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Attention Grammarians!

There have been several questions raised in re-
to usage of the word, "lineage," which appeared
President Lawton's report in the last issue of
Bulletin.

"Lineage" has two meanings, the most com-
referring to ancestry or descendant. A second m-
ing refers to a number of written or printed l-
covered. This second meaning is most often imp-
with the spelling, "linage", "lineage" being a sec-
choice.

Dr. Lawton's sentence read: "the truly dedica-
teacher is seldom honored with more than a t-
monial dinner and retirement *lineage*."

Used in the second sense mentioned above,
word is proper. HOWEVER, President Lawton
tells us he intended to use the word, "luggage." (T-
article was dictated over the phone.)

Luggage, linage, lineage . . . all will agree, no do-
with the President's sentiments.

front cover and other

drawings by Gloria Welniak

THE PRESIDENT'S REPORT

It was my intention to use this last column of my
term in office to "point with pride" to the accomplish-
ments of the year. A review of my inauguration
promises and the minutes of subsequent Directors'
meetings suggests that some other tone would be more
appropriate.

We *have* avoided embroilment in the Medical
School administrative dispute. We *have* made progress
in the development of a more democratic process for
electing officers as will be noted elsewhere in the
BULLETIN. We *have* established a distinguished
teaching award which will be presented for the first
time this spring.

We have *not* laid any bricks or even broken ground

for the Medical Library. A review of the past
years' activities of the Wisconsin Medical Alumni
society reveals that we have in good faith prom-
ground-breaking ceremonies on at least three
casions. We have actually dedicated one library
(the wrong one!). We are again involved in a
plete revision of plans. The next announcement
ground-breaking will be made from the depth
large hole in the ground at an undetermined site
an undetermined date in the future. A large
vociferous turn-out for the May Alumni Day m-
help immeasurably to hasten this event.

Respectfully,

Ben Lawton, '46

EDITOR'S REPORT

Our Alumni Association is not just another organization to which one simply belongs, sends in dues and receives a membership card. It is an organization with meaning, purpose and a program directed toward well defined goals.

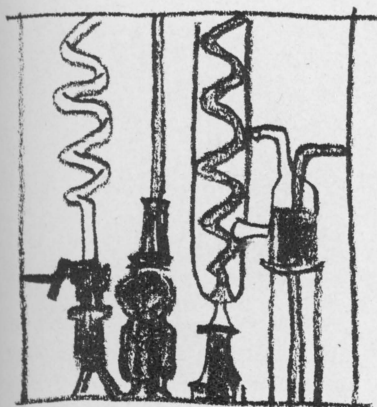
While the membership is composed entirely of physicians and reflects a single vocational interest, it is also composed of individuals with a broad variety of attitudes, social and political concepts and multi-colored personality patterns. To some, our meetings in Madison offer an opportunity to revisit old friends and places and bask in the warmth of nostalgia. To others whose children are enrolled at the University it is an opportunity for family reunion with only a minimal permissive contact with alumni activities. To those alumni who live and work in or near Madison, these meetings are often a burden of influx of visiting firemen who disrupt a routine by their holiday mood, and the evening affairs an old hat that interferes with personal plans. To the alumni whose geographic location prohibits easy travel, it is an event to read about in the *Bulletin* and glean its pages for names to identify. Our meetings do mean different things to different people. However, we should not confuse the mechanics of the meeting with its main purpose. Your alumni officers have worked diligently to evolve a purposeful program for our organization. This program is directed toward the broad support of the Medical School, towards strengthening its stu-

dent body, towards encouraging the tireless efforts of the faculty by reflecting gracious appreciation of their dedicated work in moulding us into physicians and citizens of stature, and simply by letting the many men and women who make up the heart of the Medical School know they have not forgotten what they have done for us. In each of us there is a little bit of Bardeen, Evans, Meek, Stovall, Bunting, Eeyster, Clark, Tatum, Middleton, Schmidt, Bradley, Reese, Pohle, Sullivan, Miller, Lorenz, Foerster, Gaenslen and countless others who gave of themselves to form the mosaic that makes up a University of Wisconsin Medical Alumnus.

When we return to Madison for an alumni meeting, we bring back some of the seed planted in us by these men. It is a return to native soil. We must constantly strive to refurbish this soil with loyal support so that it may continue to bear in ever greater abundance the flowering of minds and ideas. Let us see to it that future generations of physicians will indeed be proud, as we are, to be called the true sons and daughters of the great University of Wisconsin Medical School.

This should be the true meaning of our alumni meeting. See you in Madison on Alumni Day, May 24th!

Your Editor,
Mischa J. Lustok, '35



LETTER TO THE EDITOR

Hartford, Connecticut

Dear Mischa:

Many thanks for your recent and explanatory letter. I am sending to you, enclosed, my check in behalf of the Stanley Edwards Memorial Fund. May I again congratulate you upon this noble effort.

I am in the midst of reviewing manuscripts for publication in our *Anesthesiology Journal* of which I am Assistant Editor and, frankly, up to my ears this entire spring.

I hope that I might have some contribution for the *Bulletin* after that. In any case, rest assured that I have in my heart the greatest esteem for my fellow classmate, Stanley Edwards. His dedication to his patients and devotion to his profession are exemplary.

With kindest regards, I remain,

Cordially yours,
Steve (signed)
Stevens J. Martin, M.D.

THE WHITE HOUSE

WASHINGTON

February 25, 1963

Dear Dr. Middleton:

From the outset of this administration, I have emphasized the great need for Americans who will dedicate their efforts to the public interest. To all the citizens of the country, I said: "Ask not what your country can do for you; ask what you can do for your country".

On your retirement from the federal service, I am impressed by the example your life provides of the completely selfless dedication of an individual to the needs of mankind.

Your choice in your early years of vocation as a doctor bespeaks your interest in your fellow man. The flowering of your ability as Dean of the School of Medicine of a great university redoubled your contribution as you taught the oncoming generations how to care for human ills.

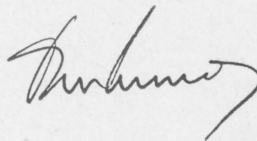
In two wars, you answered the call of your country's need and bound up the wounds of her sons who served. This much alone represents more than most men have to look back upon. And yet, in your years of golden wisdom and maturity, you entered directly in the government's service to the veteran.

In the past eight years as Chief Medical Director, Veterans Administration, you provided vision, imagination, and leadership that molded and energized the medical program of the Veterans Administration. Your pioneering ideas and tireless efforts to improve patient care, medical education for the staff, and advanced research have carried these programs to a pinnacle of effectiveness.

We salute you for a lifetime of achievement in which you are second to none among those who have served the medical needs of the veteran.

Sincerely,

Dr. William S. Middleton
Chief Medical Director
Veterans Administration
Washington 25, D. C.



