and assistance to all of us. He understood what we were going through and he was always there for us.

The first JD Kabler mentor, Emeritus Professor of Medicine Edward N. Ehrlich, began his relationship with the Class of 2000 last year. Dr. Ehrlich clearly enjoys his role, calling it a very special and gratifying experience. “I’m in the company of some really good students and good people,” he said. “And I find the UW Medical School environment kinder and gentler than the one I experienced at the University of Michigan (1948-52), which seemed to be deliberately intimidating. I’m also impressed by the quality and attitude as well as the enthusiasm of those who teach here.” Ehrlich likewise appreciates the fact that today’s student body is diversified, which he feels leads to a more sensitive perspective in medical practice.

The latest JD Kabler Mentor, who began his tenure this summer when he joined the gross anatomy lab with 16 new medical students, is Madison pediatrician Gordon Tuffli, the first mentor with a background primarily in private

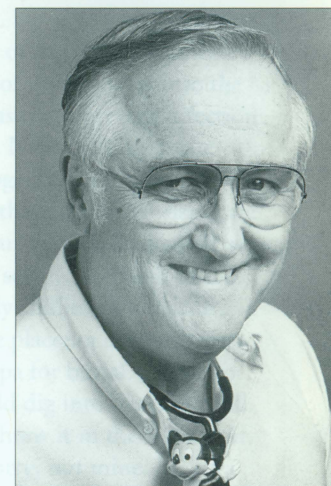
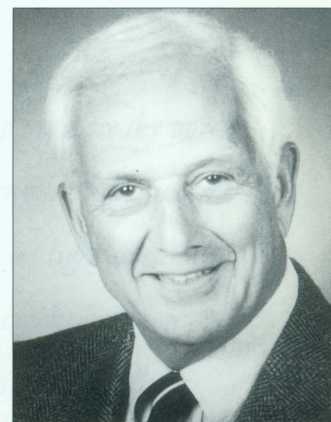
practice. At the white coat ceremony, Dr. Tuffli was greeted with hugs and smiles by the Med I students he mingled with in anatomy; he had been the pediatrician for one of the new students and he knew the parents of several others.

“I consider my role as JD Kabler Mentor a privilege indeed. I had been interested in the program since it started and kept it in the back of my mind for a long time,” he explained, adding that Dr. Chuck Lobeck, former Chair of Pediatrics and an instigator of the mentor program, had offered him his first job.

Dr. Tuffli, a pediatric endocrinologist, is no stranger to academia or the Medical School, for he has been Clinical Professor of Pediatrics for many years.

The structure of the new JD Kabler Mentor Program is somewhat different from the previous Class Mentor Program. One of the main differences is the source of funding, which now primarily depends upon private sources. Although the current stipend for mentors is nominal, it still will amount to a significant amount, especially when the program is fully implemented.

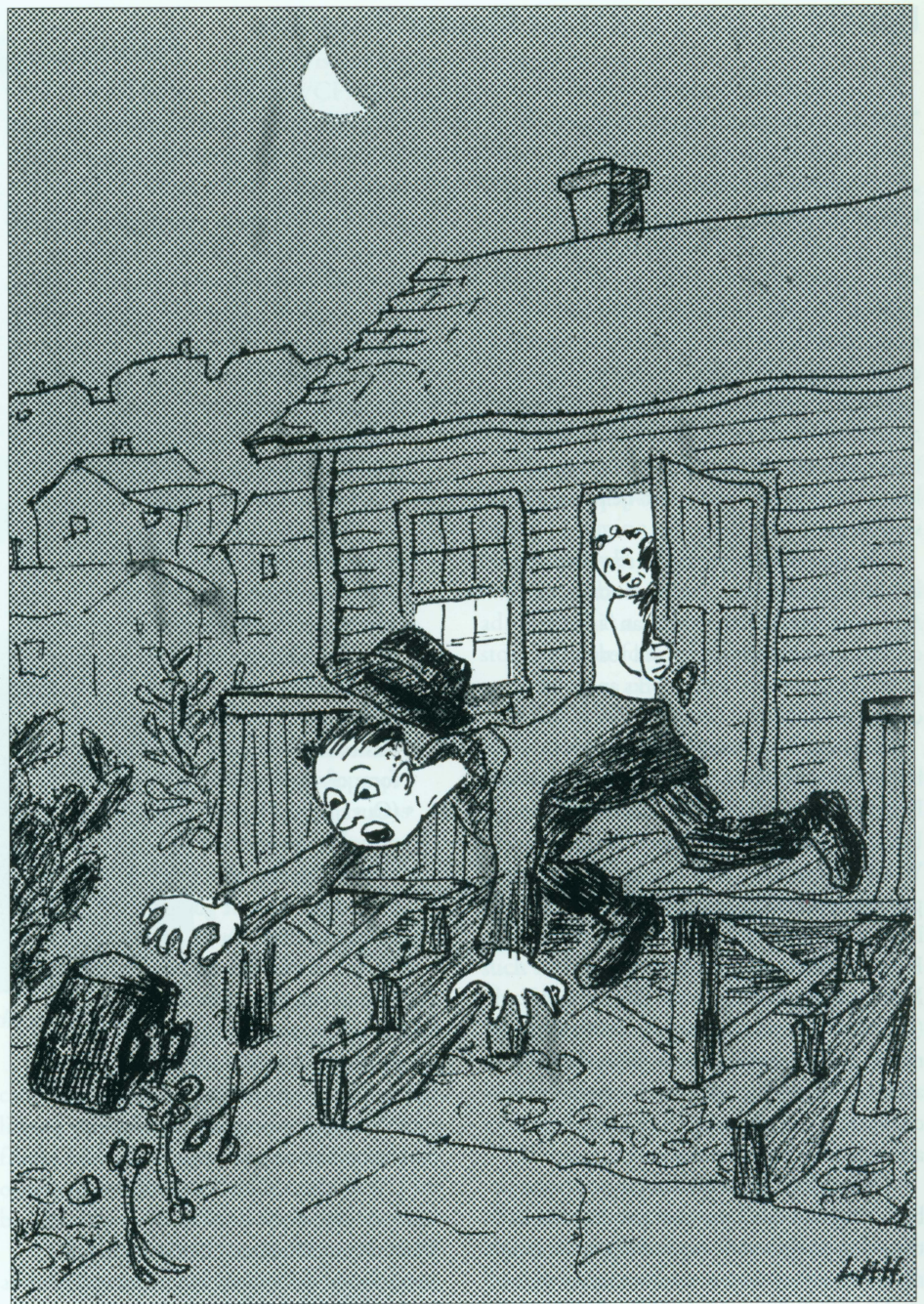
Medical Alumni who would like to contribute to maintaining the program can send donations payable to the University of Wisconsin Foundation, 1848 University Ave., Madison, WI 53708. Be sure to indicate the JD Kabler Mentor Program as recipient.



*Edward Ehrlich, top and  
Gordon Tuffli, bottom*

## Birthing a Bisbee Baby

by G. Harry Hess, M.D. '36



cartoon by Larry Hogan '44

*So boiling water was mostly a ploy to keep the husband busy. He grumbled a little but this house needed warming too.*

I reached out in the dark to pick up the phone before it could ring a second time. The luminous hands of the alarm clock pointed to 2:35. It was Mrs. Voelker, night telephone operator. Knowing I would have difficulty understanding the broken English of the caller, she remained on the line as interpreter. As I hung up a sleepy voice said, "Baby?" I said "yeah,"

and rolled out of bed. Quickly dressing by the light coming through the window, I went to the bathroom and threw a dash of water in my face. As I got into my car, I checked that there was an obstetric bag behind the seat. No need to go by the hospital first.

I pulled to a stop near Dubaker Canyon where a man was waiting. It was the

husband. I passed him my medical bag, then picked up the lighter OB bag and a flashlight from the glove compartment. He led me up a long flight of concrete steps to the top of Chuhuahua Hill. Doctors called it the "H" level meaning not necessarily the 8th level but close to Heaven.

As I stepped up on a creaky porch running the length of the two room house, I could see light streaming through large cracks between vertical boards of the walls. The wife was pacing the floor, having labor pains at regular intervals. The old, unpainted, board and batten house was sparsely furnished. A votive candle flickered in a bedroom corner before a picture of Madonna Guadalupe.

The husband helped place a 1 by 6 board beneath the mattress to level and firm the bed. An oil cloth from the kitchen table was hung over the side of the bed. It would keep mattress dry and guide fluids into a bucket upon the floor. A pad of newspaper was placed on top of the oil cloth.

The woman lay down while I took her blood pressure, checked the position of the baby and listened to the baby's heart. I put on a rectal glove, lubricated it with KY jelly and made an examination. The fetal head was well down in the pelvis in the right occipital anterior position. The cervix was thinning nicely and more than half open. I removed the glove and gave her a couple of nembutals. Her second baby wouldn't be too long in coming.

On this November night, the drafty house was shivering cold. Besides, babies required lots of boiled water. Before coming to Bisbee, I had sterilized gloves and instruments by boiling them on kitchen stoves. Now Copper Queen nurses used the hospital autoclave to sterilize everything in distinctive wrappers. So boiling water was mostly a ploy to keep the husband busy. He grumbled a little but this house needed warming too. After some minutes I could hear him outside cutting up the kindling. The house would be comfortable in time for the baby's arrival.

Two straight back chairs were placed beside the bed. I sat on one. Both my bags

were on the floor open and handy. Sterile packets from the OB bag were carefully spread on the other chair. Nothing to do now but watch and wait. Occasionally one checked mother and baby for progress. As top layers of the newspaper pad beneath the woman became soiled, they were crumpled and thrown into the bucket at my feet.

The waters broke. The house had warmed and she was beginning to sweat with her pains. I poured lysol solution into a metal bowl of warm water and washed the area. Time to scrub up and put on gown and gloves.

When the baby's scalp appeared, I held it back. This stage should go more slowly so that skin can stretch rather than tear. I placed a sterile towel over the newspapers and another on the abdomen. Suddenly the head popped out. I quickly cleaned the baby's face with a surgical sponge. Gently pulling the baby's head downward, I unlocked the upper shoulder, then lifted to release the lower one. The baby slipped out and I grabbed her by the ankles to hold her upside down. She gave a gasp and cry even as I swung her aloft. No need to use my suction bulb to clear the airway. Or stimulate with a spank on the backsides. What a blessed relief to hear the infant instead of the mother.

