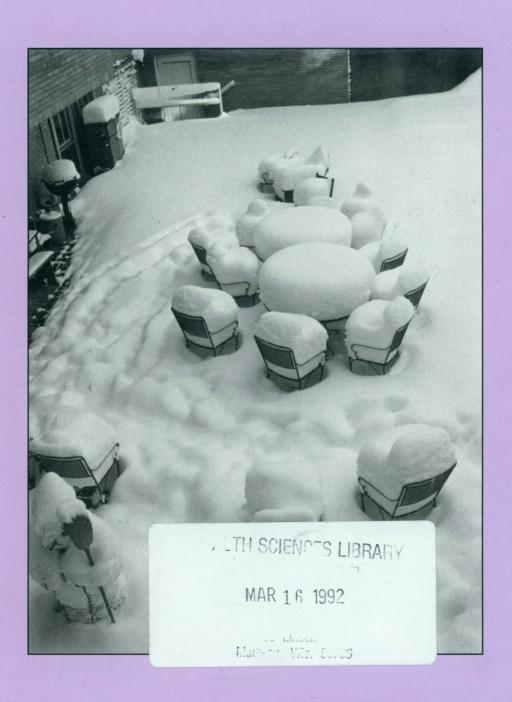


QUARTERLY



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ON THE COVER: A December '90 snowstorm set the stage for a faculty meeting in a courtyard of the Medical Sciences Center. Photo taken from the Medical Alumni office by TP Stewart



CANCER PAIN

Pleasure is oft a visitant; but pain Clings cruelly to us.

John Keats, 1818

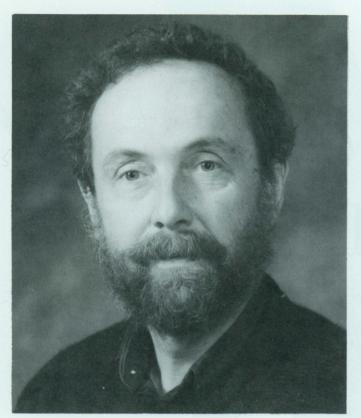
n hospitals, nursing homes and family residences across the country — even in major medical centers where high technology reigns and new procedures are conceived and born — the management of cancer pain often receives low priority. It may be overlooked altogether.

This bizarre state of affairs seems almost like a conspiracy between patients and health care providers, for the means to effectively control pain have been available for decades. The complicity broadens as one considers the larger circle of collaborators — politicians, educators, law enforcement personnel, family members — buttressed by age-old attitudes and expectations.

Editor's note: Although cancer pain is the focus of this article, other categories of pain are generally undertreated as well. Much — perhaps most — of what you read here applies equally to non-cancer pain.

The Barriers

Since relief from cancer pain is possible in most circumstances, why are horror stories of unremitting pain heard over and over?



Charles Cleeland, Director, UW Pain Research Group

What interferes with this area of medicine? How can one explain the seemingly contradictory behavior of those dedicated to comfort the afflicted? And why do so many patients willingly acquiesce?

Charles S. Cleeland, Professor of Neurology and Director of the UW Pain Research Group, set out to unravel the factors involved in the undertreatment of cancer pain in the early '80s and found that the reasons were complex and deep-rooted.

"In general, health care professionals really don't know how to treat pain adequately," he concluded. "Often they don't use enough narcotics (opioids) to be helpful because they have an unwarranted fear about addiction and they are afraid they won't be able to handle side effects.

"Another major problem is that patients and their health care providers don't communicate well. Patients don't want to use up their limited contact time with the physician by complaining, and some feel that it would be useless to complain because they believe that pain is an inevitable result of their disease and treatment. Others fear using opioid drugs or fear that their bodies will build a tolerance to these strong analgesics, leaving nothing for the really severe pain."

"Tell patients and families they should not suffer in silence."

Although the degree of pain felt by a patient is a subjective judgment, there is surprising agreement among patients worldwide when they are asked to evaluate their level of pain on a scale of 0 to 10, in which 0 is no pain and 10 is the worst pain imaginable; 5 denotes the level at which pain significantly impairs

functioning and the patient has trouble sleeping and eating. This or a similar type of scale provides a useful semi-quantitative tool to the health care provider who is tuned in to proper pain management.

"We must teach patients to express the amount of pain they are experiencing," Cleeland said, and patients must also take medication as instructed and provide feedback.

"Good" patients, however, hesitate to complain, and some are adept at hiding their pain. Maybe the doctor will become distracted from curing their disease, or maybe they will be seen as weak and bothersome. Family members sometimes reinforce such behavior because they, too, view complaining as socially embarrassing; it also makes them uncomfortable. And patients commonly undermedicate themselves, waiting too long before taking or requesting medication, although a common stereotype portrays a patient taking narcotics as one who often overmedicates and abuses drugs.

Some cancer patients fail to report pain because they want to deny their disease is getting worse.

Although patients and their families contribute to the undertreatment of pain, health care providers are considered the main obstacles. Interview data indicate that physicians don't like to spend time with

patients with unresolved pain. If patients continue to complain of pain, the physician may conclude that they suffer from depression or another psychological problem — not that they are receiving inadequate treatment for pain.

Such attitudes are perhaps a natural outcome of the physician's education. Standard oncology texts, for example, devote few pages to pain management. Treatment of pain generally receives little attention in oncology training programs, where the overriding emphasis is on control of the malignancy. And there is limited government funding for research in cancer pain.

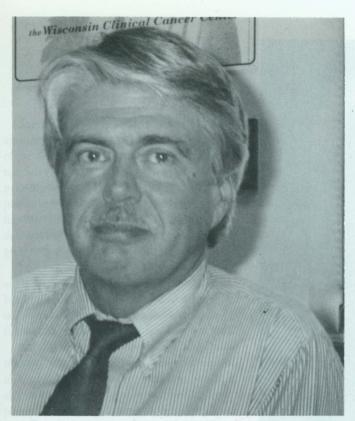
The message seems clear, if unstated: pain management is a low-priority item.

Cleeland found, among the physicians he studied, that the majority would wait until the cancer patient's prognosis was 6 months or less before beginning maximal analgesic therapy, even though the patient may be experiencing significant pain far earlier. Many of these physicians also failed to recommend other means of pain relief such as nerve blocks, biofeedback, relaxation techniques, and physical therapy.

Although upwards of 90% of patients with cancer pain will obtain reasonable pain control with systemic analgesics alone, Cleeland noted, the more difficult cases

The First Defense

The best way to manage cancer pain is to treat the disease itself with drug or radiation therapy or with surgery. The disease, however, may progress in spite of such efforts, and then pain-relieving drugs may be required. Depending upon the type and severity of the cancer, analgesics may be necessary while treatment is in progress. The treatment itself can also cause pain, which should be managed.



David Joranson, Associate Director for Policy Studies UW Pain Research Group

may call for multiple treatment approaches. Many physicians are not aware of the usefulness of using adjunctive analgesics such as antidepressants and anticonvulsants, and they may not be prepared to manage opioid side effects such as respiratory distress and constipation.

Many nurses, too, fear addiction, and when opioids are prescribed on a p.r.n. basis, nurses frequently undermedicate. Even pharmacies are sometimes part of the problem. Many pharmacies in urban areas do not stock potent opioids because they fear theft. Others don't carry narcotics because they are so infrequently requested.

Some physicians suggest that the undertreatment of pain is to some degree related

"If we know what should be done and we know enough to do it, then that is the thing we should do."

to the fact that most practicing physicians have never themselves experienced intense, prolonged pain.

The Myths

MANY PEOPLE ARE certain that cancer means unresolvable pain; pain is inevitable and must therefore be accepted and tolerated

with a stiff upper lip. It is common wisdom, as sure as getting wet and chilly means a cold or worse will follow.

The pain experts say not so. Instead they emphasize that most cancer pain can be relieved if currently available drugs and other therapies are appropriately used. Many physicians, nonetheless, are reluctant to prescribe opioids at appropriate levels and time intervals.

Another myth that preoccupies both laymen and professionals is the concern that using opioids, especially in the amounts that may be needed for adequate pain relief, will lead to addiction. It has been well established, however, that addiction rarely if ever occurs when opioids are used to control post-operative or cancer pain.

Although the fear of addiction is unfounded, the apprehension of both patients and medical personnel is very real and perhaps growing stronger with the flood of publicity surrounding the war on drugs and drug-related street crime. To those interested in providing maximum pain relief, it is frustrating and discouraging that an antidrug mind-set can interfere with the legitimate medical use of opioids and cause needless suffering.

Some patients fear that they will become "immmune" to the effects of strong analgesics if they are used too soon in the course of their disease. Some patients do develop tolerance, but this can be overcome by increasing the amount of drug administered. It has been found that patients can safely take large amounts of morphine under medical supervision.

When a patient reports that the drug's analgesic effect is not lasting as long it did previously, the health care provider may suspect that tolerance is developing. But this can also be the first sign that the disease is worsening. Both instances call for more medication and possibly alternate therapy.

The Legal Dimension

David E. Joranson, Associate Director for Policy Studies of the UW Pain Research Group, is particularly interested in the potential clash between pain control and laws designed to stop drug diversion and abuse.

"Federal law clearly recognizes the public health benefits of controlled substances such as opioids," he explained, "in particular the use of opioids to treat intractable pain. Federal controlled substances law also recognizes that an uninterrupted supply must be maintained for legitimate medical needs. Unfortunately, state laws do not

Pain Management Outside the U.S.

The undertreatment of cancer pain is a worldwide problem that the World Health Organization is trying to improve.

Most of the people in developing countries, especially in rural areas, receive little or no relief from pain.

Third-world countries have many of the same problems seen in the U.S., although they are often magnified. Taboos and strict laws against narcotics, for example, can mitigate against the use of these drugs for any purpose. Even the cost of opioids can be an obstacle.



June Dahl, Chair, Wisconsin Cancer Pain Initiative

Koop Commends WCPI

On the occasion of the First National Meeting for State Cancer Pain Initiatives in Madison, then Surgeon General C. Everett Koop delivered a statement that is presented here in part.

"When Assistant Surgeon General Dr. John Duffy spoke on my behalf at the Wisconsin Cancer Pain Initiative Strategy Session in December, 1986, he quoted the philosopher Immanual Kant. He said 'If we know what should be done and we know enough to do it, then that is the thing we should do.' In 1986, members of the Wisconsin Initiative knew what should be done about the unnecessary suffering of cancer patients. They knew enough to relieve the pain of cancer, and they determined to overcome the many obstacles that were in the way. On behalf of the U.S. Public Health Service and the American people,I commend the Wisconsin Cancer Pain Initiative for deciding to do

what should be done and for maintaining a commitment to that effort. Cancer pain relief is becoming a priority in Wisconsin..."

"Inform patients and families that most if not all cancer-related pain can be relieved..."

"Tell patients and families they should not suffer in silence. 'Good patients' do tell their care givers about their pain.

"Convince your colleagues, patients and families that addiction is extremely rare when narcotic analgesics are used to treat the pain of cancer..."

"Cancer denies life, and the pain associated with cancer denies the quality of life. We cannot yet be victorious over cancer, but it is hopeful and exciting that we can conquer much if not all of the pain of this dreaded disease. The imperative for the participants, of course, will be to return home and assure that we do not fail in this endeavor."

contain these important principles."

Some state laws and regulations may impede the prescribing of opioids and intimidate the prescribing physician.
Certain states, for example, label patients who legitimately receive narcotics as addicts, habitual users or drug-dependent persons and view physicians as possible law-breakers if they prescribe more than minimum amounts of opioids.

Joranson, who was Administrator of the Wisconsin Controlled Substances Board for 14 years, has helped to draft a new model drug law that will replace or refine existing state laws. The law recognizes that prescribing narcotic analgesics for intractable pain is a part of ordinary professional medical practice, and that pain patients should not be identified as addicts. He urges health professionals in each state to support efforts to achieve controlled substances laws that clearly recognize medical needs.

Laws and regulations should not be allowed to control or interfere with good medical decisions, Joranson emphasized. He cited a New York law that requires a physician to report as an addict a cancer patient who receives more than several months of narcotic treatment. In an attempt to prevent drug abuse, New York and other states as well have limited the prescription quantity for opioids to less than what may be medically indicated.

"It is frustrating to listen to legislators trying to outdo one another (in advocating get-tough-on-drugs laws), knowing the public is already afraid of narcotics,"

Joranson said.

The Consequences of Pain

Because there are so many types of cancer and because the disease progresses through several stages, it is difficult to discuss cancer pain in general. As a rule, however, in the early stages of most cancers there is little if any pain. When the disease metastasizes, about one in three patients reports significant pain. In end-stage cancer, the majority of patients report pain severe enough to interfere with their quality of life.

Since pain can affect activity, sleep and appetite, it can adversely impact the course of the disease; even poorly-resolved post-operative pain can prolong the recovery period. In advanced cancer cases the patient may not want to move at all for fear of increasing the pain level, and the desire to eat or drink may be missing altogether. Quality of life plummets.

Pain can also bring about depression, anxiety and hostility, which tend to exacerbate the patient's condition. Persistent pain is a source of frustration to the patient, the family and the health care team.

Although estimates vary greatly, it is thought that cancer patients are at increased risk of committing suicide; nearly all cancer suicides happen in patients with poorly controlled pain. Physicians who treat cancer patients say that unrelieved pain accounts for most of the requests for a quicker death. Conversely, patients who receive adequate pain treatment demonstrate positive changes in their overall

"All too often the choice of analgesics was based on some mystical combination of myth and misinformation."

health status, and many feel well enough physically and emotionally to carry on activities that they enjoy.

The Wisconsin Cancer Pain Initiative

A SERENDIPITOUS CHAIN OF EVENTS led to the formation of the Wisconsin Cancer Pain Initiative, a voluntary statewide effort by health care providers, educators and regulators to spread the gospel of adequate pain relief.

The chain began in 1984 when, according to Professor of Pharmacology June Dahl, the Compassionate Pain Relief Act was introduced into Congress. The bill would

have legalized the use of heroin to treat cancer pain, a practice initiated by the Hospice movement in England. Hospice personnel used the Brompton cocktail, a mixture containing heroin, for successful pain relief.

"The Representatives sponsoring the bill sincerely felt that heroin was the magic bullet — that with heroin, no one would have to suffer from cancer pain," Dahl explained. "We knew, however, that heroin was not the answer. The body immediately converts heroin into morphine, so heroin is just an expensive way to deliver morphine to the patient, and it carries with it all the problems associated with illegal drugs. But there is still a heroin mystique that is hard to put to rest."

As Chairperson of the Wisconsin Controlled Substances Board (WCSB), Dahl along with colleague David Joranson critically analyzed the legislation and evaluated its consequences. Because Wisconsin would have had to license physicians to prescribe heroin, the WCSB would necessarily have become involved, in a sense, in promoting heroin as an inadequate solution to a serious problem.

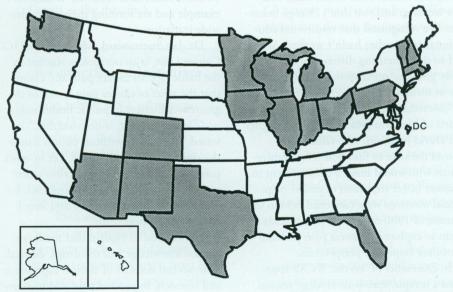
Although the proposed legislation was vigorously opposed by the Board and ultimately defeated in Congress, its deliberation in Wisconsin kindled some reflection and soul searching.

"We recognized," Dahl said, "that the pain of cancer and other conditions was often undertreated and that this was a significant health problem in the U.S. All too often the choice of analgesics was based on some mystical combination of myth and misinformation.

"Furthermore, Dr. Cleeland had already identified the barriers (to effective treatment of pain). We had solid data on which to build."

In a rare admission of government responsibility, Dahl said the Board itself may have contributed to the underuse of opioids in its efforts to prevent their abuse.

STATE CANCER PAIN INITIATIVES



November 1990

Seventeen states have begun cancer pain initiatives. Some are much more developed than others

WCPI Publications

The Wisconsin Cancer Pain Initiative offers several publications for various audiences:

"Cancer Pain Can Be Relieved," a booklet for patients and families.

"Children's Cancer Pain Can Be Relieved," a booklet for parents and friends of children with cancer pain.

"Jeff Asks About Cancer Pain," a booklet for teens.

"Handbook of Cancer Pain Management," a complete handbook for the professional who wants to know more about treating the pain of cancer. Written by a team of WCPI health care professionals. \$3.00

Displays: Two table-top displays are available from WCPI. One is targeted towards health care professionals and emphasizes the need for teamwork. The other is aimed at the public, and focuses on the importance of communication.

"Cancer Pain Can Be Conquered," an 11-minute slide/audio-tape set, also available as a video, that explains that cancer pain can be relieved, that patients won't become addicted if they take opioids, and that communication with care providers is essential.

You can order publications from: 3675 Medical Sciences Center, 1300 University Ave., Madison, WI 53706 or call (608) 262-0978.