Tribute to Dr. Middleton

On these two pages there is a copy of President John F. Kennedy's tribute to former U.W. Medical School Dean William S. Middleton and a photograph showing Dr. Middleton receiving personal thanks from the President. With them in the picture is J. S. Gleason, Administrator of the VA. Dr. Middleton retired earlier this year as medical director of the Veterans Administration, a position he has held since 1955 when he retired as dean at the medical school. Dr. Middleton is spending several months in Madison after which he will become visiting professor of medicine at the University of Oklahoma for one year. He stepped down from his job with the VA three years after reaching the "compulsory" retirement age of 70.



A Chat With An Old Friend

Many alumni throughout the country will remember Al Bookhout. He served as embalmer in the Department of Anatomy from 1938 until his retirement last June. Mr. Bookhout dropped into the office last month at our urging and we spent a couple of hours talking about former students.

In addition to official business, Al's office served as a social gathering point, unofficial counseling center and occasional home for a bit of harmless pranksterism. Mr. Bookhout fell into the position, so to speak. He was a close friend of the former embalmer, Bob Willett.

"Bob and I went fishing together quite often," he recalls. "I'd usually pick him up at the hospital, but if he had a corpse to work on, I'd stay around and watch." Before too long, Al was lending a hand and learning the profession. He was raised on a farm and had had many practical lessons in animal anatomy. Thus, it was a short step to the responsibilities at the Medical School. Willett passed away in 1938 and Dr. Sullivan, then chairman of Anatomy, asked Mr. Bookhout to become the embalmer for the department.

Mr. Bookhout was born on University Avenue, a short distance from the present site of the hospital, in 1886. His mother planted a young elm tree by way of celebrating the occasion. The elm is still flourishing and so is Al. Last Fall he visited Montana on a deer-hunting trip and he is a year-round fisherman. He is also in correspondence with former medical students now practicing in different parts of the country.

He recalled the time when Annie, the elephant at the zoo, died. Dr. Sullivan wanted the animal's brain, ear and esophagus for laboratory purposes. "I knew where the brain on a pig was, but an elephant was something new to me," he commented. He took a cross-saw and went to work. Three hours later Dr. Sullivan had an elephant's brain. "It's four times the size of a human brain . . . and still is in possession of the Anatomy department." Proving, perhaps, that an elephant never forgets.

On another occasion some years ago, U.W. exterminator Jim Cappaccio caught a skunk in President Fred's backyard and needed some help from Al to extricate it. Time was of the essence since an afternoon lawn party was planned for that day. Al performed the necessary tasks.

The years prior to World War II were especially difficult for many med students. Mr. Bookhout remembers how some of them managed to support themselves with home-made meals (one student mixed oat meal and milk and cooked in a rabbit when one could be caught). Al owned a cottage in the tent colony off Lake Mendota and gave it to a group of students as a home. It was a real blessing for the



Al Bookhout

group which was so short of funds. He remembers Dr. Lawton working 8 hours a day in the O Meyer ice-house to support himself. "With it all, I still won the anatomy award as a student that year," Bookhout mentioned enthusiastically. "Duane Anderson was another one who worked his way through . . . there were so many," he added.

Students would often seek Al's advice. It was pragmatic and to the point. One student was having great difficulty in a course taught by two teachers. He would get "A's" on one teacher's exams, but flunk the alternate exam given by the second teacher. Every other week the student would get an "A" and the weeks in between he would get a flunk. "Put your 5¢ on my desk," Al advised the young man. "What you have to do is just take exams from the fellow you get 'A's' on and skip the exams of the other man. Next year, you can take that part over." In any case the student did not drop out of school as he threatened to do, passed the course easily and became a distinguished member of the profession.

Al also recalls with a smile the time some student "borrowed" his favorite bow and arrow and was playing Robin Hood against the thick two-inch door near his office. A native of the Door County

(continued on next page)

Dr. Mueller Given High University Position

Dr. Gerald Mueller, class of '46, has been appointed assistant vice president for academic affairs at the University of Wisconsin. He will work on a part time basis in this position to help acting UW provost, Dr. Robert L. Clodius.

Dr. Mueller is a professor in Oncology at the medical school. He is a Wisconsin native. In addition to his MD degree, Dr. Mueller received his PhD from the University in 1950. He has won outstanding honors in his field, including the Schering Endocrine Award, the Lasker Fellowship in Oncology and the Haight Traveling Research Fellowship under which he studied for seven months at the famed Max Planck Institute in Germany.

Dr. Mueller, who is 41, will continue to be active in the department of Oncology where his special research interest centers on the role of hormones in tumor formation.

A CHAT WITH AN OLD FRIEND . . .

(continued from page 6)

area brought several quarts of cherries from home one weekend. With several others, they concocted a fine recipe. It consisted of one quart of cherries, three quarts of water and a pint of alcohol. "It made a wonderful cordial," Mr. Bookhout emphasized, smacking his lips. The concoction was kept in a locker near Al's office. Dr. Sullivan heard about it, was naturally concerned and asked Al for a key to the locker containing the goodies. Al told Dr. Sullivan, "I haven't got the key to that locker today." All who knew agreed it was "good stuff."

With all the light reminiscences, one gets the feeling of Al's great pride in the department and of its chairmen over the years. He spoke with great affection and respect of Dr. Sullivan, Dr. Mossman and Dr. Mortensen, the present anatomy chairman.

Bookhout still keeps his hand in his work, occasionally helping some farmer friends in the area. He beamed with pride when we walked over to the new office in SMI, with a plaque bearing his name permanently posted on the wall. This tribute was the gift of students.

Your reported had to leave, but Al spotted some old friends and thought he would stay around the hospital, visiting awhile. As we left, he was quickly reminiscing with others about the good old days. The good old days are memories of the many former students and faculty.

Senior Class Report

By Tim Zimmermann, Class President

In Spring a young man's fancy . . . Gene Wegner was recently engaged to Barbara Sommer. They will be married this June 1st. Mr. and Mrs. Richard Albertini had a baby girl, Susan, who was born in January joining Carol, age 4 and Mark, age 5. The Robert Hagan's welcomed their first on March 1st, a boy.

Alpha Omega Alpha's guest speaker, Dr. Paul Dudley White, attracted an overflow audience for his talk on March 8th. He was the dinner guest at AOA's annual initiation banquet. The following seniors were initiated into the honorary society: Harold Been, Louis Bernhardt, Alan Gordon, Michael Hahn, Edward Pohle, James Poole and Paul Reed. David Mathison, who had not returned from his preceptorship in Madagascar, was initiated in absentia. Senior students who were initiated as juniors were also present. These are Adolph Hutter, President; Richard Albertine, Vice-President; Tim Zimmermann, Secretary and Christian Gulbrandson. Junior students initiated this year were Judith Boone, Charles Engel, James Jefferson, Arvid Johnsen and Burton Neesvig.