As I laid the girl on the towel covering her mother's abdomen I felt the uterus through the abdominal wall. A firm uterus controls maternal blood loss. It also squeezes more placental blood through the umbilical cord before it stops pulsating. Two clamps were applied to the cord about an inch from the baby's abdomen and the cord cut between them. I emptied the lysol basin into the bucket. The bowl was now needed to hold the expelled placenta. A flat cotton tape was tied below the baby's clamp with thumbs braced together to draw a square knot snug and tight. I took off the clamp and removed my gloves.

Picking up the infant from her resting place on her mother's abdomen, I placed her in the center of a diaper. Then I steadied the tiny head between my wrists. The fingers of my left hand opened one eyelid

*As I stepped up on a creaky porch  
running the length of the two room  
house, I could see light streaming  
through large cracks between  
vertical boards of the walls.*

while the fingers of my right carefully squeezed a drop of silver nitrate into the eye—a health measure to prevent infection and loss of sight. Next I tied opposite diaper corners together and hung the wiggling bundle on the hook of my fish scale. Seven pounds four ounces. Best catch of the day. Mother seemed to think so too with the tot safely cradled in her arms.

I wrapped the placenta in newspaper and gave it to papa for burial. I have no idea how he could dig into the rocky hill. Perhaps he just threw it in the latrine pit. But it was his worry, not mine. I used a little hot water to rinse bowl, clamps and scissors. A little more was used to wash up but most was still in the pot on the stove. Soiled linen and gloves were wrapped about bowl, scissors and clamps to be jammed back into the OB bag. It would get sorted out at the hospital. A final check of mother and babe and I was done. I shoved my flashlight into my pocket and picked up both bags.

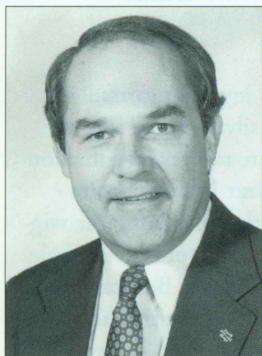
As I moved to the edge of the porch, I stopped. I took a great breath of cold refreshing mountain air and waited a moment for my eyes to grow accustomed to the darkness. The southeastern sky was beginning to lighten over Sacramento Pit. Too late to go back to bed. Overhead stars still sparkled with their unreal, high desert brilliance. I said a little prayer of praise and thanksgiving. Stepping off the porch, I fell on my face. Papa had chopped up the step to boil water.

Note: This happened in the late '30s, when deliveries cost \$35.00, although young Dr. Hess probably received \$25.00 if he was paid at all.



## The White Coat Investiture Ceremony Welcomes Students into Medicine

Last Sunday, I had the privilege to welcome the UW Medical School Class of 2001 at our Annual White Coat Investiture Ceremony and to make a few remarks on the significance of our dynamic educational program—that recognizes that our vision of the present and future health care environment is different from the past. The new brochure you recently received from us entitled “Educating a New Generation of Physicians” describes our philosophy in medical education.



*Philip Farrell, MD, PhD*

The White Coat Investiture Ceremony, instituted five years ago, is part of that philosophy symbolizing the medical students' entry into the medical profession and welcomes the students to the privilege of serving humanity.

Dr. Susan Skochelak, Associate Dean for Academic Affairs, Associate Professor in Family Medicine and the primary leader and visionary in the founding of the Generalist Partners Program, presented the keynote address: “Becoming a Physician: A Patient's Perspective.” She welcomed her new colleagues into the profession of medicine and emphasized the importance of the medical students' experiences in clinical settings from the first week of school, noting that not just the students benefit from the experience but so do the patients and, sometimes, even the physician partners serving as preceptors.

Following the keynote address, the Class of 2001 took a Medical Student Oath written by former students and received their white coats with the help of their second year peers. As they crossed the stage, they were greeted by their class mentor, Dr. Gordon Tuffli, and me.

Dr. Tuffli, a local pediatrician, was greeted warmly with handshakes and hugs from his new colleagues, some of whom were his patients from childhood to age 18. As the J D Kabler mentor, he will spend four years with the new students attending classes and helping them relate the significance of their learning experiences with the practice of medicine. I am also confident that he will deal with their many anxieties and concerns as they ascend through medical school to residency and finally to the practice of medicine.

A reception at Tripp Commons followed and allowed families, friends, and peers of our new students to meet the faculty and staff who will

provide the academic program, leadership and support during the students' four years. It was both enjoyable and inspiring for me to meet so many new students and parents. As my wife, Alice, said, “this is the joy of the job.”

As I commented about our new curriculum to the students, I was reminded of our critical need for better facilities that will prepare our students with the use of contemporary educational technology that they will need to practice medicine in the 21st century. Not a single day passes without some legitimate request for more space to advance our education and research programs.

As mentioned in my Summer *Quarterly* message, we are waiting for the Wisconsin Legislature to finish its final deliberations, and for Governor Thompson to approve the biennial budget. In the meantime, we have been informed, by reliable sources, that HealthStar should receive final approval early this fall. Your past support has been critical to the success of HealthStar—an initiative that would solve our facilities problems. I've referred to HealthStar as “the missing link for the UW Medical School, and I'm convinced that we can't reach our full potential without better academic facilities. Therefore, we hope that we can continue to depend on you to help us raise the funds necessary to support these important initiatives.

Hopefully, we will celebrate the successful progress of HealthStar together this fall at our annual Homecoming Weekend. I look forward to meeting with you. Thank you for your encouragement, support, and loyalty to our UW-Medical School.



## The Physician, Unionized or Not, Must Remain the Patient's Advocate

"The time has come, the walrus said, to talk of many things... "of labor unions, HMOs and doctors and other things.

In 1970, when my residency was half finished, the hospital staff voted to unionize. Prior to this, the recovery room orderly provided excellent care to the patients and helped the nursing staff any way he could. After he became a union steward his concern for patients and fellow workers changed. Since direct patient care was not in his job description, he would not help the nurses place even the largest of patients on the bedpan. It, however, did not seem to bother him to watch as the nurses struggled to provide this service. I witnessed a nurse's aid running out of a patient's room when he began vomiting. She justified her actions by reciting her union job description which didn't include helping a patient in such distress. These examples and others helped me conclude unionized health care fell into the same oxymoron group as government intelligence.

Now it's 1997 and physicians are unionizing like never before. In the last ten years, their numbers have increased from 20,000 to 44,000. This may be linked to the fact that 45% of the country's 600,000 physicians are employed by government, public health,

group practices, hospitals or managed care providers. These same physicians are becoming unhappy with their diminishing role in patient care issues. Some practice under gag orders or must abide by lists of forbidden drugs and procedures in which they have had little or no input. When physicians are treated like "true employees," they will start to act like employees and seek an avenue by which they can once again exert influence. Most managed care providers have non-physician employees who are protected under the National Labor Relations Act which allows them to organize and unionize to collectively act for wage and other purposes. Physicians, however, are usually employed as independent contractors who, by law, are not allowed to organize or unionize to address issues of remuneration. Therefore, it appears to me, the drive for unionization is fueled more out of concern for quality care for the patients, rather than one of personal gain. The AMA does not like the idea of physician unions and reminds us they will support managed-care physicians when quality-of-care issues surface.

Above all we must continue our role as the patient's advocate whether in a traditional or controversial manner.



*David C. Riese '68*



*Dean Philip Farrell, Dr. Donald Burandt and WMAA President Dr. David Riese*

### The Max Fox Award

Dean Philip Farrell, University of Wisconsin Medical Alumni and others gathered at the Geneva National Golf Club, west of Lake Geneva, on June 19 to honor Donald Burandt '59 with the Max Fox Preceptor Recognition Award for serving 20 years as a preceptor. Pediatrician Burandt practices at the Beloit Clinic, of which he has been President and Board Member, and has been an attending physician at Beloit Memorial Hospital since 1964.

The award was created in 1969 to commemorate the Milwaukee physician Max Fox, who taught hundreds of UW Medical School students.



University of Wisconsin

## 150 Years Old in 1999

"The Sesquicentennial is a moment to showcase to the citizens of Wisconsin what a valuable resource they

James R. Griffith

have in the university. The university has touched the lives of nearly everyone in the state."

Peyton Smith, Sesquicentennial Coordinator

The UW-Madison is planning for a big celebration in 1999. The University of Wisconsin was chartered in 1848, and the first classes were held in 1849. The first univer-



sity sesquicentennial event will be a joint celebration with the state, which is honoring the 150th anniversary in 1998. During the first home football game on September 12, 1998, a ceremony will be held to commemorate the charter legislation that created the University.

There will also be special Medical School events to celebrate the University of Wisconsin Sesquicentennial. We will publish a Medical School history and hold Sesquicentennial events on campus and throughout the state. When Medical School Sesquicentennial events are finalized we will print the schedule in the *Quarterly*. Plan to join in the celebration.

## The University of North Dakota School of Medicine and Health Science Needs Your Help

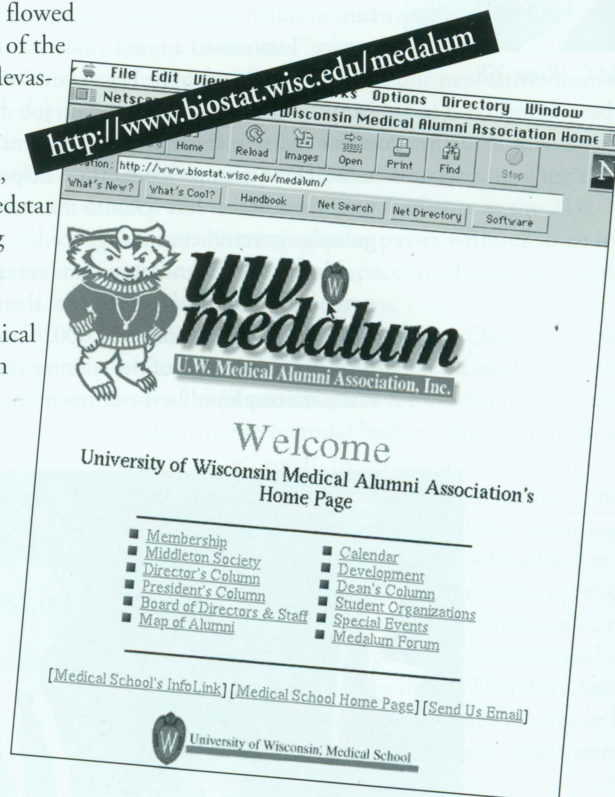
We all know about the great flood of 1997 that devastated many communities in Minnesota and North Dakota. Our friends at the University of North Dakota School of Medicine and Health Science were also flooded. They have sustained major damage to property and technical equipment totaling about \$8 million caused by the April flood of the Red River of the North.

