

# The University of Iowa History of Medicine Society

announces the R. Palmer Howard Dinner for 2008

**Friday, April 25, 2008**

**Reception at 6:00 PM**

Location: Patient & Visitor Lounge  
8<sup>th</sup> Floor, Roy Carver Pavilion  
UIHC (elevator F)

**Dinner at 7:00 PM**

Location: East Room  
8<sup>th</sup> Floor, Roy Carver Pavilion,  
UIHC (elevator F)

**Walton O. Schalick, III, MD, PhD**

Assistant Professor of Medical History  
University of Wisconsin-Madison

**'Humanizing' Disability Care:  
Pediatrics, Policy and Crippled  
Children in the US and Europe,  
1802-1945**

Dr. Schalick's research interests include medieval medicine and pharmacology, the history of children with physical disabilities in 19<sup>th</sup>- and 20<sup>th</sup>-century Europe and the US, and the practical ethics of pediatric emergency research. He is in great demand as a lecturer and has delivered presentations on four continents. Dr. Schalick is also the recipient of numerous honors, including the William B. Bean Award from the American Osler Society. After completing his undergraduate work at Washington University in St. Louis, Dr. Schalick received his PhD (History of Science, Technology and Medicine) and his MD from Johns Hopkins University.

**Parking: Use UIHC Ramp II and take the skywalk to Elevator F.**

**Make your reservation now!**

**Please send the form below with your check payable to *The University of Iowa*, before April 18, 2008.**

**Mailing address:**

University of Iowa Carver College of Medicine  
Program in Biomedical Ethics and Medical Humanities  
Attn: Donna Sabin  
1-106 MEB, 500 Hawkins Drive  
Iowa City, IA 52242-1190

Contact person: Donna Sabin

Phone: 319-335-6706 E-mail: donna-sabin@uiowa.edu

**Reception and Dinner Reservation Form (payment required in advance)**

	Meal Entrée Selection (✓ please)	Quantity	Cost	Subtotal
Name (please print) _____	<input type="checkbox"/> Stuffed Chicken Breast with Sauce	_____	\$25.00	_____
Address _____	<input type="checkbox"/> Vegetarian-Eggplant Parmesan	_____	\$25.00	_____
_____	<input type="checkbox"/> Student Subsidized Meal Contribution*	_____	\$15.00	_____

*\*We subsidize student dinners through your contributions.  
Thank you for supporting our students.*

Guest name: \_\_\_\_\_

Check Number: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Total enclosed:**