The seniors are *finally* in their last 12 weeks. It promises to be a very enjoyable quarter for the class with get-togethers in April for national board exams and a party following; in May for Field Day and the annual Alumni Banquet and of course, in June for graduation. The party on April 24th following national boards is tentatively scheduled for the V.F.W. Hall in Middleton. All faculty members are cordially invited to attend.

LAUD COHEN

The Board of Directors of the Wisconsin Medical Alumni Association at its meeting in Madison on February 2nd voted unanimously to take action thanking Dr. Philip P. Cohen for his contribution to alumni activities during his tenure as Acting Dean. The Board expressed deep appreciation to Dr. Cohen for his excellent contributions to alumni affairs.

Whither, Medical Education?

By Dr. Robert D. Coye, Assistant Dean of the Medical School and Associate Professor of Pathology.

In the past several years a fascinating variety of operations have been performed on the corpus of medical education. These operations have been conceived and executed, according to one's views, by either distinguished leaders in medical education (the Deans) and devoted professional teachers (the Faculty), or by quacks and faith healers (the Deans) and a motley array of researchers with meager competence in teaching (the Faculty).

These operations ranged from radical revisions of the structure and function of curricula to relatively cautious and conservative tamperings with the *Milieu Interieure*. Some conceive of the problem as being in the area of growth and development of the student, offering programs leading to the M.D. degree after more or less than the usual four years of medical school combined with alterations in the usual pre-medical program. These programs vary from direct admission to medical school from high school and graduation after six years, as is now available at Northwestern, to a program at Stanford in which the student enters medical school after three years of college and graduates after five years of medical school.

Dr. Coye



Others conceive the problem as one in which departmental boundaries have become calcified and that a homogenate of several departmental fields will produce more learning than the totals taken separately. These approaches have been called *correlated*, *integrated*, *cooperative*, and *spinal* types of curricula. Success or failure of the innovations has apparently been more closely related to the degree of continuing faculty enthusiasm than to the specific changes instituted. In any case, all these forms of therapy, it must be supposed, were directed to the improvement of some diagnosed malady. However, it is not clear whether the patient is in *extremis* or whether he has only a mild anxiety reaction. Furthermore, it is not clear whether he suffers from one or more diseases. The grand variety of treatments would imply a grand variety of illnesses. On the other hand, perhaps it is

some obscure systemic disease which presents a variety of clinical pictures. All one can conclude with certainty from a survey of the national scene is that there may be something wrong with medical education as it stands today.

On the local scene what changes have been made in the educational program? In 1956 the third year class schedule was drastically altered so that the major teaching and learning experiences for these students was provided by *experience*. Only one hour of lecture each day remained of the former five-six hours per day. This change was in keeping with the general held faculty belief that the student learns better by helping solve clinical problems rather than by being told about them.

In 1958 the faculty voted to discontinue the requirement of an M.D. thesis of all graduates. This action was taken because it seemed clear that not all students were deriving educational benefits from the experience in proportion to the faculty and student effort expended. This applied equally to laboratory and library research projects. An experimental grading using the Honors-Satisfactory-Unsatisfactory rather than the A-B-C-D-F categories in the third and fourth years, was discontinued the following year. This resulted from the feeling that there are, in reality, five natural ranks of medical students, not three. Still, a vague sense that all was not well with our grading system persisted, that the grade is a totally unrealistic symbol of the student's future promise for medicine. It was felt that far too much attention was focused on the grade with relatively little attention on real learning. Out of this concern for needed improvements in grading and in the academic environment, a group of six students (Student Affairs Committee) and three faculty members discussed the subject at length and made several proposals.

The proposals were: to discontinue giving grades to the students; to institute an Honors System; to initiate a system of faculty advising for first year students. These were accepted by the faculty. It was hoped these changes would emphasize studying to learn, rather than to achieve "good grades," and would work in the direction of providing an environment in which the students and faculty cooperate in attaining common goals rather than engaging in a four year war of attrition.

Lastly, the Curriculum Committee proposed that the faculty adopt a Medical Student Research Honors program which made it possible for medical students with talents in this area to prepare for a career in research. Financial support for the research portion of the training was provided. A student in this program may take course work which will be of value to him in research, outside the normal medical school

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curriculum and carry out a research project under the guidance of a capable investigator. The preceptor may be a member of any department of the University. Thus, in the field of research, a flexible program in which all resources of the University are made available to the medical student has been established.

Do these changes here and elsewhere reflect any greater purpose or direction of effort than swarming in an ant hill? The question, though facetious, is difficult to answer. Certainly there is every reason to expect activity. The forces disturbing the system, which had until the early '50's been in overt harmony with its environment, are both numerous and of great energy. An incomplete list would include the changing number, quality and marital status of medical students, changes in the type of medical practice, the increased need for physicians, the almost alarming (to faculty and students) increase in medical knowledge, the diversity of careers available in medicine and the increase in funds available for research. The last-mentioned resulted in increased numbers of faculty but with a paradoxical decrease in the close "preceptonal" type of teaching. It is hardly surprising that several schools have established departments or divisions of "Research in Medical Education" to cope with these problems on a full time basis!

One can predict with confidence that changes will continue to be effected here and that some time will elapse before a new equilibrium is reached. What the overall pattern of change will be is not clear. One might guess that it will be in the direction of a greatly increased number of paths leading to the M.D. degree. Those of us dealing with admission to the medical school have been impressed repeatedly with the variety of interests and abilities students bring to medical school. We are aware of the great variety of medical careers available to these students. Yet, during the period of their formal medical education, we can offer essentially *no* "elective" time for independent study.

To provide this free time in curriculum already noted for its turgor would of course require trimming existing courses, a proposal which has been greeted with less than spontaneous cheering in the past, particularly from those whose courses were considered "trimmable." This brings us face to face with the question, "what knowledge, skills and attitudes should be required of any medical student after four years of study?" After all, these people will graduate as M.D.'s and after a year's internship can go forth with pills and knives to function as physicians. There must be a basic core of knowledge and some minimum competence which the school requires. When this has been decided, we can begin to reduce the present rigid requirements and add flexibility to medical education. This would seem to be our happy, if difficult, dream.

Correspondence

Editor,

Wisconsin Medical Alumni Bulletin

Dear Sir:

Congratulations on the increased size and information in the Wisconsin Medical Alumni Bulletin. I am a member of the class of '48 and am now residing in Ann Arbor, Michigan.

I am writing to call your attention to an error in the Winter, 1963 issue of the Bulletin on page 18 under Alumni Capsules. Dr. Francis Todd H'Doubler, Sr. was the physician who passed away last June and not his son, Dr. Francis Todd H'Doubler, Jr. Dr. H'Doubler, Jr. is a graduate of the class of 1948 and is in practice in Springfield, Missouri.