Six feet of water flowed into the lower level of the school's complex, devastating the health sciences bookstore, laboratories, offices, student lounge, Medstar studio and teaching rooms. Of the total damage, more than \$3 million in technical equipment has been destroyed.

## The Flood of '97

### How Can We Help?

The school is gladly accepting contributions of cash and technical equipment, such as microscopes or research and teaching equipment. Send contributions to UND School of Medicine and Health Sciences Flood Recovery Fund in care of the Office of Finance and Administration, 501 North Columbia Road, Grand Forks, ND 58202-9037. Call in inquiries about equipment donations to the Office of the Dean, 707-777-2514.

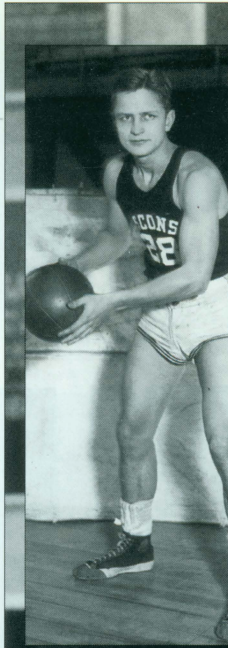


## Rolf "Chub" Poser The Ultimate Physician

Rolf "Chub" Poser was born at the family home in 1913 across from the public school which Chub attended. His father was Edward Poser, a doctor, and his mother was Adele (Falk) Poser. Chub told people that he weighed 13 pounds at birth. (His brother said it was only 12.) Hence, the name Chubbie; it was shortened to Chub as he grew up. He had three brothers—Edward (Pody) an ophthalmologist, Frederick (Swede) a lawyer, and John (Bob) a surgeon.

They were a lively group. They shot baskets in the front hall and one day managed to get a pony into the living room. Bob said his mother passed out. Chub went to Columbus Public School and then on to the University in Madison. He excelled in athletics, winning many awards in basketball and baseball. He was elected to the Wisconsin Hall of Fame in 1993. His brother, Bob, played major league baseball. Chub went to the University of Wisconsin Medical School and continued to coach basketball. He was a favorite of Dr. Middleton and they played handball together. Dr. Middleton threatened to fail him on the next examination if he lost the game. After graduation, Chub interned at St. Joseph's Hospital in Chicago; he took some time in pathology at Cook County Hospital in Chicago and spent four years in internal medicine at Wisconsin General Hospital.

After that, Chub joined his father and brothers Bob and Pody in practice at the Poser Clinic in Columbus. The clinic was started in 1895 by "Old Doc Poser." It was the second oldest family-run clinic in Wisconsin. The oldest is probably the Gundersen Clinic in La Crosse, established four years earlier. The clinic was above a drug store in the center of town. A long flight of stairs led to the clinic. If you could walk straight up without chest pain, it probably constituted a negative stress test. The waiting room, with 12 chairs in a circle, was something to see. No two chairs were alike and they all looked as if they came from a different porch. The magazines were old copies of *Good Housekeeping* and *Children's World*.



*Rolf Poser, retired physician, student athlete (insert)*

A new clinic was built in 1958 at the time of "Old Doc's" retirement. At the end, his eyesight was quite bad and he needed a driver. However, he continued to see his patients at their homes and nursing homes. He died in 1960 in his 90's.

Columbus was the only place that Chub ever wanted to be. Apart from golf at Maple Bluff Country Club, that was about as far as he went. He had a pact with a local dentist that if either one of them ever took a plane, they would have to pay the other a significant amount of money. The pact was never broken.

Chub married Mary Groom from the Boston area. When Mary came to Columbus, the locals stared holes through her. Was she a proper wife for Chub? Mary was friendly, talkative, and charming. Finally, Columbus seemed to accept her even though she was an easterner. They lived on the second floor of Bob's house until they bought Fred Chadbourne's home on Charles Street. It was a big house with three floors, a basement and double attic. Mary recently had their home declared a landmark. It was plenty of room to raise their six children. They were Rolf, Kris, Sam, Steve, Heidi and Berit. Rolf and Sam are doctors at the clinic which Berit manages. Kris is the only one who does not live in Columbus. She lives in Madison with her husband and three children.

Chub was often a very quiet person who seemed to enjoy the conversation of others.

He never said a bad word about anyone. He always seemed to find the good in people despite their faults. Many nights his car was heard to start up, at any hour, to make a house call. He had an unusual way of humming during the house call and it gave the family the feeling that things were going to be alright. One Christmas Day, Chub was called by a sick woman in Beaver Dam (12 miles from Columbus). After Chub examined her, he said, "Who is your Doctor?" She said it was Dr. So-and-So in Beaver Dam but "you certainly wouldn't expect me to call him on Christmas Day!" Mary tells the story of a farmer coming to the house with a freshly slaughtered chicken in each hand. He said, "Tell Doc that this is only partial payment, but please mark the bill paid in full." Mary's Aunt Emily, a painter who lived in Milwaukee, said, "Chub was better asleep on my cot than most people sitting up talking."

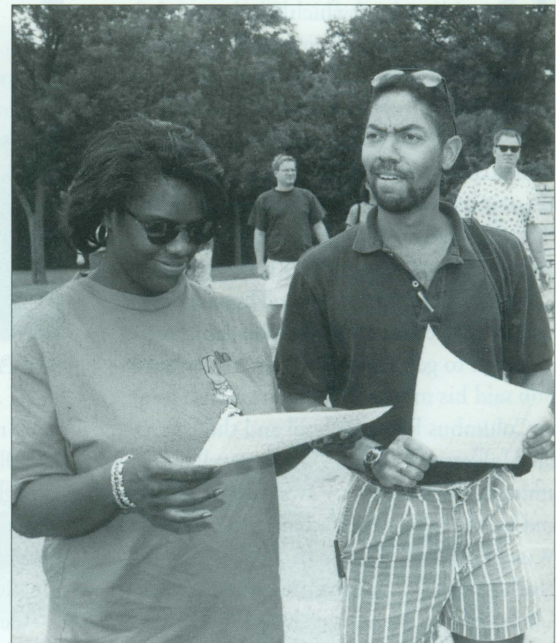
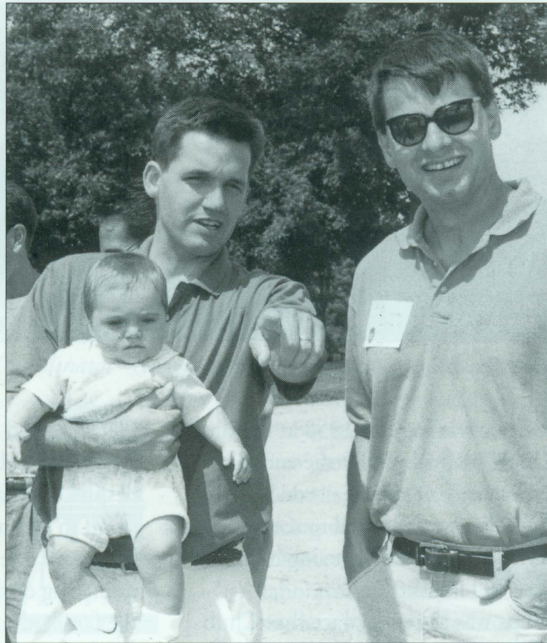
Chub continued to see patients and followed his patients in nursing homes as his father had done. Sadly, a cancer was found that had already widely spread. This kind, gentle and decent man chose to stay at home. He was surrounded by his family and died quietly at age 83.

Chub set an example for others. He was truly a credit to his profession.

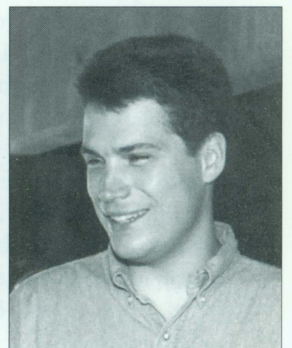
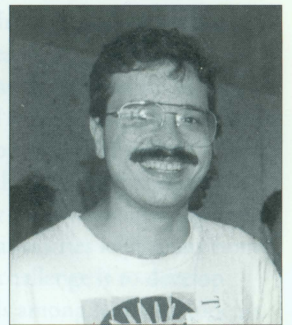
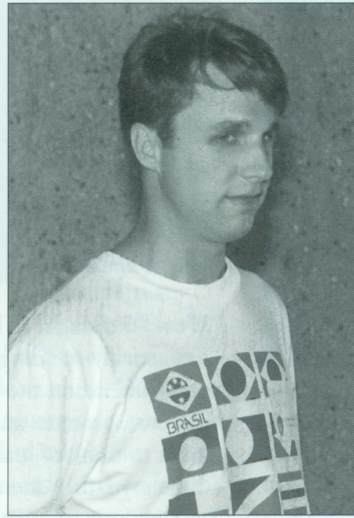
*Dr. John Chadbourne  
Resident in Medicine, 1964-67  
New York City,*

The Classes of '87 and '92 delayed their reunions until July 19 and July 26 respectively.