"It must weigh heavily on our conscience that, despite our best intentions, what we know (about pain relief) is not being applied."

In early 1985 ideas and action began to coalesce, and the cancer pain problem was presented by the WCSB at a UW Clinical Cancer Center meeting attended by experts in the area of cancer and cancer pain. Paul Carbone, Professor of Human Oncology and Director of the WCCC, was a supporter from the beginning.

As a result of the meeting a steering committee was formed. The group decided to focus on any cancer patient with pain, not just the terminally ill. Some cancer patients live a long time, they noted, especially with increasingly effective treatments, and they deserve a relatively pain-free life.

It became evident, however, that simply recognizing the situation would do little. Dahl explained that many professionals around the country were already aware of the undertreatment of pain and had been trying to overcome the problem with little success. "You can write articles in medical journals, offer conferences and give lectures, and you don't change behaviors. We recognized that traditional educational approaches hadn't worked. We had to do something different if we were really going to make changes in the practice of medicine."

"Something different" began with the efforts of Madison-area nurse Diane Engber and David Joranson, who fanned out around the state to find health care professionals who would make a commitment to promote better treatment of cancer pain. Special meetings were convened, and in the summer of 1986 nurses and pharmacists began to explore the cancer pain problem from their respective perspectives.

In December of '86 the WCSB sponsored a unique state-wide strategy session at the Wingspread Conference Center in Racine, Wisconsin to devise a plan of action to improve cancer pain management. Sixty five participants — the

Center's capacity — attended. Many had to be turned away, for word had spread and interest had mushroomed.

The participants divided themselves into work groups and developed an action plan for improving pain management largely based upon overcoming the barriers identified in Cleeland's research. The Wisconsin Cancer Pain Initiative, under the leadership of Chairperson Dahl, has been executing that plan ever since.

The WHO Connection

At the Wingspread strategy session, the group received a psychological boost that has remained a constant inspiration: the World Health Organization, which is spearheading a world-wide effort to relieve cancer pain effectively, named Wisconsin a demonstration state because of its pioneering efforts to make cancer pain management a priority. As of this writing, 16 more states have followed Wisconsin's example and are forming their own statewide initiatives.

Dr. Jan Stjernsward, who heads WHO's Cancer Unit, is an outspoken warrior in the battle against cancer pain and claims that the relief of cancer pain is one of the greatest challenges in public health today.

"Death, in itself, is unavoidable," he stated, "but death without pain is surely the right of every individual. Yet in most parts of the world, cancer victims suffer and die — in far too many cases inch by inch — with pain, as family and loved ones stand by hopelessly."

He went on to explain that medicine has the knowledge and the drugs, derived from several decades of clinical experience and research, to prevent pain and to allow patients to die with dignity.

"It must weigh heavily on our conscience that, despite our best intentions, what we know is not being applied."

WHO has developed a three part "step ladder" for analgesia:

- ✓ 1, Aspirin, ibuprofen or acetaminophen are used for mild pain.
- √ 2, Weak opioids such as codeine are used when pain increases.
- ✓ 3, Strong opioids such as morphine are given for severe pain.

At each step of the ladder the patient may also require adjuvant analysesics for maximal pain relief.

Demerol is not recommended for treatment of chronic cancer pain because of its short duration of action, and its metabolite can accumulate over time and cause serious CNS toxicity, even siezures.

The amount of drug administered must be enough to do the job, not a preordained "proper" amount from the PDR. Patients' needs vary greatly; one may require a many-fold higher dose of opioids than another. Contrary to what some health care providers believe, large doses of opioids seldom produce serious unmanageable side effects.

When possible, medications should be administered by mouth rather than by injection, and they should be given at regular intervals that maintain effective analgesia — by the clock.

WHO also:

- ✓ advocates mass-media campaigns to inform patients and their families that most pain is controllable.
- ✓ encourages formation of a global network to help disseminate information
- ✓ seeks more medical education in pain management,
- urges governments to make sure that laws and regulations do not interfere with the legitimate medical uses of analgesics.

WCPI Activities

The volunteer participants of the Wisconsin Cancer Pain Initiative (there are no dues or formal membership) have been active on many fronts, with special emphasis on small-group contacts. Their goal is to develop programs that will spread knowledge about effective pain treatment and change attitudes, and they firmly believe that health care professionals should become accountable for pain assessment and treatment. These, they believe, are moral and ethical obligations.

In particular, the WCPI hopes to fill a gaping hole in the medical care system.

"A patient may be seen by 7 different physicians during the course of his or her

disease," June Dahl explained, "and no one may be paying attention to the whole person and his quality of life. The health care system is focused on treating disease and not on palliative care."

The nation is so wrapped up in technology, she added, that it's hard to remember there's a real person inside the body that is being affected by all the procedures. The role of the WCPI is to recognize and treat the person.

To date more than 300 health professionals around Wisconsin, including hospice workers, have joined the effort. They have contributed information at meetings of health professionals, presented educational programs to both public and professional groups, influenced curricula at the state's medical and pharmacy schools, produced a number of publications, listed elsewhere in this article, and provided practical materials to other countries.

Members keep in touch with one another via a bimonthly newsletter.

Although a significant number of health professionals are taking part in the Wisconsin Cancer Pain Initiative with an enthusiasm and dedication that would seem to portend a successful outcome, it will undoubtedly take many years for their message to become accepted and commonplace. Other initiatives around the country are equally tentative — and younger.

Long-held attitudes and perceptions can be difficult indeed to turn around, but there is an urgency in the air and a crusading spirit that will be hard to ignore.

A Gathering of Initiatives

In July of 1989, participants from 24 states came together in Madison at the first National Meeting for State Cancer Pain Initiatives. They unanimously adopted a policy statement that included the following excerpts:

"Pain associated with cancer is a serious and neglected public health problem in the United States. It requires urgent attention from federal and state health policy makers and practitioners..."

"The fact is that most cancer pain can be relieved with available drugs and other therapies. Why then do many patients with cancer needlessly suffer the dehumanizing effects of unremitting pain?

"Tragically, the public, patients, and many professionals are not aware that cancer pain can be relieved... Many health professionals lack training in pain assessment, treatment, and outcome evaluation..."

"It is essential to develop programs at the state level because that is where most medical care is taught, practiced, regulated and provided...but there is little financial support for state initiatives..."

Questions?

Anyone — medical professionals, patients, family and friends — may call the CANCER CARE LINE 1-800-622-8922, run by the U.W. Clinical Cancer Center, for questions and referrals.

You may also call the National Cancer Institute at 1-800 4-CAN-CER or the American Cancer Society at 1-800 227-2345.

DEAN'S COLUMN



Arnold L. Brown

The primary mission of the Medical School is the transformation of qualified men and women from a wide variety of backgrounds into physicians. The job of deciding who will undergo that transition is assigned to the Admissions Committee. The seventeen members of the Committee represent the faculty of the School. It is the faculty, not the deans or the chancellor or anyone else, who bear the sole responsibility, as asserted in Faculty Policies and Procedures, for establishing the criteria by which the future students of the School will be selected. The Admissions Committee, acting for the faculty, adhere strictly to these criteria and neither seek nor welcome advice from others. They are a hard boiled bunch.

The essential characteristic of the selection process is that every applicant is given an equal chance. To that end, the initial screening is done by a formula that takes into account the grade point average in the sciences, the grade point average of the other courses taken by the applicant, and a summation of the scores of the Medical College Admission Test. This score is further refined by the Committee on the basis of extracurricular activities, course loads and course difficulty, the level of competition in the pre-medical years, recommendations, and accomplishments in college and elsewhere. The final hurdle is a personal interview with at least one member of the Committee or member of the faculty. After all this, a class is selected. Most, around 95%, will be Wisconsin residents. The class will be diverse with men and women of varying ages, ethnic origins, social and economic backgrounds, colleges attended, work experiences, academic majors, and urban and rural homes.

The present Med I or freshman class, as have all the classes since 1987, has 143 students. Their ages range from 19 to 38, 38% are women, they come from 32 counties in Wisconsin, and attended 55 colleges and universities. The mean grade point average in the sciences was 3.54 and for other subjects, 3.57. The average Medical College Admission Test scores on the six categories were between nine and ten. College majors varied from one of the biological sciences (biology and zoology had the highest numbers), the physical sciences (chemistry, mathematics, biochemistry among them), to the non-sciences (English, history, psychology, economics, political science).

The work of the Admissions Committee, under its chair, Judith Leavitt, is now pretty much finished. The class which will enter next August is not entirely selected but acceptances have been sent and an alternate list established. At this point the decisions rest with those who have been selected. Most students apply to more than one school and often are accepted by several of these. It is up to them to chose which one they will attend. We may not know for certain who our students will be until the first day of class.

There has been much concern over the declining interest in a career in medicine. The evidence for this disinterest was seen in the declining numbers of applicants to the nation's medical schools. A similar decline occurred to us. This year the number of applications we received from Wisconsin residents increased by over a third from last year.

Much of what appears above was taken from a publication, University of Wisconsin Medical School, 1990-1991, prepared by Janice Waisman, Admissions Officer, and her colleagues. If you would like a copy, write Janice in care of the UW Medical School, 1300 University Ave., Madison, WI, 53706.

PRESIDENT'S COLUMN



Barry H. Usow '69

Since this is the first issue of 1991, I would like to take this opportunity to thank all of you who have contributed to the well being of the Alumni Association. We have become more financially sound and have significantly cut our deficit. We need your continued support.

With this in mind I would like to address several issues that have arisen near the end of 1990 and that will become significant in 1991.

First, the MASH house was sold in November and a substantial portion of the funds were put into the Low Interest Student Loan Fund so that many more loans will be able to be made in the future.

Secondly, our student phonathon to alumni who have not contributed recently was initiated to raise funds for the student loan fund. This was the only Association phonathon this past year and occurred in January of 1990. It should not be confused with other phonathons sponsored by the University of Wisconsin Foundation (the University's arm for seeking donations from alumni, businesses and other private sources), Medical School letters and requests, or specific department requests made of you on behalf of the Medical School. We have no knowledge of or control over such solicitations, and donations made to sources other than WMAA do not in any way contribute to our budget unless you specify Medical Alumni Special Project Fund on your check. I'm sorry that some of you have had bad experiences with solicitors from the Foundation, and I hope that will not sour you about giving to the Medical Alumni.

As a means of encouraging larger donations, the Middleton Society has been founded under the direction of Loren Thurwachter and the Long Range Planning Committee to recognize alumni and their spouses with special attention. Please consider a donation to this society.

Finally you should all know that the University of Wisconsin is endeavoring the largest capitol campaign in its history. The Medical School is attempting to raise \$12.4 million for professorships and buildings to keep the school on top. I have thrown my support behind the Dean and hope you will, too.

Please continue your fine support and plan on attending the annual alumni weekend in May.

EDITOR'S COLUMN



Victor S. Falk, MD '39

Meat Suppositories

Sometimes a paper written at an earlier age can be embarrassing or amusing when reviewed at a more mature later date. My first year in practice I reported on a strangulated inguinal hernia in a man of 88 years. I guess I was impressed with his advanced age and the fact that he survived. The State Journal must have had a paucity of papers in 1948 as they published the report. There are some retrospective aspects of the paper that are interesting at this later date.

Postoperatively the patient was treated very conservatively and was given one liter of IV fluids and two units of digitalis. This was repeated on the first postoperative day. He also was given Procaine-Penicillin in oil (300,000 units intramuscularly once a day). On the fourth day, he sat on the edge of the bed. He stayed in the hospital three weeks — and that's the interesting aspect of this case in view of our present restrictions. Currently in such a situation a hospital would take a financial bath and the perpetrating physician, if not summarily unfrocked, would be utilization reviewed and quality unassured — or might even be threatened with a vacation in a federal country club.

In the original paper, I also reviewed the literature of strangulated hernias in the aged, going back to a case in 1898 where a man of 89 with a strangulated umbilical hernia was successfully operated on without the use of a general anesthetic and by candle light. His postoperative care consisted of brandy by mouth, meat suppositories and nutrient injections per rectum. Some latter day wag might ask "Where's the beef?" or refer to this form of nutrition as a McEnema."

Actually the case report 42 years later is not an embarrassment and some of the comparisons with current care are quite intriguing.

LAST CALL FOR CREATIVE WRITERS

Tedical students, you still have Ltime to submit a piece of creative writing, either poetry or prose, to the Misha Lustoc Creating Writing Contest. The competition, sponsored by the Wisconsin Medical Alumni Association, is named in honor of alumnus Lustok. who served as editor of the Quarterly for more than 25 years. Please send or take your entry to the Medical Alumni Office, 1250 MSC, by March 25. The contest winner will receive \$200 and the entry will appear in the Quarterly. Please keep your entry reasonably short and submit only one.



Loren Thurwachter

A Major Commitment

by Loron F. Thurwachter '45

Editor's note: Many alumni are aware that the WMAA is in the process of recovering from a precarious financial situation. At the same time, certain financial needs continue to grow. Here Loron Thurwacher '45 appeals to fellow alumni to help support the Association's efforts.

emember when President
Kennedy said, "Ask not what
your country can do for you; ask
what you can do for your country." I would like to make an appeal to my
schoolmates using the same format. Our
medical school has already done its part by
providing us with a medical education. Now
is our chance to make a major commitment
to aid them in their endeavor to do the same
for the future generations of students.

I do not have to remind you that todays medical student faces problems that many of us did not face. Education costs continue to soar and government support continues to decline. Students from middle income families are being priced out of the chance to obtain such an education.

I would like to suggest that you consider becoming a member of The Middleton Society. This society has been formed to recognize alumni, faculty, and friends who contribute significant

amounts to support the Medical School through gifts or bequests. The contribution at present that will qualify for membership is a one-time gift of \$10,000 or more or \$10,000 payable over ten years. Any previous gifts made to the Medical Alumni since its formation can be credited to your contribution, but these bequests will require verification.

We have already had alumni becoming members, including two from the class of 1983. Please give this chance to be a real Badger Backer a hard think. Information has already appeared in the Quarterly (in particular, see President's Column in winter '89, spring '90 and summer '90) and will continue to appear. The recent letter from Alumni President Barry Usow urgently asking you to support your Medical Alumni Association contained a pink envelope for enrollment. Further information can be obtained from the Alumni Office.

A L U M N I : Your Dues Are Tax-Deductible

The following is a letter to WMAA
Executive Director James Griffith from Jim
Graham, a tax specialist with McGladrey &
Pullen, Certified Public Accountants and
Consultants, who yearly audit the Wisconsin
Medical Alumni Association, Inc.

Mary (auditor) asked me to draft a short memorandum to you explaining the change in our reporting of contributions by members. In the past, we reported these contributions as membership dues. However, for the current year, Mary determined that these amounts are more properly classified as charitable contributions.

As an organization exempt under Internal Revenue Code Section 501 (c)(3), you qualify to receive charitable contributions. Your organization qualifies as a "charitable organization" because it furthers the interests of our society (e.g., by promoting medical education). Nonprofit membership organizations that

are exempt under other provisions are not "charitable" because they normally further the interests of the members. Examples of these types of organizations include fraternities, sororities, country clubs, lodges and business leagues.

The instructions to Form 990, as well as several IRS rulings, state that membership dues paid primarily to support the organization's activities rather than to derive benefits of more than nominal monetary value represent contributions. The instructions indicate that "benefits of more than nominal monetary value" means the member paid dues to receive those benefits rather than to support the organization.

Mary reviewed the organization's activities and found no benefits provided to members worth more than nominal monetary value. She noted that a quarterly magazine probably should be considered "nominal" since the publication is also issued to nonmembers. Our impression is that mem-

bership dues are paid primarily to support the organization's activities (i.e., to support the medical school, faculty, students, etc.). As a result, we reported amounts received from members as contributions rather than membership dues.

Since we've determined that payments by members should be classified as contributions to your organization, these payments should also be deductible by members as charitable contributions. We've seen other charitable organizations include a statement on member solicitations that indicate the organization is exempt under IRC Section 501 (c)(3) and "donations" should qualify as charitable contributions. We suggest that you include a similar statement on your member solicitations.

If you have any question or we can provide further assistance to you, please contact us.

Jim Graham McGladrey & Pullen

The Doctors Chun

"What a family!

"They are sensitive, understanding, warm-hearted folks who never blow their own horns even though they're both expert professionals.

They are gentle and they are first rate."

This is how a long-time colleague began his assessment of Memee and Ray Chun. The colleague added that the Chuns' resiliency allowed them to function well even through the tumultuous years when Medical School factions sometimes made one another uncomfortable and frustrated. "It's obvious they are loyal to Wisconsin and dedicated to their profession."



Pediatrics (CHS) and currently a Professor in the School of Nursing, received her M.D. from Columbia University after earning her undergraduate degree from Bryn Mawr College. She completed her residency in pediatrics at Bellevue and Babies Hospitals in New York, followed by a fellowship from the National Cancer Institute to study oncology.