Dr. H'Doubler, Sr. had always been a strong supporter of the University of Wisconsin. However, he was not a graduate of its medical school. He was a surgeon and contemporary and close friend of Dr. Irwin Schmidt and Dr. Alton Ochsner. In addition to his son Dr. H'Doubler, Jr. there were four other children. Two girls, Alice and Louise, who graduated from undergraduate school and two other sons, one having graduated from Harvard Medical School and one from Tulane Medical School. All three sons are in practice in Springfield.

I would like to make a suggestion to prevent such serious errors as this. If you are planning to publish obituaries, I suggest this be done in a formal manner and the families contacted for accurate information prior to publication.

Sincerely,

Donald R. Korst, M.D.

(EDITOR'S NOTE: We wish to thank Dr. Korst for his letter and concern. We were terribly sorry to have committed such an error. Dr. H'Doubler, Jr. and his mother also contacted us regarding it. Every effort is being made to carry out Dr. Korst's suggestion. Again, we would like to apologize to the H'Doubler family and the alumni membership for this unfortunate mistake.)

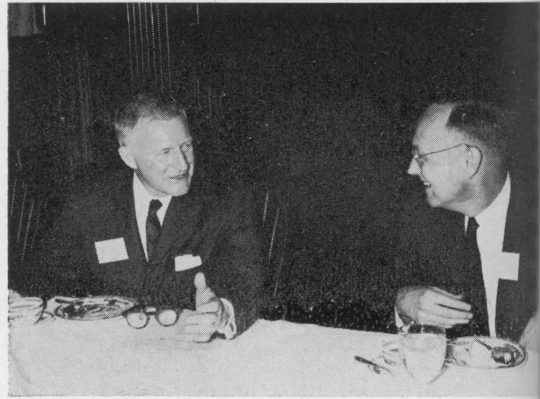
Notes on Milwaukee Trip

Friday P.M., February 15th, Madison

At 3:30 we piled into a new University station wagon for the trip to the 6th annual Milwaukee winter meeting; Prof. James Crow, alumni president Lawton, Ralph Hawley, Homer Montague and your reporter. Dr. Lawton had arrived that morning from Marshfield. He and Homer talked about the big fire in Marshfield years back. After the disaster, the city fathers decided to build a wide downtown thoroughfare. As hospital photographer for many years, Homer is a link with many past alumni . . . Hwy. 30 was especially pretty, a typical Wisconsin winter scene, though it was agreed a 4 lane road was much needed . . . Hawley got to talking about his hobby of collecting old records, particularly jazz classics . . . Prof. Crow and Dr. Lawton mentioned some of the recent discussion involving "informed consent" in the MD-patient relationship . . . We arrived at the University Club near Lake Michigan at 6 P.M. sharp, a tribute to Hawley's driving . . . Greeted by Dr. Daniels who was looking well and who had put a lot of effort into this year's meeting . . . Cocktails were served in a panelled room which had some interesting water colors of Wisconsin scenes, possibly painted around Door County . . . Dr. Lustok arrived shortly, chatted about the new look of the *Alumni Bulletin* and his recent experiences as a beginning ski enthusiast . . . We learned later that Dr. Bland could not make the meeting this year because of his active interest in the promotion of the Westby Ski meet, due to come off at the end of February . . . Dr. Gruhl was the first distaff member to arrive, peering in the doorway with the comment, "don't tell me I'm the first woman here." Dorothy Barbo, Rhoda Johnson and Margaret Crumpacker added to the feminine attendance shortly thereafter . . . Al Martin was an early arrival, Dr. Donald Luedtke his guest. Dr. Martin introduced Vice-President Clodius, the main speaker, to several



Drs. Murray & Schulz



Dr. Daniels and Dean Crow

of the members . . . Howard Lee dropped in, unable to stay for the dinner. He spoke about photography and his specialty of bird pictures, for which he has won several prizes . . . (a bird in the lens is worth . . . etc) . . . More members were arriving now . . . Doctors Schacht, Schulz, Webber . . . The most popular question of the evening: When do we break ground on the library? . . . Also, a query as to what happens to the matching funds. (Congress at the end of the last session killed a bill which would have provided matching funds.) . . . Sentiment expressed that would be best to build the Middleton Library entirely with Alumni-raised funds . . . "it's all ours . . . a small monument we can leave to the school . . . and to the people of the State" . . . Milton Spitz came over . . . was busy studying for his Boards . . . his first Alumni meeting . . . Former State Medical Society President, Dr. Lokvam in from Kenosha with Dr. Ambro and Richards . . . Soon there were more than 50 people present and at 7 came the call for dinner (really very tasty) . . . Einar Daniels made the opening remarks, noting that there had been some consideration given to dropping the annual Milwaukee meeting . . . Called on Mischa Lustok for a brief report on the *Bulletin* and the Library fund . . . Guest at speaker's table introduced . . . Asst. Dean Albring in addition to aforementioned . . . After dinner, Dr. Crow spoke briefly, recalling he had spoken before the Milw. group two years ago on aspects of Medical Genetics . . . "One third of what I told you then is no longer true. After I'm relieved of the deanships and if you'll invite me back, I'll know about the other third." . . . This brought laughs but also brought to mind comments by Prof. Cohen about how quickly one falls behind current work in his field while handling heavy administrative responsibilities . . . number of guests debating whether to take the decision . . . Dr. Laubenheimer and Dr. Spooner, two former

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NOTES ON MILWAUKEE TRIP . . .

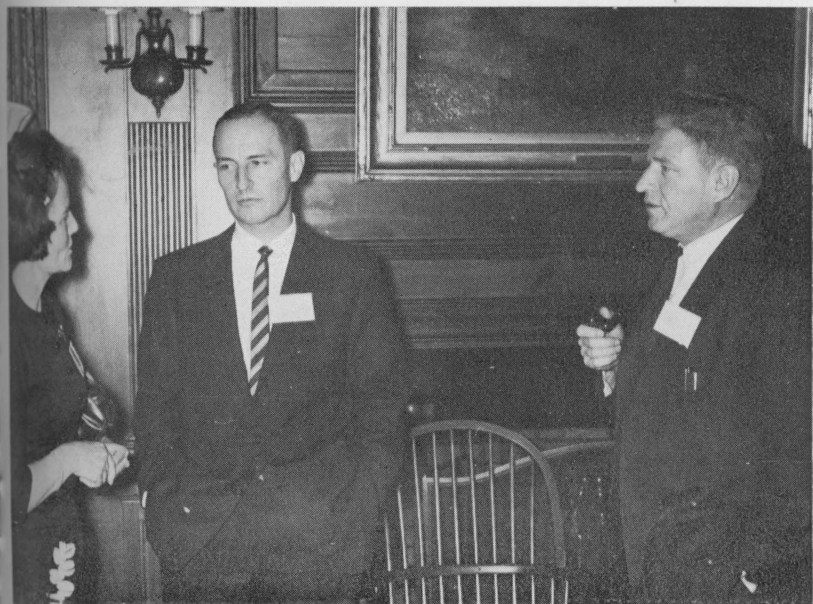
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great Wisconsin athletes, involved in serious discussion of certain medical questions . . . Earlier, Dr. Spooner recalled a season in '21 when the opposition had scored less than 20 points per game (basketball, that is) . . . Main Speaker: Prof. Robert L. Clodius, youthful vice-president of Academic affairs . . . reference to his speech being "ghosted" . . . "if Banquo had his ghost, why not Claudius?", Prof. Clodius quipped . . . He brought the audience up to date on some of the long range plans of the University . . . the urgent need to sharply raise salary levels . . . "it grieved me recently when on the west coast I was told an outstanding department there was prominently staffed by former Wisconsin teachers and scientists" . . . indicated that the University was seeking funds from private as well as governmental sources . . . that two-fifths of last year's grants totaling 50 million dollars came from federal funds . . . of this 20 million dollars, some 33% went into Medical school research work . . . Dr. Clodius also stressed the Wisconsin traditions of free speech and debate . . . "Gone are the proms . . . the Rose Bowl loss taken in stride by the students . . . the biggest request of the student