# 1987 Reunion



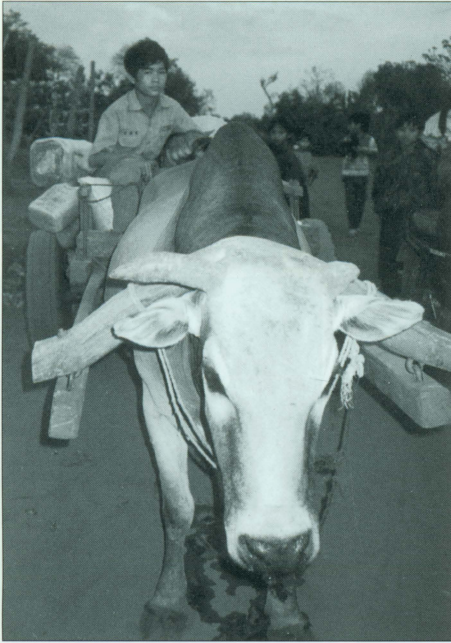
# 1992 Reunion





## Wide-Eyed in Vietnam

by Shelly Wichita, Med 2



*This is the easiest way to haul heavy loads (oxcart)*



*Water buffaloes—the tractors of Vietnam*

“Wow,” I thought as I stepped off the plane. “I’m actually standing in Vietnam!” As to many Americans, the word ‘Vietnam’ signifies a war, protests, and Rambo movies. It is harder to think of it as a real country than as a time my father doesn’t like to talk about. Yet here I was along with three other medical students and two academics, bewildered in the Hanoi airport.

Dr. Judith Ladinsky, perhaps the best known American in Vietnamese health care, met us and our boxes of donated supplies in the humid lobby. She had left a week earlier as the Eyeball Express, carrying a cooler of corneas for transplant in Vietnam. I had laughed with surprise at the idea of express-mail sight. As it turned out, this was but the first of many new ideas that startled my naïve American eyes.

Dr. Ladinsky’s slide shows at school had, I thought, prepared me for the Third World medical conditions. However, the reality was overwhelming at first. Most people coming to the hospitals and clinics are quite literally walk-ins, some having walked days with their relatives. They stand in long lines in open-air waiting areas and along sidewalks, holding children and small bundles. We toured the presurgical ward, where paint

peeled off tall walls and the dust came in through open unscreened windows.

Even though someone is always mopping the dark concrete floor, rows of people in beds without mattresses unnerves me. I am used to the white-on-white of U.S. hospitals, our color of cleanliness. Could one really get proper care without private rooms, sterile walls, or sealed windows? Yes, the doctors assured me. Even though family members do all the patient personal care while medical staff do only medical care, hospital conditions are relatively controlled. Much of the infectious disease in Vietnam is passed by unclean water and insects, neither of which is a big problem at the large hospitals. The Vietnamese are accustomed to having others around all the time, and fear they are dying if isolated. I think of my grandmother in the hospital at home, looking up whenever anyone passes the door, and begin to understand.

Our busy itinerary takes us to each of the three medical schools in Vietnam, where we delivered boxes of books and journals collected from Madison hospitals. In Hue, a city in the old DMZ, a medical student took time from studying for finals. All medical students must study French or



*Fish market—very fresh (no refrigeration)*

English (“It is not helpful anymore to learn Russian,” one doctor solemnly explained.) A young woman was eager to talk with a “native American speaker.” She explained the six-year training system, where they study anatomy and acupuncture points side by side. Traditional medicine is its own specialty, and is studied with the others like infectious disease and pediatrics. She was quite startled when I told her of the great respect and pay-scale accorded to American doctors. My future in-laws are proud to have a doctor in the family and my grandmother’s friends are very impressed. “Very different here,” she says, nonplussed. It is more of a job, done for set hours, after which you go home and work a second job to make money to live well. The student I spoke with has part ownership in a clothing shop, so she can pay the \$14 per month for extra study help and tutoring. “I could do without, but why? There is only one textbook for 50 students, and the doctors need money, too, so they tutor.” I leave her with a promise to find a few good medical dictionaries and a better appreciation of my privileged situation.

protein malnutrition and lack essential nutrients, especially fat-soluble vitamins. “Most people, especially in the countryside, can’t get protein,” explained Dr. Ladinsky as we bounced over rutted dirt roads between health clinics. “No way to ship it without spoiling. And no refrigerators at this end, either.”

The roads are crowded but passable in the major cities, but the roads in the rural areas tend to wash out every year. Many people die of treatable injuries and disease because it can take days to get to a medical facility, but the poor quality food affects everyone. Dr. Ladinsky is working to get people in her health care project to feed children peanut butter for protein and oil. Unfortunately, mashed peanuts is a common pig food, and no parent wants to feed their child the same as their livestock.

It is said one travels away to find out where you have come from, and my experience was no exception. I learned more about myself, American medical culture, and my family than I could have from years of lectures and slide shows. What impressed me most was seeing that health care has many, many dimensions. Close observation and experience can diagnose disease, as can

We were in Vietnam for two-and-a-half weeks and feasted every day. There was a plethora of seafood on the menus from prawns to baby octopus, shellfish and things I just had to trust were edible. Most was steamed or in a broth with very little oil, and was quite “heart healthy.”

However, even with most of the country within 100 miles of the coastline, many Vietnamese have

A medical student trip to Vietnam is scheduled to occur over the winter break (approximately Dec. 20 through Jan. 5th). The goals of this trip are to introduce medical students to medicine and living conditions in the developing world, offer medical students a rare cultural experience, and to deliver much needed medical supplies to health care sites in Vietnam. The cost of the trip per student is estimated to be \$2500. This year’s itinerary has not yet been finalized, but will be similar to last year’s trip. Questions can be addressed to David “Bleidorn (608-251-7129) or Dr. Judith Ladinsky in the Office of International Health. Thank You.

*David Bleidorn, Med 2 (trip coordinator)*

lab tests and MRIs. Treatment can come in diverse forms—pills, herbs, acupuncture, radiation treatments, all working to help the body heal itself. To medically care for people, one must appreciate the local conditions and expectations. Infrastructure, tolerances for discomfort, and community support all have roles in healing. The way I am being taught, the Western scientific method, is not the only nor always the best way to treat illness.

I have been much more aware of my assumptions and cultural prejudices since I have returned from my brief visit to Vietnam. My only regret is that more students and faculty don’t share our experience directly. Financial worries kept many home. I think the next challenge is to develop fund-raising skills among medical students for international travel. As all professionals and students know, books are no substitute for experience. And after seeing what doctors and health professionals can do in Vietnam, I know I’m going to love being a doctor anywhere in the world.

If you are interested in donating goods, money for travel, or in going to Vietnam, contact Dr. Judith Ladinsky, International Health Exchange, UW Medical School, Madison, WI 53706.

## Creative Writing Contest

Two medical students tied for first place in the 1997 Mischa Lustok Creative Writing Contest.

Here are their entries.

### A Man Who Looks like Me

"I have killed a man—a man who looks like me," said the man at the door.

"Sue, who is that at the door?"

Sue froze. She could hear her husband start to walk from the kitchen towards the door. After an awkward pause, she answered him.

"It's Veronica. She wants me to look at something in her garden."

"At 10:30 at night?"

"See you later dear, yelled Sue. As she walked out the door and ushered the visitor out of sight around the corner of the porch, a thousand thoughts zipped through her mind, a new thought or question always entering before any previous one could be completed.

Where was she going? Why? Who was this man? What was she thinking? Was she even thinking at all? Most of all, why wasn't she frightened?

"Where is he?" she asked him.

"Near the foot of your driveway."

"We had better hurry. Is that your car down there?" she asked pointing at the bottom of the driveway.

"Yes."

"You hit the pole?"

"Yes."

"Why did you leave the headlights on?"

"You will see."

"Very good."

They continued until the bottom of the driveway. She understood about the lights when they got there. There was a body wedged underneath the front passenger-side tire. It looked to Sue like he had swerved to the left into the telephone pole to avoid the victim, but it wasn't clear to her how he had still hit him.

"How did this happen?"

"I swerved to avoid him, but then he ran into the path of the car. I couldn't stop in time, and I couldn't swerve any farther with the pole in the way. Otherwise I could have driven over that front lawn."

"Good thing that we don't have much traffic on this street, isn't it?"

"Yes, a very good thin" he replied.

More thoughts raced through Sue's head. Why had none of the other neighbors come out to inspect? Surely they had heard the accident. Why hadn't Sue heard anything herself? And what in God's name was she doing here?

She continued to take control of the situation.

"Who is he?" she asked.

"Take a look for yourself."

She did. She had to scrunch over to tell, but with the moonlight and reflection of the headlights off nearby mailboxes, she could certainly tell.

"You're right. It is you."

More thoughts passed through her head. How could this be? And who exactly were these two look-alikes? And why wasn't her heart beating rapidly? Surely it should have been, should it not? Why wasn't he saying anything anymore? In fact, where was he?

She looked behind her but he wasn't there. She stood up and looked around her but he was gone. Did he run? Now her heart started beating-fast. Something was wrong.

She squatted down and took another look at the victim. Something was very wrong. It was no longer him. It was no longer a man. The victim looked just like her. Sue started having trouble breathing. The Franklin's dog started barking off in the distance. Her heart felt like it was going to pound its way up her throat and out her mouth.

She heard a car approaching the corner and she saw the headlights growing stronger before the car made it to the intersection and turned left. There were also flashing lights she could see through the trees that seemed to be moving with the car, but there were no sirens. She ran.

She scrambled up onto the neighbors' front lawn that had been protected from the accident by the telephone pole. She crawled into a huge rhododendron bush and watched with wide, frantic eyes.

A sheriff's deputy turned the corner and came roaring up the road, stopping just short of the accident. Leaving his headlights on, he grabbed a flashlight and stormed out of his vehicle. Sue thought she recognized him, maybe from an old picture she had seen of him, her husband, and two other men. He surveyed the damaged vehicle and knelt over the victim's body. After about 15 seconds he got back up, went back to his vehicle, and grabbed the transmitter on his radio.

"Unit Two is at a single vehicle accident near 1400 Yesler. Driver is not on scene, but there is an adult caucasian female pedestrian victim. Request extrication team and ambulance immediately."

"Affirmative. Assistance has been dispatched."

The deputy ran over to the body and knelt over it. Sue's hysterical heart now froze when she heard her husband's voice calling to the deputy.

"What happened? I saw your lights so I came down." The deputy ran up to her husband as he was coming down the driveway, and put his hands on her husband's shoulders. Sue couldn't hear what they were saying.