Since Memee came to Madison with husband Ray in 1960, she has accrued a notable reputation as a skilled clinician and an exemplary teacher. Her quiet, assured style has rubbed off on generations of medical students and residents who report that Memee pays as much attention to psychological and social dynamics as she does to medical aspects. This may have accounted for her legendary success and popularity in caring for children from many nations who lived at UW's Eagle Heights housing complex. An able communicator, she can build rapport and trust with her patients and talk common sense with their parents. And she has been entrusted with caring for the children of many Medical School faculty members the ultimate sign of confidence.

Dr. Chun has also influenced an unknown number of other physicians through publication of her S.O.A.P. (subjective, objective, assessment plan) — systematic age-specific, problem-oriented health maintenance forms that she devel-

oped and field tested. The system, used at Johns Hopkins and many other teaching institutions, forms the theoretical basis through which many physicians approach patient management.

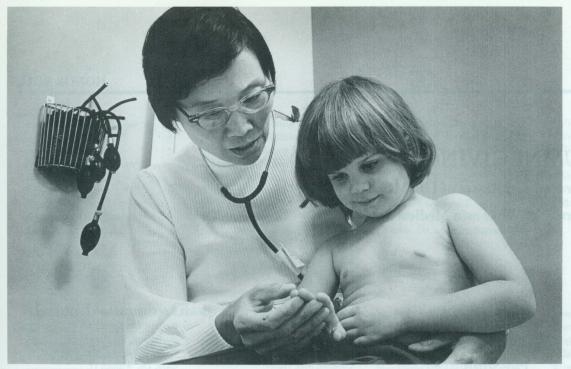
Although she spent most of her time with patients and students, Memee Chun's administrative duties would have been enough to fill an ordinary schedule. She is Medical Director of the Nurse Practioner Program in the School of Nursing and was Medical Director of the Developmental Disabilities Clinic at the Waisman Center on Mental Retardation and Human Development as well as Associate Unit Coordinator of Waisman's Clinical Services Unit, formerly known as the Diagnostic and Treatment Unit.

In Pediatrics, her home department, she scheduled residents and faculty in the General Pediatric and Adolescent Medicine Clinics, scheduled continuity clinics, and generally coordinated daily functions and calmed rough waters.

During most of her career, Memee did not work full time, opting to care for her three children. As she tells her students, "you can't have it all."

In semi-retirement, Memee thoroughly enjoys teaching one day a week at the School of Nursing.

Meurology Raymond Chun's name and you're sure to hear about his easy smile



Memee and Ray Chun

and his undying passion for tennis. He even spends full vacation days in his native Hawaii engaged in his favorite pastime with whomever he can persuade to join him on court. Currently, he is teaching children of friends the tricks of top spin forehand and backhand drives as well as the put away volley.

In the Department of Neurology Ray is looked upon as a sort of institution, for he has been associated with the department almost since its beginning. One of the founders of the discipline of pediatric neurology, he originated the Department's Division of Pediatric Neurology, shepherding and building it until his recent "retirement."

Ray's peers have recognized the depth and breadth of his knowledge of pediatric neurology, for they have chosen him as President of the Child Neurology Society, the Association of University Professors of Child Neurology and the Wisconsin Neurological Society. He has also headed many committees in the Medical School and Hospital.

Although Ray is best known within the Medical School as an extraordinary clinical teacher who is loved by patients and parents alike, he is renowned elsewhere for his research studies, including extensive work on encephalitis. Alumni may remember him as inventor of the Chun gun, an instrument that generates a strong beam of light to detect abnormal collections of

cerebrospinal fluid in infants. Because of its simplicity and portability it is still used by many senior clinicians in this country and by physicians in third world countries.

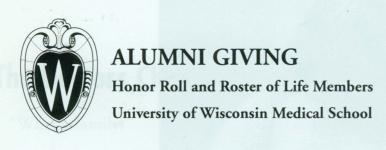
Dr. Chun managed to successfully take on major administrative positions along with his heavy clinical schedule. He was Medical Director of the Waisman Center on Mental Retardation and Human Development beginning in 1982, and he served as Acting Chairman of the Department of Neurology for two years.

RAY CHUN earned his undergraduate degree from St. Joseph's College in Philadelphia and his M.D. from Georgetown University School of Medicine in Washington, D.C. He trained at Philadelphia General Hospital, Georgetown University Hospital, Columbia Presbyterian Medical Center in New York, and the UW Hospital. He served in the U.S. Army for three years.

Free of administrative duties, Ray now works half time attending on the wards and clinics, teaching medical students and house officers, and writing medical articles.

The Doctors Chun are duly proud of their children. One is a resident in neurology in Seattle, another will graduate this year from the UW Vet School, and the third is a graduate student in astrophysics at the University of Chicago.

And Ray taught them all tennis.



the 1989-1990 Honor Roll of the University of Wisconsin Medical Alumni, faculty and friends. This report includes memorial funds, class gifts, AMA-ERF and other designated gifts. Contributions made directly to the Board of Regents of the University of Wisconsin regretably are not listed in the honor roll.

The Wisconsin Medical Alumni Association has made every effort to insure accuracy in acknowledging all contributions correctly. We apologize for any oversight or errors. Please report them to the *Quarterly*, 1300 University Avenue, Madison, WI 53706 or phone (608) 263-4915.

The Middleton Society

The Society was formed in 1989 to recognize its alumni, faculty and friends who contribute a one-time gift of \$10,000 or \$10,000 payable over a 10-year period to support the Medical School.

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Cook Robert E

DeNoble Hart B

Dickie Ruth S O

Dohler David E

Donarski D

Dreher B *

Domescik Julia M

Dorschel Griffin G

Driscoll Loren Mrs O

Dodge Co Med W/Aux *

Damiani S M

Deutsch R K

Cummings Burdean

Chen WY

Eberhardt Roger Eberhart Alan A O Edelblute Lyle H Endres Jack Farwell Gretchen Feldman Leo S Fish Ody J Fond du Lac Co W/Aux * Frase Jan Fredrickson James L Friedman Harry Friedman M Paul Froland Jean & Peter O Geiger Mildred S Geldner Barbara * Geldner Michael Giffen G Gilman Daniel Graham Jack Grant Co Med W/Aux Great Plains Org Greenhill H Gaylon Gunderson Adolph L Gust Jerry & Nancy Hanson Camilla R Hanson Mary I Hastreiter Mark T *0 Hawley Richard W Heckrodt Frank H o Heintz N V Henning Dan & Carol Henning Jim & Nancy Hicks B Hogan Peggy Holt Ronald W Hoops H *0 Horgen Dorothy I Icks Margaret Keenan Irwin Douglas W Isom R Jacobson Rodney L Jefferson Frieda P Johnson Clarice L Johnson Ruth E Kaftan Law Offices Kang S B Kelley Jacqueline Kennedy Duncan T * Killoran Bernard O Kissinger Kenneth A Klinke Marsha L Klund Ian W Knowles Warren P O Knudson Rosa E Krasno Mrs Estelle Kritzik Stanley Fdn O Lake Mills Cleaners Lee Michael J Levinson Steven L Liddicoat Ins Agency Lindeen Sharon Luckhardt Esther D

Lyall Katherine O

Lyon Barbara A Lvon Thomas L Marathon Co W/Aux Marlett M Marnocha Raymond A * Martin Mrs Margie S McCormick Raymond A McDonald Linda K McGregor Jane Dickie McGuire George Meier Joyce A Merrill Lynch Realty Meuer Antoinette S Mills Mr & Mrs John Milson S Milwaukee Co W/Aux Motto Joy Murphy Marion C > Myers Richard L Nadeau George Neurological Surgery Newcomer Barbara Nishioka Hiro OConnor J * OHarrow Russell J Ogden J Scott Olen Marcia M Ozower T Patek Monnot Nancy Pathakjee Bharat O Peterson Isabelle Physician Asst Prog Pond Systems Inc Portch Stephen R O Rainone Rebecca M Rasmussen Glendolan Rater C J *0 Reedy George E O Reivitz Linda Rae ◊ Rejahl Rollyn L Rock Shirley J Sage Judith W Scheible Mrs Frank Schilling Paul R O Schmitz William R Schoenfeld Elizabeth * Schroeder James W Schwarting Milton A Schwiesow K * Segersin Edward L Sell Kathleen R *0 Sencer Walter Shaw Kenneth A * Sheboygan Co W/Aux o Siebert Edward J Simmons Mrs Warren K *◇ Sipes D *0 St Lukes Lutheran O Stankevych A * Talens A * Terrien Gertrude R Thibodeau Gary A

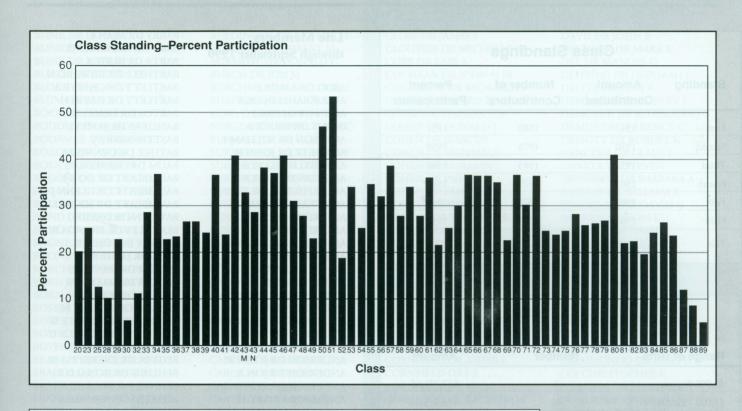
Thomas Peter A *

Traver Jon & Peggy Troup Richard H Univ Ob Gvn Assoc Univ Pediatric Assoc O VanGiesen Lee WI Energy Corp Inc * WI State Med Soc W/A * WI/MI Auto Salvage Wagner Herman L Walker Susan G Waller Tom & Carol Ward Judith * Warren Kenneth L * Watkins Mr & Mrs C E o Watson R Weavill Herbert C o Webb Herb & Barbara Wenger Robert J Werbel James Werbel Larry S O Whitcomb Dorothy Whiting E Darlene Winer Emily S Wisner Shirley M * Witte Hollison Lynne Yao F Zimmerman Beverly A Zimmerman Mary R Zweifel Elaine WIDOWS/WIDOWERS -Angevine Mrs D M o

Blanchard Mrs Porter *0 Brouwer Mrs Stephen * Campbell Mrs Ralph E Dewey Mrs Nancy F *0 Hickey Mrs Lola G * Keller Mrs Leigh W * Lawton Mrs Ben R *0 Lefeber Mrs Edward J Lundt Mrs Milo O Mortensen Mrs Otto A *O Okagaki Mrs Henry * Paul Mrs Lester W * Pernot Mrs Robert D O Rank Mrs P Peter Salinsky Mrs Lester 4 Scheible Mrs Frank I Schoenenberger Mrs A Senty Mrs Robert M * Skeels Mrs Robert F Treweek Mrs David N *0 Urben Mrs Walter J *0 Wasserburger Mrs R H Wegmann Mrs George H *

Annual Participation by Class 1989-1990

Class	Number in Class	Number of Contributors	Percent Participation	TOTAL		Number n Class	Number of Contributors	Percent Participation	n TOTA
	Ja	named rangeW RES	DENTS STREET	McGregor Jane l	.056	(0	onflood Francian	Stanley - Mai	44 005 00
1913	1	0	0.0	\$0.00	1956	69	22	31.8	\$2,805.00
1915		0	0.0	\$0.00	1957	73	28	38.3	\$10,640.50
1917	2	0	0.0	\$0.00	1958	72	20	27.7	\$5,535.00
1918	2	0	0.0	\$0.00	1959	65	22	33.8	\$3,875.00
1919	house I Day	0	0.0	\$0.00	1960	69	19	27.5	\$5,945.00
1920	5	Andow NEt	20.0	\$25.00	1961	81	29	35.8	\$3,325.00
1921	3	0	0.0	\$0.00	1962	84	18	21.4	\$2,690.00
1922	5	A dealt 0 self. Com	0.0	\$0.00	1963	68	17	25.0	\$9,370.00
1923	8	2	25.0	\$150.00	1964	77	23	29.8	\$4,265.00
1924	A SUR11 RY	emal We 0 James	0.0	\$0.00	1965	77	28	36.3	\$5,545.00
1925	8	Pymallellaw Sans	12.5	\$200.00	1966	80	29	36.2	\$6,395.00
1926	9	O omb Dom	0.0	\$0.00	1967	91	33	36.2	\$7,130.83
1927	11	0	0.0	\$0.00	1968	95	33	34.7	\$6,946.00
1928	10	2 clim3 balW RES	10.0	\$1,000.00	1969	93	21	22.5	\$8,721.50
1929	22	5	22.7	\$1,254.00	1970	93	34	36.5	\$4,200.00
1930	19	meilloH ImiW Broe	5.2	\$200.00	1971	100	30	30.0	\$5,325.00
1931	21	0 osy Dos	0.0	\$0.00	1972	91	33	36.2	\$4,296.00
1932	36	4	n Robell1.1	\$509.00	1973	102	25	24.5	\$3,780.00
1933	35	10	28.5	\$3,035.00	1974	123	29	23.5	\$5,325.00
1934	30	Smith 11 W Hoo	36.6	\$1,800.00	1975	122	30	24.5	\$3,536.00
1935	44	10	22.7	\$1,655.00	1976	135	38	28.1	\$6,080.00
1936	43	10	23.2	\$1,012.00	1977	148	38	25.6	\$5,765.00
1937	38	10		\$1,650.00	1978	168	44	26.1	\$5,089.50
1938	49	13	26.5	\$3,165.00	1979	150	40	26.6	\$4,785.00
1939	50	12	24.0	\$6,558.00	1980	157	, 64	40.7	\$8,236.00
1940	52	19		\$8,217.50	1981	151	33	21.8	\$3,125.00
1941	59	14		\$1,245.00	1982	162	36	22.2	\$3,620.00
1942	32	13	40.6	\$1,785.00	1983	154	30	19.4	\$4,835.00
1942 1943M	52	17	32.6	\$5,400.54	1984	149	36	24.1	\$3,449.00
1943N	49	14	28.5	\$1,153.05	1985	160	42	26.2	\$2,170.00
19451	50	19	38.0	\$4,420.00	1986	150	35	23.3	\$1,425.00
1944	57	21		\$3,140.00	1987	160	19	11.8	\$895.00
	59	24			1988	153	13	8.4	\$505.00
1946				\$2,888.50	1989	145	7	4.8	\$185.00
1947	52	16		\$17,016.00			0	0.0	
1948	40	man and the later	27.5	\$2,800.00	1990	119	0	0.0	\$0.00
1949	48	for all Markot		\$1,420.00					
1950	62	29		\$13,135.00	SUB TOTA	L 5,387	1,404	26.0	5272,870.92
1951	62	33		\$6,710.00					
1952	59	Talk slittle		\$3,470.00					
1953	71	24	33.8	\$5,015.00					
1954	72	18	25.0	\$6,605.00			O religible Kissinger K		
1955	61	21	34.4	\$6,422.00			godd W Klinke Mar		



BEMILDIKAR ROBERTAKAN BEMILER DER KOKERRAMAN BEMILER DER KIROKISERAGIN	Number in Specialty	Number of Contri– butors	Percent Participation	Total
FORMER HOUSE STAFF				
INTERNS	416	ARTERDOR	2.6	\$505.00
RESIDENTS				
ANESTHESIOLOGY	160	13	8.1	\$1,441.10
DERMATOLOGY	45	6	13.3	\$205.00
FAMILY MED & PRACTICE	222	AAHDIBES	2.2	\$235.00
GENERAL PREVENTIVE MED	CAMEDIAUONA.	0	0.0	\$0.00
GENERAL SURGERY	135	9	6.6	\$2,525.00
HUMAN ONC/CLINICAL ONC	45	2	4.4	\$275.00
INTERNAL MEDICINE	600	31	5.1	\$3,731.10
NEUROLOGICAL SURGERY	29	3	10.3	\$225.00
NEUROLOGY	· 110	4	3.6	\$575.00
OBSTETRICS GYNECOLOGY	83	7	8.4	\$766.10
OPHTHALMOLOGY	120	17	14.1	\$14,400.00
ORTHOPEDIC SURGERY	95	2	2.1	\$72.00
OTOLARYNGOLOGY	34	ra come a la come	2.9	\$50.00
PEDIATRICS	188	6	3.1	\$310.00
PHYSICAL AND REHAB MED	17	0,000	0.0	\$0.00
PLASTIC SURGERY	39	BARITA BEE	2.5	\$100.00
PATHOLOGY	103	6	5.8	\$566.10
PSYCHIATRY	171	7	4.0	\$1,065.00
RADIOLOGY	125	10	8.0	\$1,605.00
UROLOGY	50	1961 2011 1948	2.0	\$25.00
SUB TOTAL	2,788	142	5.0	\$28,676.40

Standing	Amount Contributed	Number of Contributors	Percent Participation		
First	1947	1980	1951		
Second	1950	1978	1950		
Third	1957	1985	1980		
Fourth	1963	1979	1946*		
Fifth	1969	1976*	1942*		
Sixth	1980	1977*	1957		