Drs. Hanno Meyer and Dorothy Barbo

body being that for the library to remain open more hours" . . . He indicated the strong support of the Medical facilities by the administration . . . It was a fine report and afterwards, Dr. Spitz came over to say he was glad he had come . . . impressed by the main report of Dr. Clodius . . . At 9:30 Dr. Daniels adjourned the successful 6th annual Milwaukee meeting, indicating we could look forward to preparing for the 7th next year.



Dr. Helen Gruhl, Professor Clodius and Ben Lawton

ENLIGHTENED CONSENT IN THE PRIVATE PRACTICE OF MEDICINE

By Leslie G. Kindschi, M.D., F.A.C.P., '35

(EDITOR'S NOTE: Due to the considerable interest and discussion of this subject, we solicited opinions from a number of alumni. The following is Dr. Kindschi's thoughtful response. We will be happy to print additional viewpoints in the next issue.)

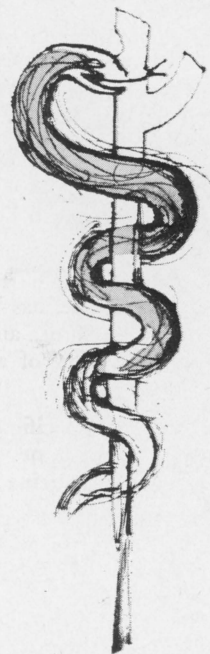
"Enlightened consent" is an essential ingredient of democratic philosophy and pertains to every facet of our complex human relationships. This paper is primarily concerned with the practical application of this ideal to problems involved in the private practice of medicine. To avoid criticism for discussing a complicated philosophical problem out of context, we will first, define our terms, and second, relate our discussion to the broader fields of which this is but a part.

"Enlightened consent" can be defined as "voluntary acquiescence through knowledge and understanding." Obviously, it is a highly relative term whose interpretation can vary within the wide limits of individual viewpoints and specific circumstances. It is the simple but elastic adjective "enlightened" that makes this a relative term, and since this is the key to our discussion, we must define it as precisely as possible. We can best accomplish this end by utilizing the noun "enlightenment" instead of the adjective.

Our discussion is based on four premises which I believe are very nearly self-evident."

1. *The capacity for enlightenment* varies greatly from individual to individual, with a range from the insignificant to the infinite.
2. *The degree of enlightenment* in any single individual depends on this capacity plus the environmental opportunity for developing it.
3. *The source of enlightenment* is mostly the accumulated experience of the species rather than from the contemporary experience of any one member. Much of our enlightenment, therefore, stems from authority.
4. *The quality of enlightenment* depends on the integrity as well as on the intelligence of authority. This, in turn, is profoundly influenced by human motivation and human emotion in both the authority and the individual whose enlightenment concerns us.

To test the validity of these premises let us apply them to the fundamental proposition of human testing. In one way or another every field of human endeavor has been involved in this, as well as every human being. Techniques have been modified by the development of ethical considerations defining human rights and human duties, including the conception of



enlightened consent; but the principle itself has never been seriously questioned.

In a broad philosophical sense, every idea conceived by the human mind must, sooner or later, be examined for its potential relationship to problems of the human race. It matters not whether the idea comes from the scientist, the theologian or from the imaginative mind of a layman. What it appears to be applicable to human problems is the final assessment of its value depends on human testing. It must thus be viewed as a source of enlightenment and a means of human progress.

Where, then, do we draw the line of moral justification in the process of human testing? I think it is largely a matter of the degree of risk involved. If the risk is insignificant we tend to ignore the ethical considerations except when our own pocketbooks suffer. But as the risk increases, the ethical considerations assume a proportionate significance. We might argue that if an individual has the right to share the accumulated benefits of past human testing, he has the corresponding duty to share the risks of contemporary testing. But he cannot be forced to accept extraordinary risk, over and above his share. For he must give his consent, preferably his fully enlightened consent, as did the astronauts in our space program. In reference to our four premises, where can one find a higher example of truly enlightened consent?

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ENLIGHTENED CONSENT . . .

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In the field of experimental medicine the proposition of human testing is rarely so clean cut. For here the subjects are not normal people living under usual circumstances. They are not free to choose their risks as are the astronauts. Many cannot even comprehend the nature of their illness, much less give their enlightened consent for experimental therapy. Still others, in complete possession of their mental faculties, may face the choice between experimental treatment and early certain death. Here there is enlightened consent, but the dismal choice renders the term all but meaningless. Between these two extremes one can find many other examples such as the double blind studies, the testing of new antibiotics, and so on down the line. Each case has its own peculiar problem of enlightened consent, and each must be settled with due consideration of the basic human rights involved.

Finally, we come to the specific consideration of enlightened consent in the private practice of medicine. The field of medicine as a whole develops many different viewpoints in this regard with the major dichotomy appearing between those who are engaged in full time private practice and those who are not. But even among the full time private practitioners minor dichotomies appear. These tend to develop along specialty lines, parallel to the limitation of responsibility for patient care. Thus, front line practitioners such as the generalist, the internist, and the pediatrician, must deal with the problem of enlightened consent at an entirely different level than, for example, the radiologist who has a minimum of direct responsibility in patient care, or the pathologist who, for all practical purposes, has none at all.

As a practicing internist I am perhaps somewhat less qualified to present the viewpoint of the front line physician than either the generalist or the pediatrician, but we all have one thing in common. That is the primary responsibility of providing medical care to our patients over a span of years. When necessary, this responsibility is shared with our more specialized colleagues, but apart from this, it is total and largely continuous.

For this reason, and for others that will be mentioned later, we are bound to develop some specific viewpoints on such vital problems as enlightened consent, long time patient care, and so forth. We are fully aware of our obligation to practice sound medicine, but we are also aware of our obligation to at least satisfy our patients, and, if possible, to please them. This is an essential distinction between public and private practice, and one which only the practitioner seems willing to recognize. The professional lay medical writer (who must always keep a biased eye on the market for his work), and even our non-practicing colleagues seem to miss this point com-



pletely when they criticize the practitioner and offer him their sonorous advice. Is it not just a bit ridiculous for the practitioner to be told what to do and how to do it by those who have never done it all, or, at best, have done it in a very limited sense?