Suddenly, she couldn't breathe. There was a hand around her neck, squeezing it violently. She couldn't see anything in the darkness

of the bush. She couldn't move. There was another hand quickly over her mouth when she started to gasp. As she fought for air, she could hear her husband start to scream and sob from the direction of the deputy's car. With both hands she fought the hand around her neck with enough success that it relaxed enough so that she could get an occasional breath. Still she felt like she was slowly turning blue.

"I have been sent to collect you," growled the voice through teeth gritted by the exertion of choking Sue. She recognized it as the voice of the man that had come to her door. "I have been sent to collect you!"

Without warning, a blinding light now surrounded them. The tension on her neck and mouth eased and then disappeared. Objects that were at first blurry now started to quickly come into focus. Squinting to protect her eyes, she could now make out the man who had come to her door. He was right there in front of her, dressed in blue.

"I have been sent to collect you."

"To collect me?"

"Yeah, Dr. O'Donnell sent me to collect the interns."

"Collect the interns?"

"Yeah, I'm the new charge nurse. Nap time is over. He wants you in three minutes in trauma four."

"Oh Jesus, I must have been dreaming," sighed Sue, taking some deep breaths as she caught her wits, but relieved at the same time.

"Hey, they told me you live around the 1400 block of Yesler. Is that true?" asked the nurse as he was heading for the door.

"Yeah, why do you wanna know?"

"Cause that's where the trauma's coming from," said the nurse as the door shut behind him.

*Charles Meredith  
Med 2*

## necropolis

apparition of darker millennia and of fear's renaissance  
 erase your presence and embrace your demise  
 a crucifix and a biblical reference -  
 once again used in vain by a man of the cloth  
 in his preposterous attempt to defy reason and logic  
 when will they see it for what it is?  
 that which hath placed the orbit of this terra betwixt that of pluto and sun  
 that of saturn and its ring betwixt ours and neptune's  
 and kept a frozen garden of entrails beyond the perimeter  
 an alluvial fan of formless life-giving pandemonium  
 resting in its pieces

once every epoch expelling a martyr to visit the system, as now C/199501  
 that which by orders of magnitude dwarves anything man can engender or  
 destroy

that: needs not a refutation of the mortal bishop  
 helplessly clutching his cross and savoring the fountain of uncertainty  
 for when the zodiacal light cries on in the webs of the via lactea  
 when the stars have gone to sleep in the shapeless shadows of their long-gone  
 discoverers

when the last pompeii should meet the last atlantis (mohenjo-daro?)  
 when the feeble confines of a cemetery shall entertain saprophytic excesses  
 no more

when the blackness sounds of abercrombie, wall, nussbaum be all but  
 forgotten

and lost in the coma of soulless asteroidal void  
 i too will rest — in necropolis

yes, you are my saqqarah, you are the one  
 won't you show me to the valley

and prove it once for all  
 that i shall not be a liar

when i say 'i see god'

—in necropolis

*Matt Zak  
Med 3*



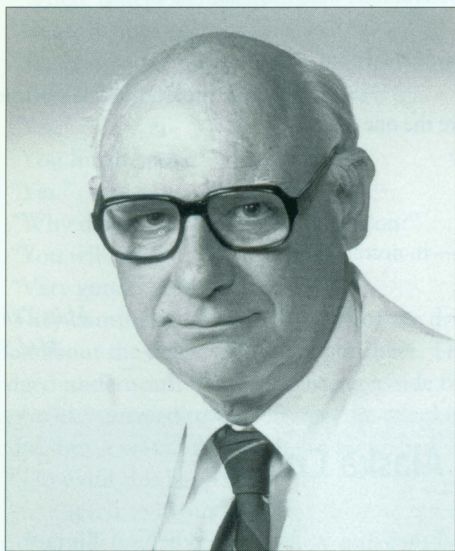
## Alaska Cruise

From August 24–31, 35 medical alumni, spouses and faculty enjoyed a cruise to Alaska on the Holland America Line. Alumni attended a CME course, "Advances in Asthma, Allergy and Infectious Disease," presented by Drs. Robert Lemanske and Dennis Maki.

*Back row: James Kaplic, Dan Lawrence, Reynold Nissman, James Russell, Phillips Bland, Gerald Gant, John Gray, Murray Katcher, Clifford Hogenson. Front row: Robert Lemanske, Julie Ann Jagemann*

**24** After practicing medicine for 65 years in Warsaw, N.Y., **Clifford Harville** died at the age of 97. He was the first person to suggest and develop a way to transfuse "blue babies" directly through the umbilical cord to overcome Rh blood incompatibility and cause less trauma to the infant; his work was published in major medical journals such as JAMA.

Dr. Harville delivered as many as 400 babies a year and was Director of the Wyoming County Public Health Department. Although he retired from obstetrics in 1984, he continued as a general practitioner until several years ago.



*George Magnin*

**46** **George Magnin**, who served the Marshfield Clinic for 40 years, recently was honored by the clinic with a bronze bust in the atrium of the Lawton Center, connected to the clinic's new research and education center named for Melvin R. Laird.

As a preceptor for the

Medical School, George taught hundreds of medical students and internal medicine residents, and he directed Marshfield Research Foundation's Internal Medicine Residency Program. In 1994, he received the Wisconsin Medical Alumni Association Citation Award.

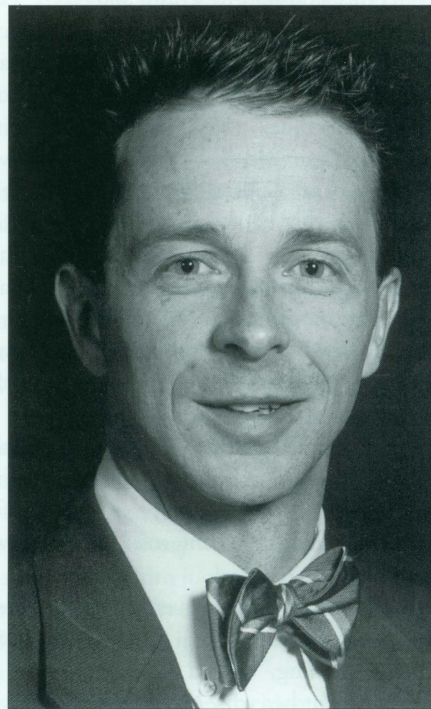
**Frank Springer** recently received a Physician Citizen of the Year Award from the State Medical Society of Wisconsin, which honors physicians for uncompensated civic, cultural, economic and charitable services to their communities. He practices in the Elmwood area of Wisconsin and enjoys

making house calls. His daughters work with him at his Elmwood clinic

**86** **Louis J. Ptacek**, Associate Professor of Neurology and Human Genetics and an Investigator for the Eccles Program in Human Molecular Biology at the University of Utah, has been selected as an investigator for the Howard Hughes

Medical Institute to continue his studies on the genetic basis of neurological diseases.

Louie began his work by studying rare muscle diseases with electrical abnormalities that led to periodic paralysis, showing that several of these muscle dystrophies are caused by mutations of muscle ion channel genes. This led to recognition of a new class of



*Louis J. Ptacek*

muscle, heart and brain diseases also caused by ion channel mutations. His lab has begun to apply insights culled from studying ion channel disorders to understanding more common forms of episodic diseases such as epilepsy and migraine headache.

**87** **Laurel Salton Clark** was one of 44 NASA astronaut candidates chosen from more than 2,400 applicants in 1996, when she began two years of training and evaluation at the Johnson Space Center, Houston. After successful completion, she will qualify for various technical assignments leading to selection as a mission specialist on a Space Shuttle flight crew.

Prior to entering the program, Laurel served as a flight surgeon for a naval flight officer training squadron in Pensacola. She also is a radia-

tion health officer and has had extensive experience in undersea diving and in the submarine squadron.

**90** **Karen Harris Pletta** has joined Physicians Plus in Madison, WI. She finished her residency in pediatrics at Children's Hospital/Ohio State University in Columbus in 1993, then practiced for three years in Chicago before moving back to Madison with her husband Greg, an attending.

**94** **Patrick S. Ramsey** recently was awarded the inaugural Mayo Brothers' Distinguished Fellowship Award by the Mayo Foundation and the Mayo Graduate School of Medicine in recognition of his balance of outstanding accomplishments in clinical performance, humanitarian activity and scholarship.

Pat is currently completing his final year of residency in Obstetrics and Gynecology at the Mayo Graduate School of Medicine, and he plans to further train in maternal-fetal medicine.

**97** **Joanne R. Brooks** was listed in the summer '97 *Quarterly* as entering a residency in Emergency Medicine. In reality, she is pursuing Family Practice at Saint Luke's Medical Center in Milwaukee. Joanne—we apologize.

**November Conference to Feature Primary Care Education**

On November 15 and 16, there will be a Conference for Wisconsin Primary Care Educators and Physicians at the Monona Terrace Convention Center in Madison. The Conference, which acknowledges the important role of primary care preceptors in the education of medical students, will include training preceptors in areas such as computer technology as well as a recognition dinner, hosted by Dean Farrell, to honor preceptors.

**Conference to Focus on Health Services Research**

On October 23 and 24 the Wisconsin Network for Health Policy Research will host the First Annual Wisconsin Health Services Research Conference with a variety of presentations, discussions, workshops and nationally recognized speakers at the Monona Terrace Convention Center, Madison.

The conference will consider ways to improve communication between the potential users of health services research and the producers of health services research, highlighting the scope and variety of such research in the state, providing an opportunity to discuss questions related to health care need, access, etc., and promoting dialogue between the users and producers.

**Nobel Laureate Speaks to Pathology Audience**

Peter C. Doherty, the 1996 Nobel Laureate in Medicine and Physiology, spoke about immunity in respiratory virus

infections at the Department of Pathology and Laboratory Medicine as part of the department's lecture series. A native of Australia, Doherty and his collaborator have focused on cytotoxic T-cells, which kill cells infected by viruses or transformed by cancer, showing that before immune cells can do their job, they first must recognize both a piece of the virus as well as an immune protein that identifies the host organism.