	Alumni Gif	ts
Range of Gifts	Number	Amount
\$3,000 & over	9	\$67,271.86
\$1,000 - \$2,999.99	60	\$73,615.00
\$500 - \$999.99	90	\$51,097.04
\$250 - \$499.99	162	\$47,336.70
\$100 - \$249.99	700	\$88,380.72
\$50 -\$99.99	348	\$18,746.83
\$25 - \$49.99	343	\$9,801.10
All Others	153	\$2,172.25
Total	1,865	\$358,421.50

00.00					
	Number of Contributors	01.8858 00.000 218	Total		
Faculty	69	\$50.00	24,087.58		
Preceptors	1	\$310,00	\$50.00		
Former Faculty	5	09:07	\$350.00		
Emeritus Faculty	20	01.80%	\$8,105.00		
Others	200	00.200.HL	\$19,468.60		
PH.D.	0	an Pis	\$0.00		
Widows/Widowers	24		\$4,813.00		

Life Members through September 1990

ABDO DR SAMIR F ABDURRAHMAN DR S ABLIN DR GEORGE BRAMS DR BRUCE R ACHESON DR WILLIAM E ADAMETZ DR JOHN H ADAMSKI DR GARY B ADDISON DR EARL R ADLERFISCHER DR KAREN AGARWAL DR AVADH B ALBERT DR PHILIP R ALBERT DR RUSSELL D ALBRECHT DR CHARLES H ALDER DR ROBERTA A ALT DR STUART W ALT DR WILLIAM J AMBERSON DR STEVEN M AMUNDSON DR LOREN H ANDERSON DR CHARLES I ANDERSON DR HENRY A ANDERSON DR JAMES L ANDERSON DR JOHN W ANDERSON DR JON A ANDERSON DR PETER G ANDREW DR MARK H ANGEVINE DR JAMES M APPEN DR RICHARD E APYAN DR PAUL ARGAND DR ROBERT D ARMSTRONG DR GENE F ARNDT DR GEORGE A ARNESEN DR RICHARD B ARON DR STEPHEN C ARTZ DR TYRONE D ARVOLD DR DAVID S ASPLUND DR MARK W ASPLUND DR MERNE W ATWELL DR ANTHONY E AUFDERHAAR DR HENRY W AVEDIAN DR LEONARD V AVERBOOK DR BERYL D AYRES DR WILLIAM H BABBITT DR DONALD P BAERNSTEIN DR H DANIEL BAKER DR DURWARD A BALDWIN DR ELIZABETH R BALDWIN DR STEPHEN R BAMFORTH DR BETTY J BANERJEE DR TARIT K BARBO DR DOROTHY M BARCOME DR DONALD F BARDEEN DR ANN BARETA DR JOHN M BARGREN DR JOHN H BARKER DR DONALD E BARKER DR JOHN D JR BARNES DR HALDOR PETER BARNES DR ROBERT A BARR DR CONSTANCE S BARR DR VINCENT P BARRICK DR RICHARD B

BART DR ROBERT D JR BARTA DR RUDY A BARTHELL DR EDWARD N BARTLETT DR CHERYL A BARTLETT DR DAVID H BARTOS DR HENRY R BASILIERE DR JAMES L BAST DR BARRY V BATHKE DR DENNIS M BAUM DR GERALD L BAUMBLATT DR DON P BAUMBLATT DR GLENN J BAUMBLATT DR MICHAEL J BAWDEN DR DAVID G BEACHLEY DR BRENDA R BEASLEY DR JOHN W BECK DR JAMES P BECKER DR DANIEL F BECKER DR DEAN B JR BECKER DR IRVIN M BEDARD DR ROBERT M BEDINGER DR ROBERT W BEECKLER DR DONALD C BEEN DR HAROLD BEGUIN DR EVERETT A JR BEHLING DR RONALD E BEHNKE DR GEORGE A BEHRENS DR JEROME A BEHRENS DR MARGARET C BEHRENS DR SUSAN F BELL DR KEVIN E BELTRAN DR D J BEMRICK DR ROBERT J BENDER DR ROGER I BENISH DR GEORGE A BENKENDORF DR CHARLES BENSON DR GEORGE B BENSON DR WILBUR M BENTLEY DR JOHN D BENZMILLER DR JAMES A BERENTSEN DR THOMAS R BERGEN DR TAMARA S BERGER DR MAURY B BERMAN DR MARSHALL L BERMAN DR ROBERT L BERNARDONI DR ROBERT I BERNDT DR THEODORE B BERNHARDT DR DAVID T BERNHARDT DR LOUIS C BERTELSON DR KENNETH P BERTRAND DR MARC L BESETH DR DOUGLAS J BETLACH DR DOROTHY W BETLACH DR EUGENE H BETTS DR LAWRENCE T BILLINGS DR JAMES E BINDER DR JAMES P BINGHAM DR W GEORGE JR BISHOP DR HAROLD F BLACHER DR STUART E BLACK DR MICHAEL J BLANCHARD DR PORTER B **BLATNIK DR STEVEN** BLAU DR ROBERT P

BARRY DR ALAN S

BLINK DR DONALD V BLINK DR JEFFREY A BLINK DR ROBERT C BLOCH DR STEVEN P BLOCK DR ROBERT T BLUM DR BEN B **BOCK DR HARVEY M** BODDEN DR ALISON A BODEMER DR STEVEN E BOEKER DR ALLEN J BOEX DR ROBERT M BOGOST DR KEITH E BOGUMILL DR GEORGE P BOLLINGER DR JOHN T BOND DR JEFFREY R BOND DR PHILIP A BOONE DR ERVIN S BOONE DR JUDITH A BORCHARDT DR RONALD E BORN DR FREEMAN W JR BORN DR JEAN L BOSSER DR SONYA K BOXER DR RICHARD J BOYCE DR DAVID C BOYER DR SAM H BRADLEY DR DOUGLAS D BRAHOS DR GEORGE J BRAKE DR DAVID BRANDABUR DR JOSEPH H BRANDENBURG DR JAMES H BRANHAM DR ROGER V BRAUN DR CHERYL SAMPE BREITENFIELD DR R V BRENNAN DR JOHN T BRENNOM DR WILLIAM S BRINDLEY DR CLARE E BRINGE DR JAMES W BRITT DR ARCHIE G BRODHEAD DR WILLIAM T BRODY DR LESLIE E BROEKHUIZEN DR FREDRIK BRONSON DR FREDRICK H BROOKS DR CLIFTON R SR BROSE DR MERLE L BROSIN DR HENRY W BROTZ DR BRIAN M BROWN DR JAMES G BROWN DR JEFFREY F BROWN DR JOHN F BROWN DR RICHARD J C BROWN DR ROBERT O **BROWN DR THOMAS E** BRUCE DR M JEAN BRUCKMAN DR JAMES E BRUHN DR IRWIN J BRUMBLAY DR RAYMOND S BRUNO DR DOMENICK S BRUSKY DR JOHN E BRUTVAN DR FERDINAND M BRYAN DR GEORGE T BUCHTA DR WILLIAM G BUDNER DR HARVEY M BUDZAK DR ANN E BUDZAK DR KATHRYN S BUDZAK DR LYNN M

BUEDINGEN DR RICHARD P BUMSTED DR ROBERT M BURANDT DR DONALD C BURCH DR JON M BURCHMAN DR SHELDON L BURDICK DR CLAUDE O BURG DR RICHARD M BURGDORF DR WALTER H C BURMEISTER DR GLEN E BURMEISTER DR RONALD E BURNS DR CHARLOTTE A BURNS DR LAWRENCE S BURPEE DR JAMES F **BUSBY DR MICHAEL** BUSER DR CHARLES N BUSSE DR WILLIAM W BUTLER DR JOHN B BUTTKE DR JAMES F BYLA DR JONAS G CADWELL DR ROBERT E CAMENGA DR DAVID L CANDY DR ARDIS J CARD DR WILLIAM H CARLEY DR WILLIAM C CARLSON DR JAMES L CARLSON DR SHELIA K CARLSON DR TRENT P CARPENTER DR F J JR CARPENTER DR MARK M CARTER DR WILLIAM L CASEY DR J MURRAY CASKEY DR PAUL M CASS DR ROGER M CASTILLO DR MARCELO CASTILLO DR WILFRIDO E CAVERLY DR OLA G CAYGILL DR WAYNE M CEASE DR JAMES I CELESIA DR GASTONE G CHADBOURN DR JOHN A CHAN DR RODNEY H CHANDLER DR JOHN W CHEN DR KO KUEI CHEUNG DR ALPHONSUS L CHEYDLEUR DR ELEANOR P CHEYNE DR KEN L CHIROFF DR RICHARD T CHREST DR CLARENCE P CHRISTEL DR DIANE K CHRISTENSEN DR DENNIS CHRISTENSEN DR DON L CHRISTENSEN DR EDWARD CHRISTENSON DR RICHARD CHRISTMAN DR GREGORY M CHUN DR MICHAEL R CHUNG DR STANLEY B CHURCH DR RUTH E CLARK DR JOHN M CLASEN DR RICHARD W CLEARY DR DAN T CLEARY DR MICHAEL G CLINE DR DAVID W CLINTON DR GERALD L CLINTON DR ROBERT A CLONINGER DR PAUL N

CLOSE DR JAMES S CLOUTIER DR MICHELLE M COBB DR EARL L COCHRAN DR JOHN H JR COCHRANE DR RICHARD H CODY DR EDWARD F COFER DR VERNON L JR COHEN DR DONALD J COHEN DR MARCUS COHEN DR NATHAN A COHEN DR NORMAN E COHEN DR PHILIP COHEN DR SAMUEL M COKE DR ROBIN D COLGAN DR TIMOTHY K COLLETT DR NANCY B COLLOPY DR PAUL J COMBS DR JAMES A CONDIT DR RANDALLS CONNALLY DR JOSEPH JR CONNOLLY DR HELENE COOK DR WILLIAM A COOKE DR CYNTHIA W COOLEY DR CHARLES J COOLEY DR PETER A CORNFIELD DR ASHER L CORNFIELD DR J R CORNFIELD DR JOEL CORNFORD DR RAYMOND C COUCH DR DEBORAH L COUNIHAN DR COLLEEN M COWLES DR MARY B COYNE DR TERRANCE C CRAEMER DR RAY L CRAIG DR WILLIAM A CRAM DR DAVID L CRAMER DR GLEN G CRANSTON DR ROBERT W CROOM DR DAVID I. CROWLEY DR LAWRENCE G CROY DR STEVEN F CRUMMY DR ANDREW B JR CUENE DR SARA A CULLANDER DR CECIL CH CULVER DR RONALD E CUNNINGHAM DR M A CUPERY DR STANLEY G CURET DR LUIS B CURRERI DR A R CUSTER DR G S DACUMOS DR GUILLERMO C DAFOE DR DONALD C DAHL DR DIANE A DAHL DR DOUGLAS D DAHL DR VINCENT H DAHLEN DR JAMES H DAHLIE DR PETER N DANFORTH DR ROBERT C DANIELS DR FARRINGTON DANIELS DR J L DASLER DR HERBERT A DAVID DR JOHN E DAVIDSON DR MARGARET H DAVIS DR CLAUDE D JR DAVIS DR HUGH L

DAVIS DR JOHN B DECHECK DR MARK E DEE DR MANUEL G DEHRING DR DEBORAH J DEITTE DR LORI A DEMASTER DR ROBERT I DEMCZUK DR ROXOLANA J DEMOS DR TERRENCE C DEMOTT DR ROBERT K DENCKER DR CLAUS P DENKER DR STEVEN **DENNISON DR BARBARA A** DESHUR DR WILLIAM R DESJARLAIS DR DAVID C DETMER DR DON E DEUBLER DR DAVID I DEVAN DR DOUGLAS G DEVORE DR JAY S DEVRIES DR ELLEN M G DICELLO DR JACALYN M DICKIE DR HELEN A DICKMANN DR RICHARD C DIEROLF DR EDWARD J DIETRICHSON DR W S DIPPE DR STEPHEN E DIRAIMONDO DR IOSEPH C DIX CHRISTOPHER R DOERING DR MATTHEW P DONHOWE DR JOHN M DONKLE DR JAMES B DONLIN DR WILLIAM F DONOVAN DR TIMOTHY J DORTZBACH DR RICHARD K DOTY DR JOHN W DOUGLAS DR ROBERT F DOUGLASS DR MARGARET C DOW DR C THOMAS DOWNS DR DAVID R DRAEGER DR MARGARET R DREHER DR WILLIAM H DRINKA DR JOSEPH M DRURY DR COLIN J DUERST DR REGGIE E DUMENCO DR LUBA L DUNKEL DR THOMAS B DUPPLER DR DAVID W DYER DR VERNON E DYREBY DR JAMES R JR EBLING DR PAUL R EBY DR THOMAS L ECKBERG DR THEODORE J ECKELBERG DR MERLYN E ECKERT DR GORDON L EDLAND DR ROBERT W EDSON DR JACK D **EDWARDS DR DEARBORN** EDWARDS DR RICHARD W EGGMAN DR LYNN D EHLINGER DR EDWARD P EICHMAN DR PETER L EID DR CHARLES H EID DR ROBERT E EISEN DR HERBERT L ELA DR DENNIS D ELLIOTT DR RICHARD L

ELLIS DR JOHN C JR ELLIS DR ROBERT G ELLSWORTH DR EDWARD L ELSTON DR A C V EMANUEL DR DEAN A ENDER DR KENNETH E ENDERS DR GENE G ENDRES DR DELORES A ENERSON DR DAVID E ENGLAND DR ALBERT C ENGLISH DR JOHN W ERBSTOESZER DR JOHN W ERICKSON DR DANIEL R ERICKSON DR MILO R ESKRITT DR NYLES R ESSWEIN DR JAMES L ETZEL DR RUTH A EVEREST DR PAUL D FAHEY DR MARK R FAHEY DR PATRICK J FALK DR VICTOR S JR FANCHER DR DONALD C FANCSALI DR DENNIS F FARDAL DR PATRICK M FARLEY DR DAVID R FARRELL DR CAROLYN J FARRELL DR PHILIP M FAVARO DR MARY K FEDDERLY DR BRADLEY J FEIGES DR LEWIS M FELDMAN DR ARMIN I FELDMAN DR KENNETH W FELDSTEIN DR CHARLES S FELDSTEIN DR ROBERT M FELIX DR JACOB K FELTON DR OWEN L FELTON DR THOMAS O FENLON DR MARK L FERGUSON DR BARBARA B FERGUSON DR SAMUEL H FERWERDA DR J R FETT DR JAMES W FETTERS DR BARBARA R FIELD DR DANIEL T FIERKE DR JAY L FINK DR DONALD W FINN DR MILTON FISCHER DR LOUIS C FISHER DR ADA M FISHER DR ROBERT S FITCH DR CHARLES G FLAA DR RAYMOND C FLAHERTY DR TIMOTHY T FLESCH DR JAMES R FLIEGEL DR MARTIN B FLOHR DR MICHAEL J FOE DR RICHARD B FOGARTY DR JAMES P FOK DR JOSEPH S FOLSOM DR ROBERT I FOLTZ DR RICHARD N FORMAN DR MEL A FOSDAL DR FRED A FOX DR DAN A FOX DR JAMES M

FOX DR LEONARD L FOX DR STEPHEN P II FOX DR THEODORE C FOX DR WILLIAM J FRANCE DR THOMAS D FRANK DR TERRENCE W FRANKLIN DR BURTON M FRANKLIN DR DONALD A FRANKLIN DR RICHARD L FRAZER DR SAMUEL I. FRAZIN DR LAWRENCE J FRECHETTE DR PAUL F FREED DR DAVID A FREEDMAN DR JANET E FREEMAN DR D JOE FREEMAN DR MARY J FREI DR LONNIE W FREY DR GERALD C FREY DR THOMAS FRIEDMAN DR BURTON J FRINAK DR CHARLES W FROELICH DR RALPH D FROLAND MRS VIRGINIA FROMME DR GLENN A FROST DR JOHN F FROST DR NICHOLAS R FRUECHTE DR DANIEL M FRY DR BRADLEY C FRY DR JOHN R FUCHS DR GEORGE J JR FUHLBRIGGE DR ARMIN R FUHRMANN DR DONN D FUNG DR THOMAS Y FUTTERMAN DR MORTON L GABAY DR ELIZABETH L GADWOOD DR KATHLEEN GAENSLEN DR FRED G GAHR DR HERBERT M GAILANS DR IVARS J GALL DR RANDALL J GALL DR WARREN E GALVEZ DR TIMOTEO L GANSER DR LEONARD I GANSHEROFF DR NEAL GANT DR GERALD C GARNETT DR JAMES G GARSHA DR LARRY S GARVEY DR CHARLES A GARVINCRESS DR J A GAY DR GEORGE L JR GAY DR L ALLAN GEE DR WILLIAM F GEHIN DR FRANCIS E GEHL DR GERALD A GEHRING DR CHARLES JR GEIMER DR NICHOLAS F GERBER DR GREG J GERBER DR RICHARD W GERGEN DR PETER J GERLACH DR JOHN P GERNER DR MORRIS I GERSHAN DR ROBERT N GERSTNER DR GARY L GEWEKE DR LYNNE O GIERAHN DR JAMES P