Now let us turn to some specific examples of how the problem of enlightened consent is met in private practice. To do this I shall describe five different categories of patients which I am sure my colleagues will quickly recognize.

The first is a small group of people, supposedly possessing the capacity for enlightenment, who somehow have become caught in the trap of bad authority and have become cultists. They consult the practitioner only under obvious duress, and usually as a last resort. If you have ever tried to give a transfusion to a Jehovah's Witness, the chances are that you found neither enlightenment nor consent. Or if you have been called upon to treat a Christian Scientist for an acute renal colic, you probably obtained consent for treatment, but it was hardly of the enlightened variety. For better or for worse, the relationship is brief, and once the crisis has passed such patients invariably return again to cultist ways.

The second group of patients is at the other end of the scale and consists of people who are the practitioner's intellectual peers. They are not only capable of grasping knowledge and ideas, but are also capable of critical judgment. In short, they rank very high in the fulfillment of all four basic premises. In this group, enlightened consent is a sine qua non of the patient-doctor relationship, and a pleasant reality for both.

The third group consists of out and out hypochondriacs, people who simply will not develop insight

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ENLIGHTENED CONSENT . . .

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into their problems, even though they seem to be quite capable of doing so. They will listen intently to the practitioner's explanation for their discomforts, perhaps even take his prescribed medicine if they can be sure that they can maintain their pattern of complaints in spite of it. These people may give legal consent for major procedures, but it is always a conditional consent, never an enlightened one.

The fourth group has a distinctly female preponderance, but is not strictly limited to that sex. This is a truly dedicated group of "doctors without degrees;" people who have a positively insatiable appetite for medical information from any source available to them such as the old family doctor book, bridge clubs and other gossip gatherings, lay health publications, or what have you. They gorge themselves on masses of information and misinformation and semi-digest the bolus to conform to the authority of their own egos. They are simply incapable of recognizing any other. They love to chat with their doctors in a sort of unilateral consultation, often shamelessly misquoting other doctors' opinions. Consent for any new medical procedure is almost on the line in advance, for it is regarded as a new adventure that will boost their status among their fellow psychoneurotics.

This is a very difficult group for the practitioner to deal with satisfactorily because he is bucking the false enlightenment of a fanatic. He must fall back on his own enlightenment to say "no" when this is the proper answer; but heaven help him if he is ever wrong, even by a hair!

And, finally, there is the large group that makes up the bulk of the doctor's practice; worthy, hard-working, sincere, people with but a modest capacity for enlightenment. They place their faith in the authority of the practitioner, and their trust in his integrity and intelligence. Enlightened consent from these people? The term simply does not fit. The consent was long since given and will never be withdrawn. The enlightenment must come from the doctor himself who knows in his heart that even a slight deviation from the golden rule will constitute a betrayal of this almost sacred trust.

This brings us to the point of asking, "How adequate is the enlightenment of the practitioner himself?" It is a blunt question but highly pertinent, for if he is to maintain his position of good authority, he must conscientiously replenish and update his own supply of knowledge.

At best he can know relatively little about the biochemistry and pharmacology of the new drugs available on his prescription. This is especially true of the older practitioners who, let's face it, are completely lost in the field of modern chemistry. However, does this mean that he is worth less as a clinician? Not at all. It simply means that he must scrupulously select his authority for evaluation of the

drugs he prescribes, largely ignoring the biased blarney of the manufacturer and being supercritical of the subsidized research reports.

In the final analysis, private practice is the supreme court of human testing. New drugs are developed in the chemistry laboratories and the promising ones are animal-tested. Then they are turned over to the men in experimental medicine for carefully controlled studies on humans, and finally the ones that pass are placed on the market for general use. Even then they may take months of general use before the rare danger is recognized.

The practitioner, then, must be ready to assume his rightful responsibility as a human tester with proper regard to obtaining the patient's consent. But he is neither so stupid nor naive as to believe that it can always be "enlightened consent."

In the past, many of us have been invited to participate in the semi-final clinical research program for evaluation of a new drug. Such an invitation is highly flattering to the practitioner and it is hard to say "no." However, it may help to remember thalidomide!

One final word in answer to the admonition to always explain things to the patient. This is a fine idea but, as every practitioner knows, a somewhat fallacious one. For, to do this, the practitioner must speak the patient's limited language of words he recognizes but rarely understands. He may even show the patient his X-ray films, a very impressive but not usually informative procedure.

The practitioner has one advantage in his long-term contact with the patient. He can judge the patient's capacity for enlightenment and gradually develop it to the maximum. Sometimes this is surprising, large, but often it turns out to be discouragingly small. Whatever the capacity may be, the practitioner is well aware of it and rarely fails to utilize it to the benefit of the patient.

As for an eminent M.D.'s recent quoting from Plato on the deplorable difference in the physician's attitude toward slaves as compared with his attitude toward free men, I seriously doubt that many practitioners will regard this as a valid argument. In the pressure of front line practice, time becomes a very precious commodity. Would one choose to concentrate his science and art for the benefit of a few. Or would he freely share his science with the greatest possible number, even if it could be done only at the expense of the art? I think his answer would follow the ethical principle of *summum bonum*.

I have tried to point out in this discussion that the term "enlightened consent" is a highly relative one. It is an ideal that finds expression in our code of human rights and duties as well as in all other phases of our human relations. Though rarely attainable in the private practice of medicine, it points the way for the practitioner. When we have gone as far as this regard as human limitations allow, we continue to carry our responsibilities on the basis of mutual good faith. This is our only ethical alternative.

The History of Medicine:

Its Position and Task

By Dr. Gernot Rath, Visiting Professor of History of Medicine at the University of Wisconsin Medical School.

(Editor's Note: Dr. Rath is a native of Oldenburg, Germany. He received his M.D. from Bonn University in 1948, serving his internship and residency there in 1948-50. He made extensive studies in history, social history and ethnology at Bonn from 1950-55, becoming an Assistant Professor in the Department of History of Medicine in 1958. Dr. Rath was visiting Professor at the University of Wisconsin in 1959 and later was appointed Associate Professor and Chairman of History of Medicine at the U.W. Medical School. In 1961 he became Director and Professor at the Institute for History of Medicine at the University of Goettingen (Germany). Dr. Rath returned to Madison for the second time this February.)

Modern medical research owes its great achievements to specialization, the subdivision of the healing art into progressively smaller and narrower branches. This trend began in the 19th century and attained full force in the 20th, being the inevitable consequence of the ever-increasing sum total of medical knowledge to be mastered and the increasingly complicated and highly differentiated research methods devised. One may well regret this trend which has intensified during the last few decades but one cannot deny that, firstly, it is unavoidable and secondly, that it has rendered possible advances in medical science which would have been unthinkable even twenty or thirty years ago.