**New Name Designates UW Hospitals and Related Organizations**

"UW Health" is the name selected to include University of Wisconsin Hospital and Clinics, UW Children's Hospital, the UW Medical



Foundation, University Health Care, University Community Clinics, and the UW Comprehensive Cancer Center. The new terminology was designed as a streamlined way for consumers to recognize an organization's link to the UW. It does not indicate a merger or a change in ownership or structure.

Each of the above organizations will keep its previous name and simply add "UW Health."

**UW Hospital Now Offers Audio Information on Internet**

The UW Hospital and Clinics Department of Outreach provides nearly 300 health-related audio messages over the phone,

and recently made its most popular messages accessible on the web at (<http://www//biostat.wisc.edu/uwhosp/outreach/index.html>). The site is free.

**Workshop Discussions on Using Information Systems and Population Databases in Decision-Making**

The Wisconsin Network for Health Policy Research sponsored a workshop in late September on how health information systems and population databases can be used for making decisions concerning public policy. The workshop, geared to health services researchers and public agency analysts, addressed areas such as the varying levels of health in different populations and geographic areas, the investment per capita for acute care in different geographic areas, whether high utilization represents over-use or high need, and whether high-risk populations are poorly or well served.

Drs. Noralou and Leslie L. Roos of the University of Manitoba led the workshops.

**Public Invited to Cancer Forum**

On August 25, a free program titled "Cancer Hope/Cancer Health: A Summer Afternoon at Monona Terrace" featured discussions and presentations by cancer researchers, physicians and survivors. Speakers included Richard Klausner, Director of the National Cancer Institute; Medical School cancer specialist Julian Schink and clinical genetics counselor Joanne Becker; and Wisconsin's First Lady Sue Ann Thompson.

The event was sponsored by the UW Comprehensive Cancer Center, the Department of Obstetrics and Gynecology, and the UW Hospital and Clinics.

**Medical School Chosen to Develop Standards for Pain Management**



*June Dahl*

The Robert Wood Johnson Foundation awarded the UW Medical School \$1.6 million to lead a multifaceted program to improve pain management in the nation's health care system. A key aspect of the project will be a joint effort with the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) to restructure their standards to include an emphasis on pain management for dying patients. (Many health care facilities use their JCAHO accreditation to obtain Medicare certification.) Other aspects of the grant include a pilot training program for home health agencies in South Central and Northwestern Wisconsin, as well as a series of national "train the trainers" programs to disseminate

methods for improving pain management practices. The Principal Investigator of the project is Professor of Pharmacology June Dahl, founder of the Wisconsin Cancer Pain Initiative. The networks of the WCPI will be instrumental in the implementation of the grant.

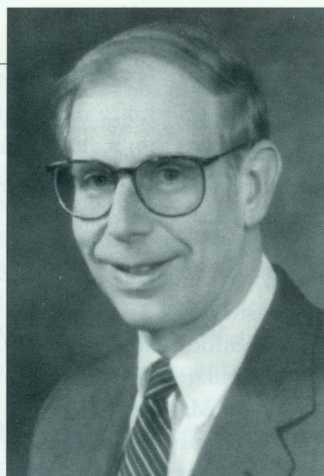
Several years ago the Robert Wood Johnson Foundation found that half of seriously ill patients who were able to communicate in their last days were in severe pain that could and should have been managed with proper medications and other measures.

#### National Primary Care Day Celebrated in Madison

The Medical School's Office of Primary Care Programs and the Dean's Office sponsored Wisconsin Primary Care Day October 4 at the new Monona Terrace Convention Center in downtown Madison. UW community and faculty family physicians, general pediatricians and general internists from around the state participated. Events dovetailed with the National Primary Care Day celebration organized annually by medical students throughout the country.

#### New Cosmetic Surgery Center Established

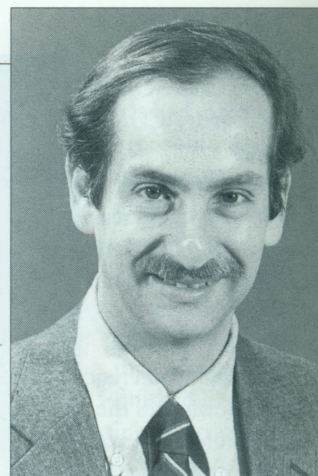
In recent years, cosmetic surgery has adopted many new procedures and treatments to improve a person's appearance. To insure that potential patients learn as much as possible about their options and about what treatments are effective and safe, the UW Hospital and Clinics established the Cosmetic Surgery



Daniel M. Albert



Barbara Klein



Ronald Klein

#### Ophthalmology Awarded Grants

The Department of Ophthalmology and Visual Sciences was awarded several research grants in recent months. Examples are:

- Assistant Professor Julie A. Mares-Perlman received \$400,000 from the National Eye Institute to study how diet and age affect retinal degeneration in two large U.S. study

populations. Her co-investigators are Professors Barbara and Ronald Klein.

- F.A. Davis Professor and Chair Daniel M. Albert was awarded \$100,000 to support research into the causes, treatment and prevention of blinding eye diseases by Research to Prevent Blindness.

Center that offers both education and treatment covering all the standard procedures such as body contouring, dermabrasion, breast and eyelid surgery, reconstructive surgery and liposuction. You can find out about seminars or schedule an introductory appointment by calling (608) 263-0149.

#### UW Hospital Ranks Well Nationally in Several Categories

According to the U.S. News and World Report 1997 "America's Best Hospitals" guide, which appeared in the July 28 issue, the UW Hospital and Clinics ranks among the nation's top hospitals in ophthalmology, geriatrics, otolaryngology, rheumatology, endocrinology, cancer, AIDS, gynecology, neurology and pulmonary disease.

Last January, the Joint Commission on Accreditation of Healthcare Organizations, the nation's oldest and largest accrediting body, awarded the hospital "accreditation with commendation" after an extensive survey. Only 11% of hospitals surveyed were given such a designation.

#### Pediatric Sleep Disorders Clinic Now Functioning

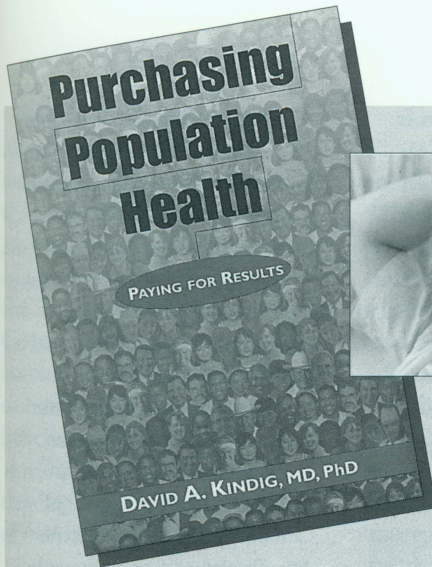
The new Pediatric Sleep Disorders Clinic established at the UW Children's Hospital serves the needs of children with sleep disorders and their families. Sleep-deprived children are often irritable, defiant, hard to discipline and have decreased attention spans. Sometimes they are misdiagnosed as learning disabled or hyperactive.

The clinic staff treats a wide range of medical and behavioral disorders, including apnea, sleepwalking, nightmares, night terrors, bed wetting, sleep-related epilepsy, narcolepsy and psychological problems that affect sleep.

The pediatric clinic complements UW Hospital's Comprehensive Sleep Disorders Center, which is primarily designed for adults.

#### Transplantation Milestone Reached During Summer

On July 7 a Kenosha native received the 4,000th kidney transplant at the UW Hospital and Clinics. In 1996, 112 kidney transplants from cadaver donors and 110 from living donors were performed at the hospital.



Professor of Preventive Medicine **David Kindig** recently completed a book, *Purchasing Population Health: Paying for Results*, published by the University of Michigan Press. He urges policy makers in both the public and private sectors to develop new outcome-based standards when they purchase health care and make other health-enhancing investments. He envisions that such an approach, based on market forces, would create value for our health expenditures instead of focusing predominately on financial performance rewards; i.e., population health will not improve until appropriate financial incentives are adopted. Kindig also summarizes the vast technical literature concerning health outcomes and quality measurement, the determinants of health, health economics, rationing, and vertical integration. The book costs \$24.95.

David Kessler, Dean of the Yale University School of Medicine and former Commissioner of the FDA, said "I believe that requiring value for health care spending is a critical and achievable goal. *Purchasing Population Health* shows us the way."

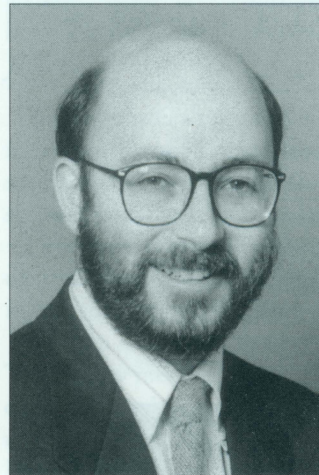
Kindig currently chairs the federal Council of Graduate Medical Education, is national President of the Association for Health Services Research, and serves as a member of the Institute of Medicine of the National Academy of Sciences.

In a special issue of the *International Journal of Developmental Neuroscience*, special editor **Hanna Sobkowitz**, Professor of Neurology, and other contributors presented the latest research on hearing organ regeneration and repair in mammals, birds and fish. For more than 20 years she has studied the organ of Corti in

the mouse. The organ, which houses hair cells, is difficult to study because it is embedded in the skull. Sobkowitz, however, pioneered a delicate procedure for isolating and culturing the mouse inner ear, which allows her and others to study how the living organ works. She found, for instance, hair-cell self-repair and regrowth, perhaps aided by

adjacent supporting cells. (In the chicken and the quail, damaged hair cells are replaced by new hair cells rather than repaired).

Assistant Professor of Ophthalmology and Visual Sciences **Leonard Levin** received the Dolly Green Scholar Award from Research to Prevent Blindness (RPB). The award, which includes a



*Leonard Levin*

\$65,000 research prize, is part of RPB's Special Scholar Program to support outstanding young scientists conducting significant and promising research. Levin is trying to determine how retinal ganglion cells die after damage to the optic nerve. Such damage may be caused by multiple sclerosis, glaucoma and other diseases.