GIERL DR PAUL R GIESE DR JOEL C GILBERTSON DR RUSSELL GILBERTSON DR VANITA C GILES DR LAURENCE T GILMAN DR SARI R GILMORE DR WILLIAM E GILTZ DR CAROL GINGERY DR ROBBEN R GLADITSCH DR RICHARD E. GLAESSNER DR THEODORE GLASSNER DR DAVID M GLICKLICH DR LUCILLE B GLOVER DR BENJAMIN H GOBEL DR FREDARICK L GOELZER DR MARK L GOESSEL DR TRACEY K GOETSCH DR FREDERICK H GOETZ DR DAVID R GOHDES DR PAUL N GOLDBECK DR LARRY O GOLDBERG DR SEYMOUR R GOLDBERG DR STEVEN L GOLDMAN DR DAVID L GOLDNER DR FRED H GOLDSCHMIDT DR ROBERT GOLDSCHMIDT DR RONALD GOLETZ DR TY H GOLLIN DR ARTHUR L GOOD DR DAVID C GOODFRIEND DR T L GOODLAD DR J HOMER GOODMAN DR HERBERT GORSKE DR ARNOLD L GOSSET DR FRANZ R **GOTHGEN DR SVEND** GOULD DR HOWARD R GRABOIS DR MARTIN GRAF DR BEN K GRAF DR CHRISTOPHER A GRAF DR RICHARD A GRAJEWSKI DR MICHAEL A GRANT DR DOUGLAS H GRASSESCHI DR MITCHELL GRASSL DR F O GRAUL DR THOMAS C GRAUPNER DR KENNETH C GRAY DR JOHN H GRAZIANO DR ANTHONY F GREDLER DR GERALD P GREEN DR EDWARD L GREIST DR JOHN H GREWE DR BRADLEY K GRIBBLE DR ROBERT K GRIES DR HAROLD E GROSSKLAUS DR JON E GROSSMANN DR E E GUERRERO DR JAMES S GUIS DR MARGARET S GULBRANDSEN DR C L GUNDERSEN DR JEROME H **GUNDERSON DR FINN O GUNNARSON DR RICHARD E** GUSTAFSON DR R T GUTENBERGER DR JAMES E

GUTGESELL DR HOWARD P **GUTGESELL DR MARGARET** GUTGESELL DR VICKI J GUTTMAN DR DONALD I GWIN DR JOHN F GYLLING DR SCOTT F HAASE DR SHARON L HABERMAN DR CLAYTON R HAGEN DR KENT E HAIGHT DR BRUCE T HALL DR STEVEN R HAMELINK DR JOHN K HAMILTON DR PHILLIP R HAMMER DR TODD J HAMMERSLEY DR D W HAMPEL DR DONALD C HANCOCK DR CURTIS W HANDLER DR SHERYL M HANDRICH DR THOMAS A HANKE DR RICHARD W HANSEN DR BARBARA E HANSEN DR DAVID C HANSEN DR JOHN P HANSEN DR RAYMOND L HANSON DR BRUCE G HANSON DR JAMES C HANSON DR JAMES M HANSON DR JEROME R HANSON DR JERRY B HANSOTIA DR PHIROZE HARDACRE DR JERRY M HARDER DR TIM G HARGIS DR EDWARD L HARKAVY DR RAYMOND HARKNESS DR DONALD R HARPER DR DAVID G HARRIS DR A E HARRIS DR JAMES R HARRIS DR MARGARET A HARTENSTEIN DR HANS HARTER DR DAVID J HARTFIEL DR DONNA R HARTMAN DR GARY E HARTMAN DR GLEN W HARTZMAN DR ROBERT I HASELOW DR ROBERT E HASWELL DR JOHN N HATHAWAY DR DANIEL E HATHAWAY DR HUBERT HAUG DR GARY A HAUSER DR CLAYTON J HAVERTY DR GARY F HAWKINS DR REBECCA L HAWLEY MR RALPH HAYES DR TERRY R HEDICAN DR ROBERT E JR HEGGESTAD DR KAY A HEIDEN DR JACK D HEIDNER DR FRED C II HEINEN DR ROBERT D HEINZ DR LEONARD M HELLMAN DR BARRY D HELMBRECHT DR LEON J HELMINIAK DR ROBERT A HELWIG DR KARL L JR

HEMINGWAY DR DENNIS L HENDRICKSON DR DAVID J HENDRICKSON DR ROBERT HENDRICKSON DR TODD R HENKE DR BRUCE W HENKE DR FREDERICK W HENKE DR JON R HENKLE DR JOSEPH Q HENNEY DR THOMAS E HENSHAW DR H CULLEN HENZIG DR DENNIS A HERF DR STEVEN M HERLACHE DR JOHN L HERLITZKA DR ALF J HERMAN DR JACK J HERMAN DR JOHN B HERMAN DR LAVERN H HERMAN DR MARY M HERMANN DR JOHN P HERRELL DR DANIEL W HERRELL DR NANCY C HERRMANN DR RICHARD A HERSZENSON DR SIDNEY HERTE DR MARY C HERZIGER DR JOHN W HERZOG DR BERNARD F HERZOG DR PAUL A HEUSER DR RICHARD R HILLERY DR GLENN C HILLSTROM DR EARL N HIMATHONGKAM DR THEP HINDS DR RALPH W III HINE DR CHARLES H HIRSCH DR SAMUEL R HOARD DR ROBERT E HODACH DR RICHARD I HOFFMAN DR NEIL A HOGLE DR GLEN S HOLDEN DR GENE V HOLDER DR RICHARD L HOLICK DR MICHAEL F HOLLANDER DR EDWARD M HOLLINGSWORTH DR S HOLMBURG DR CHARLES E HOLMES DR GUY W JR HOLT MR RONALD W HOLVEY DR SHERMAN M HOLZMAN DR BRUCE R HOMBURG DR ROBERT C HONISH DR JOHN S HOPPA DR MARY J HOPPERT DE JONATHAN H HORAK DR RICHARD D HORSWILL DR C WEIR HORSWILL DR ROBERT N HORVATH DR EDWARD P JR HORWITZ DR CHARLES A HOUSE DR ROBERT H HOWARD DR D ROBERT HOWARD DR RICHARD K HOWLAND DR DONALD E HOYER DR JOHN K HOYME DR STEVEN H HUCKABY DR AUDREY L S HUEBNER DR TIMOTHY K

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KISSLING DR ARTHUR C KJENTVET DR ROGER A KLEINER DR JOHN P KLEINERMAN DR L B KLEVAY DR LESLIE M KLINE DR CARLYN M KLOEHN DR DAVID B KMIECIK DR JOSEPH E KNECHTGES DR THOMAS E KNIAZ DR HARRY KOCH DR EDGAR L KOCH DR JOHN J KOELLER DR ARLYN A KOENECKE DR FRED H KOEPKE DR DONALD E KOEPSELL DR DON G KOEPSELL DR JOHN E KOERPEL DR BARRY J KOHL DR MARY E KOHLBERG DR IRVING J KOHN DR DONALD B KONGSTVEDT DR PETER R KONKEL DR KURT F KONKOL DR KEITH A KONNAK DR JOHN W KONZ DR FREDRIC S KORBITZ DR BERNARD C KORST DR DONALD R KOTYNEK DR JAN G KRAMER DR BERNARD M KRAMER DR DOUGLAS A KRAMER DR ROBERT D KRANENDONK DR DONALD H KRATOCHVIL DR CLYDE H KRAUS DR BRUCE A KREJCIE DR TOM C KREUL DR JOHN KREUTZMANN DR ROBERT J KRIEGER DR HERBERT D KRIEGER DR ROBERT W KRONCKE DR GEORGE M KRONZER DR WILLIAM W KRUK DR KATHLEEN A KRUK DR MICHAEL L KRUSE DR DIANA L KUBALAK DR GARY M KUBOYAMA DR ROY F KUHL DR ROBERT D KUNZ DR JEFFREY R M KUPLIC DR JAMES B KURITZ DR JAY J KURTEN DR TIMOTHY A KURTH DR C DEAN KURTZ DR PETER H KWATERSKI DR M F LAABS DR JOHN E LALICH DR JOSEPH J LAMB DR PATRICIA L LAMBERT DR MILTON B LAMER DR TIM I LAMONT DR FREDERICK J LANDAUER DR MEGAN LANG DR GORDON E LANG DR JEAN LEFEBVRE LANGE DR THOMAS A

LANGER DR LEONARD O LANGHEIM DR WERNER E LANGHUS DR PETER A LARDINOIS DR CLIFFORD LARME DR FRANCIS P LARSEN DR DAVID A LARSEN DR JOHN R LARSEN DR ROY B LARSON DR CHRISTOPHER LARSON DR DAVID A LARSON DR HARRY H LARSON DR JAMES A LARSON DR PAULA R LASSER DR ALAN E LAUBENHEIMER DR ROGER LAUFENBURG DR HERBERT LAWRENCE DR DAVID L LAWRENCE DR STEVEN L LAWTON DR BEN R LAYDE DR MICHAEL J LAYDE DR PETER M LAYTON DR C RODNEY IR LEDERER DR ROBERT L LEE DR JOHN J LEE DR KON HWEII LEE DR SHING-SHONG LEE DR YOUNG KYOON LEE DR YU-EN LEFEBER DR EDWARD J LEHNER DR ROBERT H LEHTMETS DR M LY LEICHT DR THOMAS R LEISER DR JACK LEIST DR FREDERICK D LEMANSKE DR ROBERT F LEMMER DR KENNETH E LENO DR JOHN H LEONG DR ALLAN H H LETTAU DR LUDWIG A LEVENTHAL DR ELAINE A LEVIN DR ALLAN B LEVIN DR MICHAEL H LEVIN DR VICTOR A LEVINE DR ROSS L LEVINSON DR STEPHEN G LEVIS DR DAVID M LIEBENOW DR ROLAND R LIEBERTHAL DR ALAN S LIEGEL DR STEVEN S LIFSON DR BERNARD I LIMBERG DR PHILIP W LINDGREN DR TIMOTHY J LINDSAY DR KAREN L LINDSTROM DR CHERYL A LIPMAN DR CHARLES A LIPSHUTZ DR ASHLEY T LJUNGQUIST DR KATHLEEN LLOYD DR BALDWIN E LLOYD DR RICARDO V LOCHEN DR GREGORY R LOCHNER DR DONALD M LOCK DR THOMAS M LOEFFLER DR JOHN D LOHR DR JOANN M LONG DR CHESTER W

LOOZE DR THOMAS E LOPEZ DR JOSE E LORTON DR RHODA E LOUIE DR GIM L LOVSHIN DR LEONARD I. LOW DR EDWIN S LOYND DR GRAHAM F LU DR HSIN H LUBING DR HAROLD LUCAS DR ANDREW M LUCK DR ALLAN J LUEDKE DR DONALD M LUETZOW DR THOMAS LULLOFF DR KIM H LULLOFF DR ROLFS LUNDBERG DR KAY E R LUNDBERG DR WILLIAM I LUNDEEN DR JAMES W LUNKE DR ROGER I LUSTOK DR MISCHA I LUTHER DR GERTRUDE C MACHIGASHIRA DR H T MACIOLEK DR STEVEN P MACK DR EBERHARD MACKMAN DR DENNIS M MACKMAN DR SANFORD MACVICAR DR ERNEST L MAGNIN DR DEAN A MAHKORN DR SANDRA K MAHN DR THOMAS H MAKI DR DENNIS G MALEWISKI DR LARRY I MALLIN DR SANFORD R MALNOR DR MARK D MAMEL DR JAY J MANDEL DR DARREL S MANIS DR ROBERT MANNING DR HARRY I MANNIS DR AARON A MANSHEIM DR BERNARD I MANSHEIM DR PAUL A MAPLES DR WILLIAM I MARAGOS DR NICOLAS E MARCUS DR ERIC R MARCUS DR MELVIN L MARCUS DR RICHARD E MARESH DR FRANK MARKEY DR E LAWRENCE MARKS DR NORMAN S MARLOW DR GORDON V MARQUART DR CHRIS D MARTENS DR JACOB H MARTENS DR THOMAS J MARTENS DR WILLIAM E MATALLANA DR RAUL H MATHEWS DR EDWIN L MATHISON DR DAVID A MATHISON DR JOHAN A MATZKE DR ROBERT F MAYER DR DAVID M MAYER DR HANNO H MCAULIFFE DR JOHN A MCAVOY DR TIMOTHY G MCBEATH DR ANDREW A MCBRIDE DR PATRICK E

MCCARTHY DR WILLIAM C MCCOMB DR GORDON I. MCCORD DR ROBERT G MCCORMICK DR PATRICK J MCCULLOUGH DR JOHN P MCDONALD DR JOHN V JR MCDONELL DR TIM H MCGUIRE DR JAMES R MCGUIRE DR JEFFREY P MCINTOSH DR JAMES F MCKEE DR RONALD J MCKEE DR WILLIAM M MCKENNA DR JOHN E MCKEOWN DR CHARLES E MCMILLEN DR MILTON R MCPHERSON DR ALICE R MEAD DR ROBERT C MEHNERT DR JOHN H MEIER DR PIERCE J MEIER DR THOMAS D MEIER MRS JOYCE A MEISTER DR MORRIS M MELBY DR NEAL A MELLENCAMP DR DAVID D MELMS DR FREDERICK IR MENSHEHA DR OKSANA MERGEN DR MARK F MERKOW DR ANN B MERKOW DR STEVEN J MERKOW DR WILLIAM MESSENGER DR MICHAEL A METCALF DR MARY B METZDORFF DR MARK T MEULBROEK DR HARVEY J MEYER DR GLENN A MEYER DR KEITH C MEYER DR MICHAEL I MEYER DR THOMAS C MICHAELS DR HOWARD E MIDTHUN DR JOHN M MIELER DR WILLIAM F MIELKE DR DONALD J MIELKE DR JOHN E MIEZIO DR STANLEY JR MIKKELSON DR MICHAEL K MILLER DR ALBERT J MILLER DR CHARLES H MILLER DR DALE E MILLER DR GEORGE E MILLER DR KIM J MILLER DR RICHARD I MILLER DR ROBERT C MILLER DR ROBERT J MILLER DR STEVEN A MILLER DR SYDNEY M MILLIGAN DR RICHARD J MINER DR EDWARD B MINKOFF DR DAVID I MNUK DR JOSEPH F MOCKERT DR THOMAS JR MOEDE DR JAMES G MOEN DR PAUL W MONFORE DR THOMAS E MONSON DR DONALD M MONTAGUE MR HOMER

MOODY DR DAVID L MOORE DR BRIAN P MOORE DR NOLA M MOORE DR PATRICK J MORGAN DR PAUL K MORRIS DR BRADLEY T MORRIS DR D L MORRIS DR MARY S MORSCHHAUSER MS SUZAN MORTENSEN DR OTTO A MOSKOWITZ DR IRVING I MOSKOWITZ DR JOSEPH Z MOTHS DR ELISABETH I MOTHS DR ROBERT W MOTL DR MARGARET A MOYER DR GEOFFREY H MUANGMAN DR VERASING MUBARAK DR SCOTT J MUDROVICH DR STEVEN A MUELLER DR CAROL E MUNDSCHAU DR GERALD A MUNSON DR BRADLEY D MUNSON DR WAYNE M MURLEY DR HARRIS D MURPHY DR JAMES E MURPHY DR RAYMOND J MURRAY DR FRANK E MUSOLF DR KAREN LEE MYERS DR FRANK L MYERS DR RONALD V SR NADEAU DR OSCAR E NAMMACHER DR MARK A NASH DR DAVID S NATTER DR CARL E NAUSE DR FREDERICK P NAVRATIL DR DAVID L NEAL DR DAVID A NEGRON DR EDDIE A NELLEN DR JAMES W NELSON DR CHRISTINE A NELSON DR ERIC H NELSON DR FRANK F NELSON DR MARGARET V NEMESLAKI DR JUDITH NEMOVITZ DR PAUL M NESEMANN DR MICHAEL E NEWMAN DR JULIAN J NEWTON DR RICHARD M NGUYEN DR DONALD H NICHOLSON DR JAMES J NICKERSON DR H JAMES NICOLAUS DR WILLIAM H NIEDERMEIER DR WILLIAM NIEHOFF DR ROGER D NIETERT DR WILLIAM C NIKOLAI DR THOMAS F NOACK DR NELLEEN G NOBLE DR N CARTER NOLL DR KARL R NORBACK DR DIANE H NORDBY DR EUGENE J NORDIN DR DANIEL J NORMINGTON DR RICHARD NORRIS DR ARTHUR G NOVACHECK DR STEVEN J