Dr. Gernot Rath

At the same time, this development contains within itself certain dangers which have long been apparent to every discerning observer. Today's physician finds himself confronted with an overwhelming mass of details, devoid of any apparent interconnection. It is as much as he can do just to identify the underlying threads which bind medical science together and often he is no longer even in a position to master all the materials of his own specialty. Frequently, newfangled scientific theories are indiscriminately accepted, therapeutic suggestions gullibly and enthusiastically adopted and all too soon prove illusory and mistaken. Under such circumstances, where should the physician turn for a reliable criterion? How shall he produce some semblance of order and logic out of this morass of detail? The answer is that there is no better means than that of historical analysis. This explains why more and more voices are being raised, emphasizing the need for reflection and retrospection. Such voices point out, and rightly so, that only those in a position to view modern medicine in its historical perspective are able to understand its essence and meaning.

Modern man—and the modern scientist in particular—is all too prone to regard history from an evolutionary aspect. He projects modern concepts and ideas into the past, evaluating the past events from the standard of advanced knowledge we have today, regarding indirect developments as errors. Every theory, every scientific discovery, can and should be measured only by the standards of its own time. Every train of thought, its peculiarity and intrinsic value, can only be under-

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ALUMNI CAPSULES

Dr. Ko Kuei Chen, one of the first Pharmacologists to be employed by a drug manufacturer, retired after 34 years as Director of Lilly's Pharmacological Research division. He has been appointed a full time Professor of Pharmacology at the Indiana University School of Medicine. Dr. Chen received his PhD at Wisconsin in 1923 and spent the first two years of his medical training at Madison, receiving his M.D. from John Hopkins in 1927.

Dr. Robert Edland, '56, was recently promoted to the rank of major in the U.S. Army. He is stationed in Germany as head of the radiology department of the Army's 12th and 21st Field hospital. Dr. Edland has also been named recipient of a radiotherapy fellowship at Walter Reed hospital in Washington, D.C. He and his wife will return to the United States this June.

Dr. Jack Petajan, '59, a research associate in Neurology, has left for Zurich. His six months stay is part of the paired N.I.H. grant between the U.W. Medical School Department of Neurology and a laboratory in Zurich. The Zurich department is headed by Dr. Konrad Akert, former Professor of Neuroanatomy here. Petajan had recently completed a three month tour of duty in EMG with Dr. Lambert at the Mayo Clinic.

Dr. James Brandenburg, '56, has been promoted to a major in the U.S. Army Medical Corps. He is attached to Walter Reed General Hospital.

Left out of the last issue of the Bulletin: "Dr. James Tuura, '53, attended the recent American Academy of Dermatology meeting in Chicago. He is looking forward to attending his class' 10th reunion this May 24th."

Dr. Mary Herman, '60, is at Yale. She is in Pathology and is planning to do work later in Neuropathology.

Dr. George O'Brien, '56, is with the Cardiovascular Unit at the U.W. doing research.

Dr. Clarke Danforth, '58, is in the Neurological Division of the U.S. Naval Hospital in Bethesda.

A '47 alumnus, Dr. Donald Watzke, has announced the opening of his office in Madison, Wis. for the practice of Otorhinolaryngology. Dr. Watzke received his postgrad training at Wisconsin General Hospital. He had been practicing in Chicago for several years. His twin brother, Dr. Robert Watzke, '52, is an Assistant Professor in Ophthalmology at the University of Iowa. Donald is a "confirmed bachelor," while his twin brother Robert is married and the father of three children.

(Editor's Note: Robert may also have been a confirmed bachelor at one time.)

Dr. John B. Wyman, '58, is now a Fellow in Medicine at the Mayo Clinic.

A '61 graduate, Dr. Pat Joo was married this past Fall to Paul Heiser, an architectural draftsman. They are living in Madison where Pat is taking a Pediatric residency at Children's Hospital.

Dr. Harry Feldman, '31, is Chief of Psychiatry at the V.A. Center in Bath, N.Y.

We received a wonderful letter from Dr. Herbert Gruenberg, '32. He has five children, the oldest of whom recently graduated from the medical school at Western Reserve. Dr. Gruenberg is in practice at the Beverly Hospital in Montebello,

California and a member of the Board of Directors. He would like to hear from former classmates in Madison. Dr. Gruenberg adds: "Incidentally, our radiologist is Dr. William Sprague whose father was one of my teachers and who himself was a little baby when I was born in Madison. And that is how time flies."

Dr. Darold Treffert, '58, has joined the full-time medical staff at Winnebago State Hospital.

Two members of the class of '49 have been named Fellows by the American College of Physicians. They are Drs. J. Richard Johnson and Richard Wasserburger.

Class of '39 representative Dr. Florian Santini is getting a head start on the silver anniversary union for next year. Dr. Santini has mailed a questionnaire to all members of the '39 class, the response having been excellent as well as interesting. We expect to see many '39'ers at this year's Alumni Day, too.

Dr. William Hildebrand, '39, of Menasha, Wisconsin, is the 1949 Wisconsin Heart Fund chairman. He is former Wisconsin State Medical Society President.

Dr. Andrew Mailer, '26, passed away last October. After completing the two year medical program at Wisconsin, Dr. Mailer received his M.D. from the University of Illinois. In 1961 he was presented with an award during the A.M.A. meetings for his years of distinguished work in the special exhibition on fractures. Dr. Mailer had been senior surgeon in the VA for three years and had established the orthopedic ward at Poplar Bluff, Missouri. Dr. Mailer's wife, Angela, sent us a very wonderful letter.

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ALUMNI CAPSULES . . .

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February. Mrs. Mailer, a medical illustrator, wrote of Dr. Mailer's association with Dr. Middleton and told of the memorial from President Kennedy which she had received.

* * *

Dr. Kenneth Lemmer, '30, coordinator of the MEND Program at the U.W. Medical school, represented the University at the MEND Coordinators' Conference in San Juan, Puerto Rico during January.

* * *

A '29 alumnus, Dr. Alban Tessier, passed away last October after a year of disability and hospitalization. He had been practicing in Milwaukee prior to his illness.

* * *

Dr. Richard Sabin, '55, died this past January 5th. He had been in psychiatric practice in Madison and a clinical instructor at the Medical school. Dr. Sabin is survived by

his wife and three children. The Middleton Library Fund has received a number of contributions in Dr. Sabin's memory.

* * *

A former chief resident at University Hospitals, Dr. John Morrison, passed away on December 26th, 1962. Dr. Morrison was class representative, 1927 class. In early December he had written the Bulletin, passing along news of Wisconsin alumni in the Washington, D.C. area (see Winter '63 issue). Dr. Morrison had been assistant executive Medical Officer of the United Mine Workers of America. His wife, the former Eleanor Goodnight, is the daughter of U.W. Emeritus Dean Scott Goodnight. Dr. Morrison had been an extremely active alumnus and was widely known in Wisconsin medical circles as well as in Washington, D.C.