**Vanessa Gamble**, Associate Professor of Family Medicine and the History of Medicine and Director of the new Center for Race and Ethnicity in Medicine, chaired the national Tuskegee Syphilis Study Legacy Committee, which investigated the circum-



*Vanessa Gamble*

stances under which the U.S. Public Health Service observed 399 African American men from the Tuskegee area of rural Alabama. The men were not informed they had syphilis nor treated for the disease. The experiment lasted from 1932 until its existence was brought to the public's attention by the press in 1972, when it ended.

The committee was in large part responsible for President Clinton publicly apologizing to the few remaining men and to their families.

**Thomas Julian**, Professor of Obstetrics and Gynecology and Director of Benign Gynecology, delivered separate keynote addresses on vulvar dermatology and vulvar pain to the Society of Canadian Colposcopists and the Society of Obstetricians and Gynecologists of Canada. He also served on the faculty of the 25th Annual Conference for Nurse Practitioners in Women's Health.

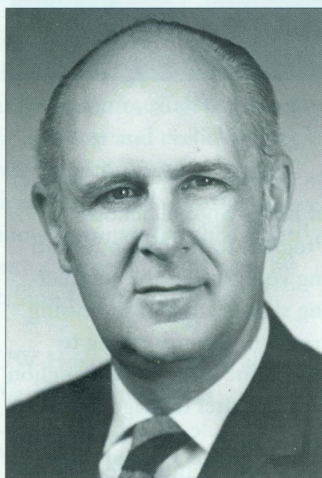


*Paul Bertics*

Professor of Biomolecular Chemistry **Paul Bertics**, a faculty member since 1986, received a 1997 Chancellor's Distinguished Teaching Award, which is the highest teaching honor on campus. Colleague Larry Kahan describes Bertics's pedagogical skills as phenomenal — "the best teacher I have encountered at this university in 27 years," a teacher who inspires his students to love working very hard to learn a large quantity of difficult material. Besides his various teaching duties, Bertics also maintains an active and highly successful research program.

Professor of Oncology **Waclaw Szybalski**, who has been a scientist at the McArdle Laboratory of Cancer Research for 37 years, was honored August 10-11 by scientists from around the world for his lifetime of creativity. The celebration included a concert by the Oakwood Chamber Players, a reception at the Allen Centennial Gardens and a banquet. Program speakers included former students, past and present collaborators, and friends who discussed his work and interests.

Szybalski has gained worldwide recognition in many areas of molecular biology over the years. His early work on the genetics of cultured mammalian cells led others to develop efficient ways of producing monoclonal antibodies, now major players in prevent-



*Waclaw Szybalski*

ing, diagnosing and treating disease. His studies of the genetics of a simple virus provided a model for understanding how cells and organisms control their growth and development. More recently, he has focused on creating new ways

to analyze complex genomes.

Szybalski also, for many years, has helped in the development of biological science in Eastern Europe by helping researchers there to continue their studies and by bringing others to the UW. He served as editor of the journal *Gene* for the past 20 years.

Associate Professor of Pediatrics **Katie Kelley** will



*Katie Kelley*

receive the Graduate Education Award from the American Academy of Pediatrics at the organization's annual meeting in New Orleans in November. She has developed a curriculum to help pediatrics residents learn about the management of normal newborns, including topics such as how to support and encourage breast feeding and how to perform circumcisions with anesthesia.

Two members of the Department of Obstetrics and Gynecology were named among the "Best Doctors for Women" in the August issue of *Good Housekeeping*.

**Douglas Laube**, Professor and Chair of Obstetrics and Gynecology, was designated a top general OB/GYN. He came to the Medical School in 1993 and currently serves on the Council on Residency Education in Obstetrics and Gynecology.

Vice Chair and Associate Professor of Obstetrics and Gynecology as well as Director of the Division of Gynecologic Oncology **Julian C. Schink** was named as a top gynecologic oncologist. A specialist in treating ovarian cancer, his research interests focus on chemotherapy and surgery for ovarian cancer.

**Hans W. Sollinger**, Folkert O. Belzer Professor of Surgery and Chair of the Division of Organ Transplantation, was elected President of the International Society of Organ Sharing in July, the organization that is responsible for the worldwide dissemination of scientific knowledge in organ procurement and organ preservation. The society also provides ethical guidance concerning organ transplantation. He will serve as President for two years.

Ovid O. Meyer Professor of Medicine and Head of the Infectious Disease Section **Dennis Maki** led a major study on the use of a specially treated catheter. The researchers proved that using catheters coated with chlorhexidine and silver sulfadiazine greatly reduces the risk of catheter-related bloodstream infection in a randomized clinical trial carried out at the UW Hospital and Clinics.

Maki is a leader in the investigation of nosocomial infections, which affect more than two million hospitalized patients a year in the U.S. and add more than \$4.5 billion to the nation's health care costs. Central venous catheters account for 90% of all vascular catheter-related bloodstream infections.

The study can be found in the August 15 issue of *Annals of Internal Medicine*.

The *New York Times* published a glowing, half-page-long



Alta Charo

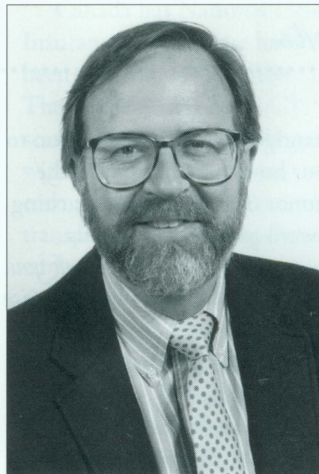
profile of Associate Professor of Medical Ethics and Law R. Alta Charo on July 1. Referring to her role as a member of the National Bioethics Advisory Commission, which was charged by President Clinton with studying cloning and recommending legislation, and to her birth in the Flatbush section of Brooklyn, the article was titled: "In Evaluating Cloning Ethics, Begin at the Beginning: Flatbush."

The article described Charo's forte as seeing what is ahead in ethics and law. Beyond the cloning issue, she predicted "the next wave of fascination" for law and ethics will be in the field of behavioral biology, including the influence of genetics.

The author of more than 50 articles, book chapters and government reports, Charo serves on the board of the Alan Guttmacher Institute and as policy editor for the *Journal of Law, Medicine, and Ethics*. In January, she will begin an eight-month fellowship at the Program for Genomics, Ethics, and Society at the Stanford Medical School.

Before coming to the UW, Charo worked for the Office of Technology Assessment and the Agency for International Development. Her interests include health law, bioethics and biotechnology law, food and drug law, medical ethics, and reproductive rights, and she is a sought-after visiting professor at law and medical schools throughout the world.

Professor and Chair of the Department of Family Medicine **John Frey** has been named President-Elect of the Society of Teachers of Family Medicine, the largest academic organization in family



John Frey

medicine. The 4,500-member society is devoted to education, scholarship and research.

Frey will assume the presidency at the society's annual meeting in May, 1988.

Two faculty members were chosen by medical students to receive this year's Gender Equity Award, established by the American Medical Women's Association to recognize faculty who promote a gender-fair environment for the education and training of women physicians and who assure equal opportunities for women and men to study and practice medicine.

Professor and Chair of Anatomy **John Harting** received the basic science (pre-clinical) award and **Diane Heatley**, Assistant Professor of Surgery, received the clinical award.

Previous recipients were Associate Professor of OB/GYN Theresa Duello (1996) and former Professor of Pediatrics Elaine Mischler (1995).

## NECROLOGY

**Frank H. (Herb) Attix**, Emeritus Faculty Gaithersburg, Maryland July 25, 1997

**Leonard J. Ganser**, '46 Madison, Wisconsin June 20, 1997

**Joseph J. Lalich** '37 Madison, Wisconsin September 27, 1997

**Robert J. Mathwig**, '42 (2 year) Stanley, Wisconsin January 23, 1997

**Clifford C. Peterson**, '44 (2 year) Homer, Alaska

**Donald F. Ridders**, '29 (2 year) Green Valley, Arizona June 9, 1997

**Carl W. Schmidt**, '47 Madison, Wisconsin June 18, 1997

**Henry K. Speed, Jr.** (Former Intern) San Antonio, Texas

**Lewis Tanenbaum**, '39 (2 year) Tallahassee, Florida

**James B. Torhorst**, '72 Madison, Wisconsin June 22, 1997



## Our Readers Write

Dear Jim:  
The Alumni

Meeting, with all its complexities, was well organized and the affairs were enjoyed by the group. I am particularly grateful to those on your staff who managed to misspell both my first name and last name but not at the same time! That gave me an opportunity to generate some spontaneous remarks, liven up the audience and get me off the hook!

The beautiful glass arrived today, intact, and with correct spelling. I sincerely appreciate your favor.

I enjoyed the meeting of the Editorial Board. The *QUARTERLY* needs editorial leadership. I regret the delay. I am concerned with the Dean's comments on fusion with the WAA, and with introducing the display of the faculty grandeur. We had tried both schemes and both ended in failure. I may write to the Dean. He should at least know that these ventures have a history.

*With sincere appreciation  
of your favor,  
Mischa J. Lustoč MD*

Dr. Riese,

I am sorry for the delay in this note, but the next morning after the banquet I delivered our son Henry without any complications. As you can expect, it has been a busy month with many adjustments!

I just wanted to express my gratitude for the generous monetary gift from the Alumni Association. This will come in

handy with the new addition to our household! Likewise, the honor of receiving the teaching award goes beyond words.

*Thank you.  
Cory Sise*

*To the Medical Alumni  
Association,*

Just a note to say that I really appreciated getting the Alumni award this year. It is one of the nicest things that has happened to me.

*Peter Chase*

Dear Mr. Griffith:

Thank you very much for the pictures of the Medical Alumni Banquet. It was a very pleasant evening, and it is good to have the photos to bring it back.

*Sincerely,  
Bob Metzzenberg*

Dear John (Buesseler).

Congratulations, you did a great job with the TB section! And I learned some things. For instance, have I forgotten, or did I never know about Sig's Bar in Wales? How could I have not known? My group must have been pretty dull!