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OTTO DR SAMUEL J OUELLETTE DR JOHN J OUSLEY DR JOSEPH L OVERGARD DR ALBON W OWEN DR JEAN WIVEL OWENS DR ARTHUR W OXMAN DR HERBERT A PACHT DR ERIC R PALESE DR JOHN A PALM DR ROBERT A PARKE DR ROBERT E PARKER DR C DALE PARR DR JUSTIN L PARRY DR RODNEY R PASIERB DR JUDITH L PATTERSON DR CHRIS I PAUDLER DR FRANK T PAULSEN DR FREDERIC L PAULSEN DR WILLIAM A PAUST DR JOAN C PAYNE DR VIRGINIA I PEABODY DR CARY S PEARLMAN DR MARY I PEDERSON DR JOHN F PELLEGRINO DR ERNEST A PELTON DR RUSSELL S PERLMAN DR JACK M PERNOT DR ROBERT D PETASNICK DR IERRY P PETERS DR MARY ELLEN PETERSEN DR JOHN R PETERSON DR LOWELL F PETERSON DR RODNEY K PETERSON DR THOMAS H PETERSON MRS ISABELLE PETRY DR ROBERT W PEZANOSKI DR EDWARD J PFAFFENBACH DR DAVID D

PFEFFERKORN DR E DOLF PHILLIPS DR S MICHAEL PICUS DR CHARLES L PIECHOWSKI DR SUSAN M PIEHL DR MICHAEL R PIERCE DR HARRISON M PIERING DR WALTER F PIERPONT DR DAVID B PIZER DR EVAN F PLATT DR WILLIAM D PLETZKE DR FRANK T PLOTKIN DR ALLEN S PLOTKIN DR MARTIN PLOTKIN DR ROGER P PODOLL DR LEE N POENISCH DR PAUL E POHLE DR EDWARD L POHLE DR HERBERT W PONATH DR RAYMOND E POOLE DR ROBERT R POST DR JOHN M POTTS DR JACK L POWERS DR THOM PRABHAKAR DR KUSUM R PRASTKA DR GEORGE I PRATT DR LESLIE PRATT DR MARY V PROCCI DR WARREN R PRZYBELSKI DR ROBERT I PUESTOW DR ERIC C PULETTI DR JOYCE C QUANBECK DR DAVID T QUANDT DR VALERIUS V QUARTUCCIO MR NICK J QUISLING DR RICHARD W QURESHI DR MEHBOOB M RACZKOWSKI DR ALLEN R RADEWAN DR MILTON G

RADLET DR PAUL J RAHM DR JOHN P RAHR DR HENRY C RAICH DR PETER C RALEIGH DR KATHLEEN F RAMLO DR JOHN H RAMLOW DR ROBERT W RAMMER DR MARTIN A JR RANDALL DR PATRICIA A RANDOLPH DR ROBERT C RANDOLPH DR WILLIAM C RANKIN DR IOHN RAPKIN DR DAVID S RAPKIN DR MITCHELL A RAPOZA DR PETER A RASMUS DR STEPHEN C RASMUSSEN DR JOHN F RASMUSSEN DR N G RASMUSSEN MRS G A RATHERT DR ROGER A REASA DR DOUGLAS A REESE DR OWEN G JR REHBEIN DR HAROLD M REICHERT DR JOHN R REIGEL DR DONALD H REIMANN DR LEAH A REINECK DR MICHAEL C REINEMANN DR JOHN M REINKE DR FREDERICK E REINSCH DR PAUL I REISMAN DR JERALD L REITMAN DR PAUL H REMICK DR SCOT C REMINGTON DR PATRICK I RENNER DR IOHN H RESAR DR ROGER K RETTER DR RICHARD H RETTKE DR STEVEN





REZEK DR DONALD L RHEIN DR LEROY W RHODES DR KATHLEEN RICE DR HOPE M RICE DR JAMES J JR RICE DR JAMES L RICE DR THOMAS J RICHANY DR SHAFIK F RICHARDS DR DAVID T RICHARDS DR MARCIA J S RICHARDS DR MELVIN I RICHARDS DR WILLIAM G RICHTER DR MICHAEL A RIEDER DR MICHAEL I RIEMER DR DONALD E RIESCH DR JOHN D RIESE DR DAVID C RIESELBACH DR RICHARD RIETZ DR DANIEL R RIORDAN DR HUGH D RIZZO DR MICHAEL I ROBERTS DR GOMER W ROBERTS DR JEAN C ROBERTS DR THOMAS N ROBERTSON DR KENT A ROCK DR ANN M ROEHRICH DR HERBERT G ROESLER DR MARVIN J ROGERS DR BEVERLY R ROHDE DR DAVID C ROHDE DR ELMER P ROMANOFF DR BENNETT S ROOB DR DORIS M ROSANDICH DR RONALD J ROSE DR RALPH J ROSENBAUM DR J GEORGE ROSENBERG DR LEON E ROSENBLOOM DR ARLAN L ROSENKRANZ DR WILBUR E ROSENOW DR OSCAR F ROSS DR STANLEY C ROTH DR EARL J ROTTER DR EARLE J ROTTER DR ROYAL ROUDEBUSH DR MARION E ROWE DR JOHN W ROY DR SHIRLEY A RUBIN DR EDWARD RUDAT DR KARL A RUMACK DR BARRY H RUMACK DR CAROL M RUNGE DR ROBERT M RUSCH DR SARA L RUSSELL DR TIMOTHY P RUSSELL DR WILLIAM T RUSY DR BEN F JR RUTTER DR STEPHEN W RYAN DR MARY L RYAN DR MICHAEL G SACKETT DR JOSEPH F SAFER DR DANIEL J SAGLE DR NEIL A SAKRISON DR CHRISTAL R SALAMOUN DR SAMIR G SALOMON DR LUCY

SALTON DR LAUREL B SANDERS DR JOHN I SANDMIRE DR DAVID A SANDMIRE DR HERBERT F SANDMIRE DR KEVIN W SANGER DR JAMES R SANTIAGO DR LOMBARDO M SANTILLI DR DENNIS M SANTILLI DR ROBERT I SANTINI DR FLORIAN SANYER DR OSMAN N SARRIS DR ARTHUR L SARTO DR GLORIA E SAUCIER DR WILLIAM J SAVAGE DR DANIEL D SAZAMA DR RIČHARD C SCHAENZER DR GEORGE I SCHAUER DR JEFFREY E SCHEIBEL DR WILLIAM R SCHEID DR. TERRANCE M SCHERER DR JEFFERY G SCHERER DR PAUL I SCHIERL DR ANN GILFRY SCHILLING DR ROBERT F SCHLISE DR SALLY M SCHMIDT DR CLAUDE W SCHMIDT DR DONALD H SCHMIDT DR ERWIN R JR SCHMIDT DR MARY E SCHMIDT DR ROBERT D SCHMIDT DR RUBEN F SCHMITT DR JOSEPH W SCHMITT DR ROBERT L SCHMITZ DR PETER W SCHMITZ DR ROBERT C SCHNEEBERGER DR E M SCHNITZER DR JACK I SCHOENBECK DR PHILLIP SCHOENECKER DR PERRY L SCHOENENBERGER DR A P SCHOENWETTER DR C D SCHOENWETTER DR W F SCHOLL DR DENNIS G SCHORR DR WILLIAM F SCHOWALTER DR JOHN E SCHRAGER DR MARK A SCHRAUFNAGEL DR DEAN E SCHROEDER DR GERALD H SCHROEDER DR JEANNE M SCHROEDER DR JOHN M SCHROEDER DR MARK E SCHROEDER DR MARTIN J SCHROEDER DR NORMAN C SCHROEDER DR R W SCHULDT DR MICHAEL SCHULMAN DR EDWARD Y SCHULTZ DR ALWIN E SCHULTZ DR ROSEMARY T SCHULZ DR CARYN I SCHULZ DR DONALD W SCHULZ DR NORMAN H SCHUMANN DR ELLEN M SCHUSTER DR BENJAMIN SCHUSTER DR DONALD S SCHWARTZ DR DONALD R

SCHWARTZ DR GARY L SCHWARTZ DR JOHN C SCHWARTZ DR RUTH W SCHWARTZ DR SHELDON M SCHWARTZ DR WALTER R SCOTT DR C MALCOLM JR SCRENOCK DR THOMAS SEABURG DR MARK D SEGAL DR MARSHALL B SEGALL DR ERROL A SEIDEL DR BARRY SEIFERT DR KENNETH A SELKURT DR JOANNE A SELLINGER DR D SCOTT SELZER DR ANN R SEMLER DR WILLIAM L SENNETT DR LOUIS W SENTY DR ROBERT M SHAFER DR JAMES S SHAFFER DR RICHARD L SHAMBUREK DR ROLAND H SHANNON DR JOHN P SHAPSON DR MILTON SHAW DR JOHN R SHAW DR RONALD P SHAW DR TIMOTHY J SHEBESTA DR EMIL M SHEEHY DR GREGORY L SHEEHY DR JAMES P SHELP DR WELDON D SHENEFELT DR PHILIP D SHENKER DR I RONALD SHERMAN DR DAVID E SHERMAN DR ROGER W SHERWOOD DR DONALD L SHEWCZYK DR THOMAS J SHEWMAKE DR KARL E SHIM DR CHANG S SHIRER DR BRUCE E SHONAT DR GEORGE C SHOVERS DR PHILIP SHRAKE DR JOHN F SIDOFF DR MICHAEL L SIEBENALER DR JEAN A SIEBERS DR MICHAEL J SIEBERT DR JOHN T SIEGEL DR BENJAMIN V SIELAFF DR GERALD W SIERRA DR LEWIS A SIEVERT DR ROBERT A SILBERMAN DR RICHARD E SIMPSON DR JOHN F SINAIKO DR EDWIN S SINGER DR ERIC C SINGH DR SURINDERJIT SISSON DR LARRY A SIVERTSON DR SIGURD E SKUPNIEWICZ DR R E SKUTA DR GREGORY L SLOCUM DR HARVEY C SLOCUMB DR CHARLES O SLOMOWITZ DR MARCIA SLOVACHEK DR DONN R SMITH DR BURTON K

SMITH DR DONALD A

SMITH DR DONALD W SMITH DR LINNEA J SMITH DR RICHARD A SMITH DR STEPHEN C SMITH DR THEODORE C SMITH DR WILLIAM A SMITHWICK DR E M SMITS DR RONALD L SMOLLEN DR MARGARET A SMUCKLER DR MARK B SMULLEN DR MICHAEL J SMYTHE DR LOWELL SNEED DR ROBERT J SODER DR PARRY SONDEL DR PAUL M SONGSIRIDEJ DR VANEE SONNELAND DR ARTHUR M SONNTAG DR ROBERT G SORENSEN DR CHARLES C SPECKHARD DR MARK E SPECTOR DR JACK A SPERLING DR KEITH B SPIEGLER DR FREDERICK SPIELMAN DR JOHN M SPLITTGERBER DR GERALD SPOONER DR MARYLOO SPRAGUE DR WILLIAM L SPRAKER DR MARY K SPRING DR DONALD A SRAMEK DR STEPHEN J STAAHL DR GUSTAV IR STACK DR ROBERT M STADLAN DR E M STALHEIM DR ALAN J STANCHER DR JOHN A STANLEY DR KATHLEEN A STANLEY DR ROBERT J STANNARD DR GILBERT H STARE DR FREDRICK J STARER DR JACQUELYN J STARINCHAK DR EDWARD I STARR DR CHARLES R STARR DR ROBERT A STEBBINS DR GEO G IR STEEL DR MARCELLA R STEIN DR LEONARD I STEIN DR RICHARD H STEIN DR STEPHEN R STEINHART DR MELVIN J STELTER MS JOYCE E STERN DR DARRYL R STEUSSY DR CALVIN N STEVENSON DR CLYDE A STEWARD DR DONALD C STIEGHORST DR MICHAEL STIEHM DR E RICHARD STIEN DR CRAIG G STIFF DR KAYE L STODDARD DR STEVEN C STOEHR DR BRUCE J STONE DR MILDRED M STONE DR RICHARD STOUFFER DR JAMES G STRANG DR DAVID I STRAWITZ DR JOSEPH G

STREHLOW DR SCOTT R STRINDEN DR WILLIAM D STROBUSCH DR ALAN D STROHM DR JOHN M STROTHER DR STEPHEN V STUDEY DR CURTIS L STURM DR RODNEY I STUTZ DR ALAN I SUAREZ DR LOUIS A SUBITCH DR THOMAS J SULLIVAN DR JOHN F SUMMERS DR WILLIAM C SUMMERVILLE DR JOHN W SURA DR PATRICK D SVEC DR PHILLIP E SWAN DR LAWRENCE L SWEET DR SAMUEL J SWINGLE DR JOHN D SYBERS DR HARLEY D SYTY DR JOSEPH SZYMANSKI DR IEROME F SZYMANSKI DR RONALD J TAAKE DR ELMER R TALBERT DR JOSEPH G TALBOT DR ALLAN E TASKER DR MARY B TAYLON DR CHARLES TAYLOR DR CLAUDE A TAYLOR DR JOANNE L TAYLOR DR THOMAS F TEARSE DR DAVID S TELLER DR WILLIAM F TEMPELIS DR LAURENCE D TEMPEREAU DR CLINTON E TEMPLEMAN DR DAVID C TENNANT DR EDWARD E TENPAS DR RAYMOND H TEPLIN DR ERVIN TEPLINSKY DR JOEL J TEPPER DR ROBERT S THEILER DR GEORGE I THEISEN DR RICHARD B THIERFELDER DR JEAN L THIESENHUSEN DR C L THIMKE DR HARRY E THOMAS DR BEVERLY E THOMAS DR JEFFREY C THOMAS DR JOHN R THOMAS DR THOMAS J THOMAS DR WILLIAM O THOMAS DR WILLIAM R THOMPSON DR BRUCE M THOMPSON DR HARTWELL G THOMPSON DRIOHN E THUERER DR GEORGE R THURMAN DR FRANCIS G THURWACHTER DR LORON F TIBBETTS DR PALMER G TIRK DR KIRBY S TODD DR ANNA R COYNE TOLKAN DR STEVEN R TOLLEFSON DR DAVID F J TOLSON DR LAWRENCE S TOMIC DR JAMES E TOMSKEY DR GILBERT C

TOOHEY DR JOHN S TOUSSAINT DR IOHN B TRACER DR CHARLES L TRINH DR DINH QUANG TRINH DR HONG C TROST DR JIM P TRUMP DR PAUL L TSANG DR WILLIAM C L TUCHMAN DR HERMAN TUFFLI DR GORDON A TURBEY DR WILSON J TURNBULL DR TIMOTHY L TURNEY DR SUSAN L TYLER DR ROBERT J TYNE DR LEE M **UEHLING DR DAVID T UHLEY DR HERMAN** UNDERBERG DR JOHN T URBAN DR JAMES GODFREY URBAN DR MARK A URBAN DR MICHAEL I USOW DR BARRY H USOW DR EUGENE J VAETH DR MARY F VALIULIS DR IOHN P VANDERLEEST DR ROBERT VANDREEL DR RICHARD A VANDRIEST DR JOHN J VANGEMERT DR JOHN V VANVONDEREN DR VERNON VANWORMER DR VALERIE H VAVRIN DR CHARLES R VEENENDAAL DR JAY M VEIT DR KIRK A VENKATESH DR A VERGAMINI DR JEROME C **VEUM DR JAMES S** VICENTE DR NINA B VINCENT DR ROBERT A VOELZ DR GEORGE L VOGEL DR SCOTT D VOSS DR MARTIN J VUKOVICH DR JONATHAN G WAGNER DR PAUL F WAGNER DR RICHARD F WAGNER DR STEPHEN F WAGNER DR WILLIAM A WAHL DR HARLEY C WAISMAN DR RAYMOND C WAKAMIYA DR RICHARD T WAKIL DR FRED W WALKER DR KAE I WALLRICH DR RICHARD WALTERS DR DONALD H WALTON DR JUDITH D WANG DR HAROLD S WANICH DR CHARLES K WANKE DR CHRISTINE A WANLESS DR JOHN F WARD DR VERNON G WARNER DR DAVID S WARNER DR WILLIS A WARREN DR JEFFREY L WARREN DR JOHN T WARRICK DR JAMES D