By the way that picture of you is superb - you must lead a good clean life and have a wonderful tailor. I hope to get to Madison this summer for the opening of the Frank Lloyd Wright lakeside center and perhaps see some north country. Carry plenty of DEET?

*Thanks again and best wishes,  
LeRoy Misuraca, MD*

Dear Mr. Griffith:

Please pass on my thanks to the people, obviously including yourself, Dean Farrell, and others, who were so kind to me at the Alumni Day Banquet last week. It made the evening very special for me.

*Sincerely,  
Robert L. Metzzenberg*

James R. Griffith

Thank you for selecting me (and my family) for the University of Wisconsin Medical Alumni Association Low-Interest Student Loan. I (we) really appreciate it.

*Vickie Marie Cloutier,  
Med I*

**Editor's Note:** the following is in response to an article in the spring *Quarterly*.

### The Case for Free Market Health Care

Quentin Young, Gene Farley, and Linda Farley's ideas presented in "The Case for National Health Insurance" rest on the explicitly stated premise HEALTH CARE IS A RIGHT. They believe it is a moral imperative that every individual receive health care simply because he needs it! How is that to be? Is health care just out there, free for the taking, like the air we all breathe? What is a right? A right is a moral principle defining and sanctioning a man's freedom of action in a social context. (see footnote\*) A corollary of a right is ownership of the product of that action.

Every person, who thinks seriously, knows that health care is produced by the actions of individual humans; doctors, nurses, ambulance drivers, pharmacists, laboratory technicians, and many others. If every man is to have what these people produce as a matter of right, the producer's right of ownership must be violated. Are the producers "Al Capp's Schmoos," who seek to be eaten, or are they to be slaves? The advocates of Socialized Medicine (National Health Insurance) are not so brazen to demand slavery directly. They count on the fuzzy thinking of patients and physicians to swallow this outrageous arrangement as an expression of concern for the poor. The producers of health care have accepted the concept of duty to help the poor. Advocates of health care as a right say the poor will suffer and die without medical care if left to free market medicine and charity.

What has happened when men traded in free markets? The history of America is clear.

The United States of America was founded on the principle of individual rights, the right of every individual to live free, to own the fruits of his labor, to pursue his own happiness. Jefferson was precise in stating the view of the Founding Fathers, when he wrote in the Declaration of Independence, all men are endowed with inalienable rights—life, liberty and the pursuit of happiness. In practice, that means stand on your

own two feet, sink or swim on your own! It means that another's needs are not a claim on your life. It means you are responsible for your own actions. If you bring a new life into existence, that new life is your responsibility until the child is able to sustain his own life.

The first 150 years of the USA were characterized by an astounding increase in prosperity and benevolence. Men, trading with each other by mutual agreement, produced abundant food; machinery relieved men of back breaking labor. Railroads replaced horse and wagon; electric lights replaced candles and whale oil lamps. Airplanes replaced trains for rapid long distance trips. The rest of the world stood in awe. Millions left everything behind in foreign countries to live here and prosper.

In the context of free markets, medical science leapt forward. Anesthesia, discovered by Morton, relieved the incredible suffering of surgery and enabled treatments not dreamed of in other countries. A broad range of infectious diseases were practically wiped out by free minds directing actions. Life expectancy increased by about 30% in less than 100 years. The vast majority of individuals were well able to pay for medical treatment. The few who were unable to pay were cared for by the voluntary charity of prosperous people. As more elaborate and expensive treatments were discovered, the concept of insurance was applied. People with modest means bought insurance to cover the cost of expensive treatments. The premiums

were low because the illnesses and injuries which require such treatment are rare. Both the insurance companies and the policy holders profited.

The concept of health care as a right was made law in 1965 with the passage of Medicare and Medicaid. There was an immediate massive increase in the demand for health care services and a corresponding increase in the number of people satisfying the demand. Costs are vastly greater than anticipated. Soon, along with Social Security, these programs will consume all tile revenues of the government.

To stem this tide, price controls on doctors and hospitals have been imposed. DRG'S, RBRVS, regional adjustments for costs and allowable charges spawned a new industry of consultants to assist doctors and hospitals in maximizing claims, while complying with ambiguous, vague and contradictory rules. FDA bureaucrats are dictating which medications may be prescribed. Other functionaries are regulating which surgical procedures are "medically necessary." The setting in which procedures are to be done is determined by bureaucrats. The "Wall Street Journal" reported May 6, 1997, that fraudulent claims are producing escalating losses in the government's health programs. Charles Owens, Chief of the FBI's financial crimes unit, has 350 people investigating the medical industry, up from 290 last year. Advocates of government financed medicine say, "if a person's behavior is responsible for his need, maybe he doesn't have a right to care for that need."

Canada has National Health Insurance. Costs there have been constrained by delays. There are few MRI and CT scanner machines. People go without hip replacements, coronary bypass, bone marrow transplants, and kidney dialysis, while waiting in line. Many, seeking these procedures, come to the United States where free markets are still available to some degree. People in England have suffered such impoverishment for so long most don't know what they are missing and endure stoically.

So here we are in 1997 with doctors increasingly handcuffed by arbitrary rules, costs going through the roof, frustrated patients demanding relief, and doctors Farley and Young demanding more of the poison that has caused these problems in the first place.

What is to be done? Recognize the error of need as a claim! Resurrect the principle of individual rights, the principle of America!

Every individual human has a right to his own life. He has a right to take the actions required to sustain and promote his own life. That principle applies to all individual humans and requires that every man respect every other man's right to act freely to produce the values his life requires. If he can't produce those values directly he must find some one who is willing to trade for what he has produced. This principle of the trader applies to all man's needs including health care. Doctors have rights, nurses have rights, janitors have rights, all humans have rights. No matter how desperate the need of one man

or millions of men it does not alter the principle of individual rights. Free markets are the expression of individual rights in the realm of material values for man.

The solution to the problem in health care in 1997 is a gradual, complete phase out of Medicare, Medicaid, and Social Security. They should be replaced by free market medical insurance, charity, and private retirement accounts. The phase out would not pull the rug from those too old to provide for themselves, and would gradually relieve productive men of the burden for the aged.

The record of history is clear. Need as a claim is immoral, wrong, evil! Free markets are morally right! Productive men trading in free markets deliver the goods.

Ayn Rand wrote in "Atlas Shrugged," "Man's life, as required by his nature, is not the life of a mindless brute, of a looting thug or a mooching mystic, but the life of a thinking being—not survival at any price, since there's only one price that pays for man's survival: reason." There is a bright future for men in her wisdom.

*Ralph C. Whaley, M.D. '55*

\* "The Virtue of Selfishness", page 110, Ayn Rand; Penguin Books USA Inc., 375 Hudson St., New York, NY 10014



## CONTINUING MEDICAL EDUCATION



### COMING EVENTS

#### 1997

December 5 **Gastrointestinal Update Course for  
Primary Care Providers**  
*The Edgewater, Madison, WI*

December 28-30 **11th Annual Clinical Cardiology  
Symposium**  
*Marriott's Orlando World Center  
Orlando, FL*

#### 1998

January 16-17 **Sports Nutrition and Body Composition**  
*Marriott Hotel, Madison, WI*

January 18-21 **New Therapeutics**  
*Telemark Resort  
Cable, WI*

January 30-31 **Atrial Fibrillation**  
*Tremont House Hotel  
Boston, MA*

January 31-  
February 7 **9th Annual Advances in  
Clinical Medicine**  
*Kauai, Hawaii*

February 25-  
March 1 **Advances in the Diagnosis and  
Management of Mood Disorders**  
*Scottsdale, AZ*

April 3-4 **Computerized Tomography**  
*The Concourse  
Madison, WI*

November 3, 1997  
**American Academy of Pediatrics Annual Meeting**  
Rosedown Room  
New Orleans Hilton Riverside and Towers  
New Orleans

November 8, 1997  
**Homecoming**  
Tailgate lunch and football game with Iowa  
Madison

February, 1998  
**Milwaukee Winter Meeting**  
Date, time and place to be announced

April 1-5, 1998  
**American College of Physicians**  
Date, time and place to be announced  
San Diego

May 7-9, 1998  
**Medical Alumni Weekend**  
Madison

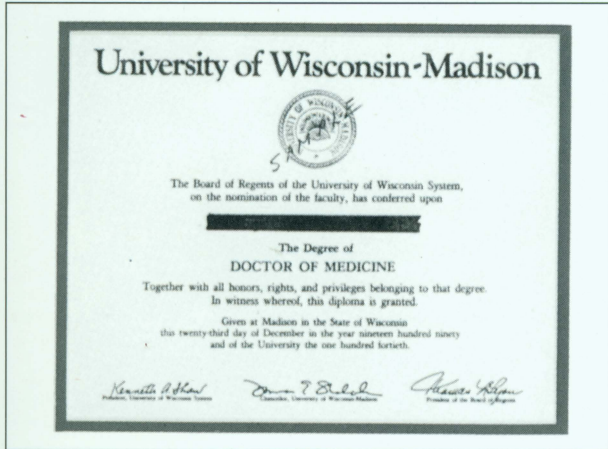
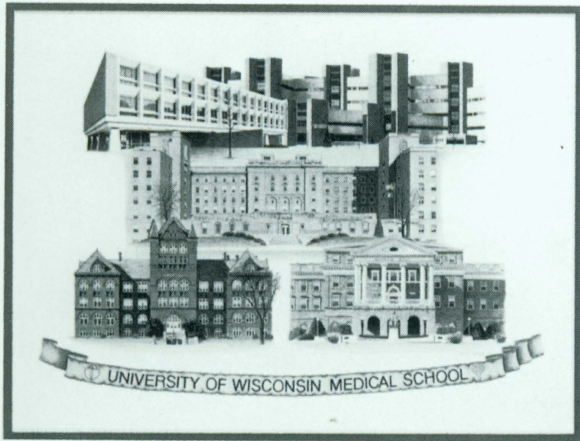
May 11  
**American College of Obstetrics and Gynecology  
Annual Meeting**  
Time and place to be announced  
New Orleans

*For further information please contact Cathy Means, University of  
Wisconsin Continuing Medical Education, 2715 Marshall Court,  
Madison, WI 53705; phone 608/263-6637 or fax 608/262-8421.*

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
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