WASHBURN DR WALTER L WASKOW DR ELEANOR A WATERS DR DALE A WATSON DR JOHN D WAX DR JAMES I WAX DR ROBERT E WEAR DR JOHN B JR WEAVER DR ROBERT E WEBER DR DAVID R WEBER DR JAN R WEBER DR JEFFREY M WEBER DR MARSHALL L WEBER DR RICHARD W WEBSTER DR LUVERNE J WEBSTER DR T C WEDELL DR ERIC J WEED DR LINTON G WEEKS DR DOUGLAS C WEGMANN DR JOHN D WEGNER DR GENE P WEHBIE DR ROBERT S WEINMAN DR MARY S WEINSHEL DR EDWARD M WEINSTEIN DR I BERNARD WEIR DR SYLVIA M WEISBERG DR JAN J WELCH DR RUSSELL C WELLING DR CATHERINE C WELLS DR MARVIN WELNICK DR RICHARD O WENDLING DR LYLE R WERBEL DR HAROLD J WERNBERG DR CHARLES E WERTSCH DR PAUL A WEST DR ANN HOLMQUIST. WEST DR C MICHAEL WESTER DR SUSAN M WESTMAN DR JACK C WESTON DR CLAYTON L WESTON DR EUGENE L WESTPHAL DR JAMES R WEX DR THOMAS E WHEATON DR ROBERT C WHITCOMB DR NED J WHITE DR EDWARD R JR WHITE DR LAWRENCE J WHITE DR STOUGHTON F WHITECOTTEN DR GLENN L WHITMORE DR JANET J WICHMAN DR HARVEY M WICHMAN DR MARK WICHMANN DR RODNEY D WICK DR KATHLEEN M WICKHAM DR CLAYTON W WICKLUND DR ROGER A WICKSTROM DR K TED WIEDENBAUER DR MARG M WIENKERS DR KEVIN P WILKIE DR HAROLD W JR WILKIE DR JAMES M WILLIAMS DR REGINALD D WILLIAMS DR SONJA D WILLIAMS DR THOMAS H WILLS DR MARTYN A WILSON DR BRUCE C

WILSON DR ERIC B WILSON DR MARY E WILSON DR ROBIN S WINDSOR DR RICHARD B WINER MRS EMILY WINSOR DR MICHAEL I WINSTON DR JEFFREY L WINTHER DR JON N WIRKA DR HERMAN W JR WISHAU DR JAMES P WISNEFSKE DR DAVID D WITHERSPOON DR LYNN R WITTKOPP DR GEORGE F WIVIOTT DR WILBERT WOCHOS DR DANIEL N WOCHOS DR ROBERT G WOLF DR FRANCIS G WOLF DR JOHN F WOLFE DR STEVEN F WOLFMEYER DR W W WONG DR HARRY C WOOD DR CINDY L WOOD DR ELIZABETH T WOOD DR THOMAS W WOODHOUSE DR CHARLES L WOODRUFF DR ROBERT E WOODS DR SHERWYN M WOPAT DR RICHARD C WYMAN DR JOHN B YALE DR CHARLES E YAMAHIRO DR HARRY S YEE DR KING F YEE DR RICHARD F YEE DR WILLIAM YIP DR FELIX CHI-MING YONEMASU DR YUKICHI YOUNG DR CAROL E YOUNG DR HERBERT F ZADINA DR SIMON P ZAMORA DR MARCIAL S JR ZANIEWSKI DR MICHELLE ZAREM DR NORTON L ZARWELL DR DAVID H ZAVRL DR EUGENE J ZERNZACK DR LANCE E ZIMBRIC DR GARY A ZIMBRIC DR SUSAN G ZIMMERMAN DR LISA M ZIMMERMAN DR ROBERT C ZIMMERMANN DR BURTON M ZIMMERMANN DR ELLEN M ZIMMERMANN DR TIMM A ZIRNESKIE DR JOSEPH D ZIVNUSKA DR FREDERICK ZODROW DR WARREN W ZONDLO DR JOSEPH G ZUPANC DR EDWARD ZUPANC DR MARY L ZWICKY DR GEORGE F JR

Annual Fall Meeting

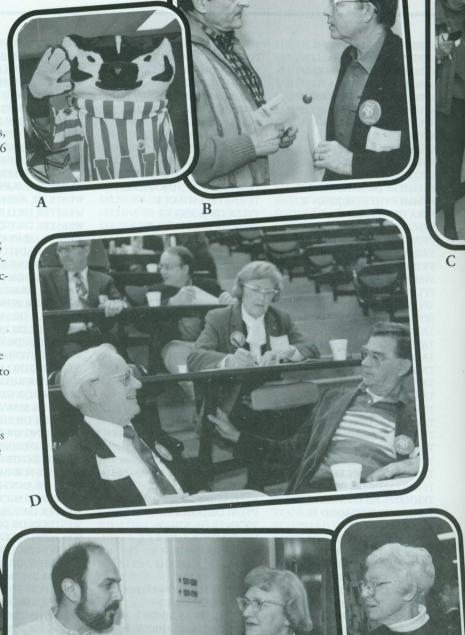
Homecoming 1990

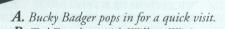
The traditional Annual Fall Meeting of Preceptors, Alumni and Faculty took place on Friday, October 26 at the Madison Club. After dinner, President Barry Usow presented Max Fox Preceptor Awards to Drs. Richard L. Hartzell and Robert T. Obma.

Dr. Hartzell of Grantsburg, Wisconsin served as a preceptor from 1971 to 1988. He influenced many, young people in his area to enter medicine, including some now on the U.W. staff. He has also been a moving force in the community, especially in the construction of the local hospital and nursing home.

Dr. Obma succeeded Robert Gilbert as head preceptor in La Crosse in 1978 and served until 1987. During his tenure, the La Crosse preceptorship became highly sought after: in 1983, fully 50% of the senior class requested La Crosse, thanks in large part to his personal touch.

On Saturday morning, President-elect Betty Bamforth chaired the Representatives meeting in Medical Alumni Hall. Then alumni, medical students and faculty enjoyed the Homecoming Brunch, where Bucky Badger put in an early appearance and the Coming Attraction barbership quartet entertained.





B. Ted Fox chats with Wilbert Wiviott.C. Wilbert Wiviott signs up at the registration table.

D. Richard Leibnow, Sig Sivertson Dorothy Betlach and other alumni chat in Medical Alumni Hall.

E. The Kuhns from Oshkosh get ready for brunch.

F. The Oberheus from Dayton, Ohio.

G. President Barry Usow and Dorothy Betlach.
H. Ellen Lewis I. Max Fox Preceptor Awardees
Robert T. Obma and Richard L. Hartzell.
J. Dean Brown appreciates a good joke.
K. Victor Falls Mrs. Falls and Betty Barriogth.

K. Victor Falk, Mrs. Falk and Betty Bamforth **L.** Good to see you! **M.** Dean Lobeck enjoys a before–dinner conversation.



Conference Explores Health Care Rationing

The Health Management Alumni Association and UW Programs in Health Management sponsored a conference concerning the ethics of rationing health care, how decisions about rationing should be made, and the implications for health care managers and providers.

A speech by former 12-year Colorado Governor Richard Lamm highlighted the conference. Lamm said that every American should have access to health care; therefore the political system will have to decide how limited health care dollars should be spent. The current system is unsustainable, he maintained, and promises to break the bank without curbs. He questioned whether we should, for example, remove frail elderly with congestive heart failure from nursing homes to emergency facilities; give artificial hips to people with dementia; treat 85-year-olds with metastatic cancer with chemotherapy; or spend large amounts of money and energy trying to save very low-birth-weight infants when we don't provide adequate pre-natal care for many of the mothers.

Lamm, a UW graduate and native Madisonian who currently directs the Center for Public Policy and Contemporary Issues at the University of Denver, also feels that the money spent on costly AIDS drugs should be diverted to AIDS research.

Koop Advises Medical Students to Get Mad, Demand Changes



C. Everett Koop

In September former Surgeon General C. Everett Koop spoke to an invited group of students from the Medical School and other healthrelated programs as part of the 20th anniversary cele-

bration of the Department of Family Medicine and Practice. He related his frustration with and pessimism about the U.S. health care system, advising the students to "get mad once in a while. It's all right!" Frustration, he said, frequently leads to action and then to progress.

He opposed any government intervention resembling socialized medicine to help people who cannot provide for their own care. He advocated, rather, that businesses, which spend billions every year on health care for employees, take the lead in "demanding greater efficiency, lower cost and higher quality care."

Koop also urged that medical education continue to change in the direction of emphasizing an ethic of prevention. Some HMOs, he added, are "so concerned about the bottom line that they postpone or ignore anything that looks like it won't be a calamity tomorrow."

Hospital School Celebrates 60 Years of Teaching

On November 15, several hundred guests gathered to celebrate the 60th anniversary of the UW Children's Hospital School, where pediatric patients keep up with their school work, meet other children and experience some normalcy and continuity within an otherwise strange and sometimes frightening environment. The school was established in 1930 in the old Wisconsin Orthopedic Hospital for Children. In those early days, some children with polio and other chronic diseases were hospitalized for long periods; some even earned their high school degrees from the school.

The staff of three teachers, employed by the Madison Metropolitan School District and reimbursed by the Wisconsin Department of Public Instruction, works with guidance counselors and classroom teachers to help keep the students reasonably up to date.

The school, which occupies a room provided by the Children's Hospital, runs a regular school year plus a five-week summer session. Although students' attendance is sometimes erratic because of their medical condition or therapy, most progress very well, thanks to their close interaction with teachers.

Medical Students Sign, Send Anti-War Petition

Seventy nine first year and 52 second year medical students signed a petition that stated: "We, medical students at the University of Wisconsin-Madison, oppose the use of force in the current crisis in Iraq." The petition, sponsored by the Madison branch of the American Medical Student Association (AMSA), was sent to Wisconsin senators, the 2nd District Congressman and President Bush.

An AMSA spokesperson who presented the petition at a news conference likened such protests to preventive medicine, as it would be far easier and more sensible to prevent the loss of lives and injury from a war than to deal with the resulting death and destruction. He also noted that the resources consumed in conducting a war could be more constructively used to improve health care both in the U.S. and around the world.

The Madison branch of AMSA promotes educational opportunities for medical students and services for the Madison community. It has helped establish health care for those who stay in the Grace Episcopal Homeless Shelter, and it organized a campaign to inform eligible families of state-funded pediatric checkups. Med I medical scholar Lee Dresang, who initiated the petition, was helped by colleagues including Lonnie Simmons, Med II.

Medical School Loses Two Deans

Dean Arnold Brown will leave the deanship of the Medical School and return to the faculty on June 30. A search committee, headed by Chair of Oncology Henry Pitot, is now sifting through a great many possibilities for Brown's replacement.

Charles Lobeck, Associate Dean of Academic Affairs and Professor and former Chair of Pediatrics, will retire on June 30.

The *Quarterly* will highlight the Deans in future issues.

FACULTY NEWS



Paul I. Bertics



Eberhard A. Mack



Stephen Nellis



Marvin Birnbaum



Paul Carbone

Paul J. Bertics, Assistant Professor of Physiological Chemistry, has been named a Lilly Biochemistry Grantee by the Lilly Research Laboratories. This unsolicited grant provides a young academic researcher with \$10,000 in unrestricted funds. Bertics studies the function of epidermal growth factor receptors.

Douglass C. Tormey, Professor of Human Oncology and Medicine and Associate Director of the UW Clinical Cancer Center, has been elected to a three-year term as Chairman of the Eastern Cooperative Oncology Group, succeeding Paul P. Carbone, Professor of Human Oncology and Medicine and Director of the CCC.

The Eastern Cooperative Oncology Group, headquartered in Madison, is one of the nation's large multidisciplinary groups coordinating clinical trials of promising cancer therapies. It includes about 25 university research centers and 200 community hospitals, which are concentrated in the Northeast but extend into the Southeast, Midwest and California. The Group's 2,000 or so physicians consist of medical oncologists, surgeons, radiotherapists and pathologists complemented by approximately 600 oncology nurses, data managers and statisticians. The Group originated in 1955 as a five-member consortium on the east coast.

Professor of Surgery Eberhard A. Mack was invited to discuss gallstone dissolution at a Consensus Panel for the Treatment of Gallstones at the recent International Biliary Association Meeting in Hong Kong, where he was Chairman of the Scientific Session on Gallstone Treatment. He also was invited to speak about "Management of the Patient with Adrenal Cortical Carcinoma" at the Postgraduate Course on Endocrine Surgery at the American College of Surgeons meeting.

Professor of Medicine Stewart A. Metz has recently joined the Medical School faculty. He will serve as Director of the Center for Diabetes Care and Research and head of the endocrinology section at the UW Hospital. His research, funded by the National Institutes of Health and the Veterans Administration, has focused on factors that regulate the secretion of insulin.

A graduate of the Yale Medical School, Metz has been affiliated with the University of Washington-Seattle. Most recently he served as Professor of Medicine and Pharmacology at the University of Colorado. His appointment was made possible in part through a gift from the Rennebohm Foundation.

Four faculty members participated in the Scientific Conference on Experimental and Clinical Coronary Pathophysiology sponsored by the American Heart Association and held in Durango, CA. Professor of Medicine A. James Liedtke co-chaired a session on myocardial metabolism in stunned reperfused heart muscle and presented an overview of substrate utilizations in ischemia

and reperfusion. Professor of Medicine Stephen Nellis chaired and presented studies to a session on coronary microcirculation. Professor of Medicine John Folts spoke on thrombosis and thrombolusis, and Associate Professor of Medicine William P. Miller discussed the nonlinearity of regional end-systolic pressure dimension relations.

Marvin Birnbaum, Associate Professor of Medicine and Physiology and Director of the Emergency Medical Services Program, was invited by the Soviet Union's ministry of health to co-chair a session during an international conference on disaster medicine in Moscow attended by more than 2,000 Soviet physicians and faculty members from 30 countries. He spoke about international cooperation in natural disasters.

Assistant Professor of Medicine Peter Rahko spent three weeks in China lecturing and traveling. As visiting professor in the cardiology department of First Affiliated Hospital of Zhejiang Medical University in Hangzhou, he presented three lectures on echocardiography.

Paul Carbone, Professor of Human Oncology and Director of the Clinical Cancer Center, presented the Gottlieb Lecture to the department of hematology at M.D. Anderson Cancer Center in Houston. He discussed cancer prevention and translating laboratory models to the clinic.

FACULTY NEWS







Benjamin R. Brooks

Professor of Medicine A. James Liedtke has been selected for a four-year position in the cardiovascular and renal study section of the division of research grants at the National Institutes of Health, where he will review grant applications and make recommendations for approval and funding. He also was elected to a three-year term as Wisconsin governor of the American College of Cardiology; he will evaluate all state and regional candidates for membership in the College and will serve as president of the newly formed chapter of the College in Wisconsin.

Liedtke also was selected for a three-year term as Wisconsin council representative to the Council on Clinical Cardiology for the American Heart Association.

Associate Professor of Medicine Jeffrey Grossman has been appointed Director of Adult Critical Care Services, where he is responsible for coordinating use of the intensive care unit, supervising the quality assurance program for adult ICUs and coordinating critical care teaching programs.

William Scheibel, Associate Professor (Chs) of Family Medicine and Practice, has been named 1990 Family Practice Educator of the Year by the Wisconsin Academy of Family Physicians for outstanding teaching of medical students and family medicine residents.



Charles Lobeck

Benjamin R. Brooks, Professor of Neurology and Medical Microbiology, has been selected by the National Academy of Sciences Institute of Medicine to serve on its neurology specialty panel, where he is helping develop methodology for estimating the number of physicians required in Department of Veterans Affairs programs and facilities.

Bruce Harms, Assistant Professor of Surgery (Chs), has been elected a member of the Society of University Surgeons, an organization honoring outstanding young academic surgeons for their contributions to medical research and education.

Professor of Pediatrics and Associate Dean Charles C. Lobeck was named the first recipient of the Bennett J. Cohen Award presented by the American Association for Accreditation of Laboratory Animal Care (AAALAC). His association with AAALAC began in 1978 when he was appointed as the Association of American Medical Colleges representative to the Board of Trustees. He was elected to the Executive Committee as Vice Chairman from 1982 to 1984 and as Chairman of the Board from 1985 to 1989. Under Lobeck's leadership, AAALAC became a more visible group and increased its active involvement with scientific, educational, government and animal welfare organizations.

Ronald H. Laessig, Professor of Pathology and Preventive Medicine and Director of the State Laboratory of Hygiene, received the American Association for Clinical Chemistry 1990 Award for outstanding contributions through service to the profession of clinical chemistry.

NECROLOGY

Paul J. Ambro, '51 Kenosha, Wisconsin October 13, 1990

Earl F. Cummings, '30 Oshkosh, Wisconsin October 23, 1990

Thomas Frey (Former Resident Opthalmology) Falls Church, Virginia

Dayton H. Hinke, '44 (2 year) Marshfield, Wisconsin October 1990

Thomas S. Josephson, '66 Madison, Wisconsin October 7, 1990

Robert Krohn, '27 (2 year) Black River Falls, Wisconsin September 22, 1990

Gerald E. LeMieux, '54 Green Bay, Wisconsin September 15, 1990

Leonard Long (Former Resident Radiology) Cashiers, North Carolina December, 1988

Gerald A. Mundschau, '65 West Allis, Wisconsin August 29, 1990

Arthur L. Scherbel, '44 Scottsdale, Arizona October 24, 1990

Maurice L. Whalen (Former Preceptor) Bruce, Wisconsin

ALUMNI CAPSULES

40 James W. Beattie, retired from general surgery as of November 30, 1989, is propagating exotic tropical plants following encounters with standard breed horse racing and breeding and showing bull mastiff dogs. Just after retirement, Jim and Mary spent much of their time repairing their home on the island of Vieques, Puerto Rico, where Hurricane Hugo had his way.

Henry D. Lauson has fully retired from science and medicine, which kept him more than occupied as Professor and Chairman of the Department of Physiology and Biophysics at the Albert Einstein College of Medicine of Yeshiva University, New York City, where he served from 1955-1978. He now enjoys the good life in Kiel, Wisconsin, near Milwaukee.

Richard E. Marcus continues teaching as emeritus clinical professor of otolaryngology at the University of Illinois College of Medicine. His interest in historical research and writing has resulted in his presenting papers such as "In the Footsteps of William the Conqueror," "Who Was Hippocrates and Where Is He Now," and "The Art Institute of Chicago and The American Flag."

David J. Twohig, who spent three years with Colonel Middleton in Europe during World War II, was engaged in general practice and surgery before retiring. He has been blessed with 11 children and 26 grandchildren, an accomplishment he claims is hard to explain! David and Elizabeth live in Fond du Lac, Wisconsin.

Arvin B. Weinstein

Arvin B. Weinstein, long-time faculty member who established the UW kidney dialysis program, continues to fulfill his retirement dream of delving into archeology and

anthropology. Recently he attended the Lubbock Lake (Texas) Landmark's International Symposium as a guest of medical school classmate John Buesseler '44, the first dean of the (Texas) Health Sciences Center's School of Medicine. Arvin has worked at several sites, including a 20,000-year-old rock shelter in South Africa and a 13th-century agricultural village of the Pueblo Indians in Arizona as well as sites in Wisconsin.

45 D. C. Crow, retired from her psychiatry practice, is helping children to read at a primary school where she lives in Bristol, England. Although she has had some health problems in the past two years, she would very much welcome a visit from any class member and family. Husband Henry James Crow died in 1988.



John E. Steinhaus

John E. Steinhaus, retired from the Emory University School of Medicine, Atlanta, where he was Chairman of Anesthesiology, currently chairs the organizing committee of the Third

International Symposium on Anesthesia History, which is scheduled to be held in Atlanta March 27-31, 1992. John served as President of the American Society of Anesthesiologists in the late'60s

51 John Allen and wife Shirley, who live in Madison, Wisconsin, recently celebrated their 40th wedding anniversary. Their most cherished gift was their first grandchild, a lively young man who spends part time with them while the parents work. John spends about 70% of his time in medical departments of industry around the state.

Carol Bahcall of Brookdale, California, recently returned from a house-sitting stint in Hawaii, relieved to leave the ultra-affluent lifestyle of Hawaii for the peace and serenity of her mountain cabin. She was also uncomfortable about the islands' ongoing destruction of another culture. Paul Bower has been busy at home in California as well as abroad. He and Thea spent three weeks with nieces in Paris, visited the Normandy coast and the Alps, Oahu, Hong Kong, Singapore, Rangoon, Bombay — and more! Their U.S. travels included Nantuckett, Boston, Aspen and Oregon. At home, in between bone/joint surgeries, he ran into problems while having a walk-in closet built for Thea and warns of the mess a heavy rain can make when the roof is off.

John Brown from Rhinelander, Wisconsin, retired in early '90. He and wife Dori, semi-retired from nursing, have been hitting the national parks as well as Arizona, Virginia and Delaware, where their younger son recently married a fellow chemist. John has become an accomplished photographer, accepted in art shows and published in magazines.

Jerome Cornfield still maintains a busy family practice in Milwaukee with his brother, gallantly wrestling with the HMOs and other insurance companies. Son Joel is a urologist and son David is a pulmonary fellow in Denver, having completed a pediatrics residency. Daughter Cynthia has her masters in Architecture, and Marcie Beth is in 8th grade.

Joyce Eisenbraun is still practicing radiology in Oklahoma City but plans to retire this year and take some of the courses she couldn't fit into her premed schedule way back when. Husband Peter retired from teaching at Oklahoma State University but continues his research. Joyce has three M.D. daughters and two grandchildren so far.

ALUMNI CAPSULES

Lawrence Giles and wife Audrey visited Russia nearly two years ago. The Soviet family they got to know foretold everything that has happened in East-West relations. They also met a Lithuanian family from Vilnius, whose medical school is exchanging students with the the UW Medical School. Lawrence belongs to a group of writers who read poetry and essays in Madison-area bistros.

Audrey Huckaby, living in Cedarburg, Wisconsin, completed a round-the-world fantastic voyage with husband Karl. During 50 days at sea and 50 in ports, they covered more than 29,000 miles with 500 college kids from all over the U.S. and about 20 faculty members, and were able to audit intriguing courses such as Islamic art, comparative revolutions and Asian religions. Their four children, scattered about the country, provide excuses for shorter jaunts.

Harold Ibach and wife Martha continue to spend winters in Austin, Texas, and summers in Oconomowoc, Wisconsin, where they are volunteers in the Department of Natural Resources self-help program monitoring the health of Oconomowoc Lake. Family and other activities keep Harold so busy that he can't figure out how he had time to practice medicine for 35 years.



Alice McPherson

Alice McPherson, Houston, last year combined business with pleasure as she had a private audience with the Pope and another accompanied by 18 other retina specialists, a trip to Hong Kong to plan

a 1993 meeting, and on to Singapore for an international congress. Alice presented an award in Helsinki and then toured Germany and Hungary, attending another meeting in Switzerland. She later lectured in Istanbul. Husband Tony still manages a mean game of golf. Lyle Olson spent three months in New Zealand after retiring in early '90. Last we heard, we was planning a 5-week trek in Nepal and hoping to navigate a 16,700 foot pass, where he will use the altimeter presented to him by his colleagues. Lyle and wife Ruth still sing with the UW Choral Union, enjoy 4 children and 6 grandchildren, and continue to live in Darlington, Wisconsin.

Sam Perlson, the tenacious shepherd of the Class of '51, has been dining on a meal of delicious courses — economics, political science, history and, particularly appetizing, anthropology. Dessert includes bridge lessons (his wife is a Life Master), gardening and riding his stationary bike 14 miles a day. Teaching OB-GYN to UW medical students rotating through Mt. Sinai Milwaukee serves as an interesting side dish.

Dean Plazak's practice in Boulder, Colorado, is now heavily forensic. Many of his cases are extraordinarily fascinating, and some look like whole chapters of a book waiting to be written. Meanwhile, he and wife Carole, who still manages his office, are exploring Colorado with a recently acquired jeep. Their 8-year-old granddaughter successfully underwent open heart surgery for an old IVP.

Kathleen Motelet Raleigh plans to be retired by now and free of the stresses that resulted from the passage of California's Proposition 13, which reduced taxes but also slashed services. Her Mental Health program for the low income and indigent population is among those suffering from funding cuts. Meanwhile, she continues to ride 14 miles a day on her stationery bike.

Burton Smith keeps busy in his five-person family practice in Wausau, Wisconsin and plans to continue as long as he's able; son Brian is part of the group. One daughter is a pharmacist, another an AODA counselor. Burt tends a large garden and a greenhouse, and keeps his body in good order playing handball — shades of Dr. Middleton — and golf.

Lowell Smythe is still feeling the effects of Hurricane Hugo, whose eye passed right over Charleston, his home. He has been active in sea turtle conservation with the aid of his boat, large enough to ferry an all-terrain vehicle to two islands where he monitors nestlings. His wife, a writer, has included Russia in her recent travels.

Harry Thimke and wife Marge split their time between Eau Claire and Hayward, Wisconsin. Harry continues his retirement pattern of taking one class each semester at UW-Eau Claire. He also carves ducks and is an officer in Trout Unlimited. He visited his daughter in Senegal; another daughter lives in Australia and the other two reside in the Minneapolis-St. Paul area.

John Toussaint is on the brink of retiring after 32 years as Medical Director of the Central Wisconsin Center. Colonel T. still commands the Air National Guard Medical Unit at Truax Field, Madison. He and wife Carol returned this August from their second Earthwatch expedition, where they helped excavate a Roman fort near Hadrian's wall in northwest England. Write to him for Earthwatch information.

Clayton Weston from New Lisbon, Wisconsin, continues to enjoy retirement, traveling via motor home January through May with wife Evy. He has bicycled more than 48,000 miles since retirement and, as of this writing, was getting in shape for the granddaddy of Wisconsin bicycle races, a 50-mile endurance contest that he won the past 2 years for the 65–70 age group.

ALUMNI CAPSULES



Loren H. Amundson

Loren H. Amundson, Professor of Family Medicine at the University of South Dakota School of Medicine, has been named the national family physician educator of the year by the American

Academy of Family Physicians; he received the award at the Academy's 42nd annual convention in Dallas. He has taught medical students since 1960, practicing family physicians since 1971, and family practice residents since 1974. Loren also serves as Director of the South Dakota Office of Rural Health.



Leon E. Rosenberg

Leon E. Rosenberg, Dean of the Yale University School of Medicine since 1984, has been elected Chair-elect of the National Council of Deans, part of the governing structure of the

Association of American Medical Colleges. A member of the National Academy of Sciences, Leon investigates inherited metabolic disorders in children. He helped establish Yale's Department of Human Genetics and became its first chairman.



Roger W. Sherman

Roger W. Sherman died when the plane he was piloting crashed in a heavy fog. A psychiatrist in private practice in Mentor and Painesville, Ohio he also headed the medical staff at Laurelwood

Hospital in Willoughby, a mental health and chemical dependency treatment center. After serving his residency at Johns Hopkins, he became a staff psychiatrist at the Cleveland Clinic. Roger is survived by children Lori, Bill, June and Megan. His widow Alice can be reached at 9074 Jackson, Mentor, OH 44060.

Robert J. Jaeger of Stevens Point, WI, has been elected vice chairman of the Wisconsin Section of The American College of Obstetricians and Gynecologists for a three-year term. Assistant Clinical Professor of OB/GYN at the Medical College of Wisconsin, he is past president of St. Michaels (Stevens Point) Hospital medical staff and Chairman of the Maternal and Child Welfare Committee of the State Medical Society of Wisconsin.

Rose M. Dotson, who specializes in treatment of neuromuscular disease and co-directs the Muscular Dystrophy Association Clinic at Froedtert Memorial Lutheran Hospital and Children's Hospital of Wisconsin, has been appointed Assistant Professor of Neurology and Director of the Neuromuscular Program at the Medical College of Wisconsin. Rose has been awarded a Biomedical Research Support Grant and a Clinical Investigator Development Award from the NIH for her work on pain related to nerve damage, injury or dysfunction.

82 Lawrence C. Nichols, Assistant Professor of Pathology and Medicine at LAC and USC Medical Center, Los Angeles, has been elected a Fellow of the College of American Pathologists. Larry completed residencies in pathology and in internal medicine at the New England Deaconess Hospital in Boston.

85 Beth Ellen Abramson, who specializes in psychopharmacology at Milwaukee County Mental Health Complex, has been appointed Assistant Professor of Psychiatry and Mental Health

Sciences at the Medical College of Wisconsin. She completed her training at Long Island Jewish Medical Center, where she also served a year as inpatient staff psychiatrist. She was an emergency room psychiatrist at St. John's Episcopal Hospital in Far Rockaway, N.Y. as well.



Peter Emanuel

Peter Emanuel, a hematology-oncology fellow at the University of Alabama at Birmingham Comprehensive Cancer Center, is one of 11 U.S. physicians who have been given a

\$25,000 1990 Young Investigator Award from the American Society of Clinical Oncology. He will continue his studies to define the basic mechanisms underlying juvenile chronic myelogenous leukemia. Last year he received the Upjohn Research Award as the outstanding fellow investigator in hematology-oncology and the Frommeyer Fellowship Award.

Ron Myers, founder of the Tchula, Mississippi Family Health Center, received the National Black Aging Network's George W. Davis Award for his work with Black senior citizens. While in San Francisco to accept the award, he also received several others, including a Certificate of Special Recognition from the U.S. Congress and a Certificate of Appreciation from San Francisco Mayor Art Agnos. In Madison, Ron was honored by the Medical School and Mt. Zion Baptist Church for his medical missionary work.

Former House Staff

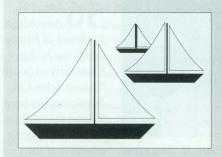
Martin Grabois, who chaired Physical Medicine at Baylor College of Medicine (Houston), now chairs the new combined Department of Physical Medicine and Rehabilitation. An ex-officio member of the Board of Trustees of the Institute for Rehabilitation and Research, he also serves on the Institute's Executive Committee and he is Medical Director of Physical Medicine and Rehabilitation Services at The Methodist Hospital. Martin interned at UW Hospital 1966–1967.

Former Preceptors

Nels Alfred Hill, who practiced in Madison for 40 years, died December 15 in St.
Petersburg, Florida. He had been Chief of Staff of Madison General Hospital, a delegate to the AMA, President of the Dane County and Wisconsin State Medical Societies, Medical Director for Wisconsin Life Insurance Company, local surgeon for

the Illinois Central Railroad, and physician to the C.C.C. He was a Medical School instructor and also taught in the Nursing Schools at both St. Mary's and Madison General Hospitals. He earned an M.S. from UW-Madison and his M.D. from Harvard.

Maurice L. Whalen died this fall at Rusk County (WI) Memorial Nursing Home. He practiced in Bruce, Wisconsin, for 42 years, retiring in 1974. He also served as Chief Surgeon at St. Mary's Hospital in Ladysmith. For 19 years he was a preceptor for more than 100 medical students, and in 1974 he received the Max Fox Preceptor Award from the WMAA. In 1978 he received the Distinguished Service Award from Mt. Senario College in Laydsmith. He earned his M.D. at the University of Minnesota.



Wisconsin Alumni Trips

Cruise Japan's inland sea, March 19-30.

Fly the Concorde to Europe and see the art treasures of London and Paris, April 26-May 26.

Visit Holland, Paris, Geneva and other cities via ship and train, May 26-June 8.

See Alaska by ship and train beginning June 27.

Cruise France's rivers Seine and Saone, July 3-15.

Cruise the Seas of Ulysses and Black Sea from Athens to Venice, July 7-19.

Cruise the passage of Peter the Great from Leningrad to Moscow, August 1-14.

Cruise the Hudson Bay area with Farley Mowat and other experts, August 4-13.

Cruise the great capitals of Europe, London to Venice, September 9-22.

Cruise Greek islands November 2-17.

For more information, call Sheri Hicks at (608) 262-9521.

WMAA Puzzle by Stanley Cupery, Director of the Preceptorship Program

Here's the answer. Congratulations to Thomas Peterson, Robert Judd, R. K. Resar, George Becker, Barbara Hansen, Christine Buijs, Glenn Fromme, E. H.. Betlach, Debe Hansmann, Mary McGrath, Leah Danner

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COMING EVENTS

March 8, 1991
Wisconsin Reception at the
American Academy of Orthopaedic
Surgeons Meeting
Anaheim, California
6:30 – 8:00 p.m.
Park A Room
Inn at the Park Hotel

March 17, 1991 LaCrosse Area Medical Alumni Meeting Social Hour 11 a.m., Lunch at noon Radisson Hotel

April 12, 1991 Wisconsin Reception at American College of Physicians Meeting New Orleans, Louisiana 6:00 – 8:00 p.m. Location to be announced

May 6, 1991 Wisconsin Reception at American College of Obstetricians and Gynecologists Meeting New Orleans, Louisiana 5:00 – 7:00 p.m. New Orleans Hilton Trafalgar Room

May 17, 1991 Alumni Day Madison, Wisconsin Class Reunions - 1941, 1946, 1951, 1956, 1961, 1966, 1971, 1976, 1981, 1986

CONTINUING MEDICAL EDUCATION

Neurology Conference for Primary Care Physicians, March 1, Holiday Inn East Towne, Madison

6th Annual Comprehensive Management of Chronic Respiratory Problems Conference, March 7-8, The Sheraton Inn & Conference Center, •Madison

Pediatric Conference for Primary Care Physicians, April 5, Holiday Inn East Towne, Madison

Interpretation of Clinical Laboratory Tests, April 19, InnTowner Hotel, Madison

Psychiatry Conference, April 19-20, Holiday Inn East Towne, Madison

Cardiac Rehabilitation Symposium, April 25-26, Grand Milwaukee Hotel, Milwaukee

Doug Miller Symposium on Organ Procurement, April 25-26, Chula Vista Resort, Wisconsin Dells

National Conference on Professional Training and Managed Mental Health and Substance Abuse Services, May 1-2, Grand Milwaukee Hotel, Milwaukee

Infectious Diseases Conference for Primary Care Physicians, May 3, Howard Johnson Hotel East Towne, Madison

15th Annual Ophthalmology Current Concepts Seminar, May 9-11, Holiday Inn West, Madison

Sports Medicine Symposium, May 9-11, Holiday Inn West, Madison

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

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