* * *

Regretfully, we have also received

word that the following alumni have passed away:

Dr. Edwin Korfmacher, '30, in Grinnel, Iowa.

Dr. Charles Finnegan, '19, in Dallas, Texas.

Dr. Ronald Martin, '31. He had been residing in Sioux City, Iowa and passed away on October 18th in Rochester, Minnesota.

Dr. Robert Zaegel, '16, in Sheboygan, Wisconsin.

Dr. Kenneth Peacock, '17, who died December 1st in New York.

Dr. Harry Zurheide, '49, who died of Hodgkins Disease in Milwaukee.

Dr. Elizabeth Lovejoy (Knott), '42, who passed away in Florida.

Dr. Albion Heiner, '16, who passed away September 16th, 1962.

Dr. A. J. Wineland, who served his internship and residency at Wisconsin General Hospital. In Los Angeles.

Dr. Herman Wolf, '34, a native of Kenosha, Wisconsin who had been practicing in Philadelphia.

HISTORY OF MEDICINE . . .

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stood in the context of its own age. One of the tasks of the medical historian is to correct this totally false and often arrogant approach by making it clear that one cannot expect more of any period in history than what is inherent in its potentialities. Otherwise we run the risk of finding the medical scientists of our own day in contempt because, say, they have not succeeded in solving the etiology of cancer.

The history of medicine fulfils a vital educational task. It is the only branch of medicine remaining today which still embraces medicine as an entity, and so counteracts the danger of the one-sided approach inherent in specialization. It places medicine as an historical whole before the consciousness of the medical student, acting as a link for the numerous specialties of medicine with their centrifugal tendencies. In this way, its importance for modern medicine and the problems of our times is greater than ever before.

The cardinal importance of the education of the physician in the spirit of true humanity and humanitarianism has long since been recognized in many countries. In the United States, in particular, the history of medicine is being increasingly adopted as a recognized subject for examination at many universities. In Europe, a similar development is taking place. In the past few years Germany has been especially progressive in this regard. Since 1960, when there were History of Medicine departments in the

Federal Republic of Germany in Bonn, Frankfurt, Munich and Munster, ten new ones have been added. These include the universities at Berlin, Dusseldorf, Freiburg, Goettingen, Hamburg, Heidelberg, Kiel, Mainz, Marburg and Tuebingen. Thus the field now claims fourteen organized departments in the Federal Republic. The remaining five universities presumably will soon also set up departments in the History of Medicine. History of Medicine is now a required course for students in clinical medicine.

An important task of the medical historian is to introduce the student who is especially interested in the history of his profession, to the historical methods and make him aware of the questions and problems involved. At some German universities small seminars are held and research is carried out. A special library is provided. The medical historian investigates the medicine of all cultures from the earliest times to the present. He is not satisfied with a pure pragmatic approach, as for example, a chronological compilation of events, rather he seeks out the intellectual currents which are basic to the events and which have shaped them.

The physician acquainted with the history of his profession comes to regard his work as one link in a long chain. He is like the dwarf standing upon the shoulder of the giant; he sees everything the giant sees but he also sees a little more. From this he develops an attitude of modesty and humility towards the tremendous tasks with which he is entrusted. And this is the doctor's true vocation.

SOME VERSE FROM AN ALUMNUS

(EDITOR'S NOTE: Many are the talents and interests of our membership. Photographers, sportsmen, painters, etc. abound. We are always anxious to encourage the arts and have asked Dr. John Grinde, '35, to submit some of his latest efforts. He has responded with a poem, *VENUS*. He prefaces it with the following note:)

Dear Editor:

Let me paraphrase a mountain climber's well known explanation of why mountains should be climbed, "Poems must be written because they are there." They seem to be there and when they are, some mental tickling or itch will not be gone until I've put them on paper. I enclose an example.

"VENUS" was inspired thus: Among our patients some years ago was a lady of sterling virtue and all desirable wifely attributes. She was a model housekeeper. She was as assiduous in personal cleanliness as in the care of home. She loved her body; she insisted on hexachloraphine. Despite this, her body

gave forth such a pungent emanation that after each visit we had to spray and air the room she used. And despite this, her husband was one of the most lovelorn stricken males I have ever seen. To him she was the acme, the pinnacle of womanhood, and he was the most favored of males. Could he possibly have a primordial nose?

To this day we do not know. But it made me reflect on the many cases where love provides a blind spot for defects in mates. From this I came to think (while hunting fossils) of how strange the human would appear to other animals. Would we not look undone, embryonic and disgusting in our bodily baldness, our thin unadorned hides shamefully inadequate beside the furry pelts of the bear or the sheep or the armor plate of the hippopotamus? So, these lines came. When I got home I wrote them.

Cordially,

John M. Grinde, '35
De Forest, Wisconsin

VENUS

*To the male hippopotamus, none can excel,
His mate whose dear charms put to shame the gazelle.
His mein is so calm, so ponderous and massive,
His life is serene—his attitude passive.*

*There's only one object can set him aglow
From the tip of his nose to the end of each toe—
This object divine, this creator of passion,
This voluptuous being, this acme of fashion.*

*This specialized Venus, who-knowing her power,
Can enrapture or sadden her lover each hour.
Her posture is perfect, her gait is pure grace,
Her thick sultry lips crown her sensuous face.*

*Each fold and each wrinkle add charm and perfection,
Her appealing shy glances command his protection.
Contrasted with humans, the best of the kind,
Her noble endowments are more clearly defined.*

*This poor other creature; wan, weak and pale hued,
Is by contrast a failure, looking worse, the more
viewed.*

*The foul, slimy crocodile's foul slimy mate
Has the key to his pleasure, none other will sate.
The boar to his sow and the buck to his doe,
The man to his woman, none other will go.*

*How kind and considerate nature must be
To change weird cacophony to sweet symphony.
And to give in addition to matching by breed
A glowing enchantment which naught can exceed.*

*In spite of these facts and a number not named,
I still think that woman is justly acclaimed.
I don't want to change, I am happy with fate,
And I thank the high powers that we can't deviate.*

JMG

FACULTY NEWS

The Birth Defects Clinical Study Center, which was established last year at the medical school, has received a new grant from the National Foundation—March of Dimes to continue its work. The Center is developing a three-pronged program of research, teaching and improved understanding of children with birth defects. Dr. David Smith of the Department of Pediatrics is director of the unit.

The Center has placed primary emphasis on an inter-disciplinary approach, coordinating the work of faculty from several departments. The Wisconsin Center is one of seven established across the country by the National Foundation.

Madison General Hospital is the home of a new John A. Hartford Foundation laboratory for research and teaching by U.W. Medical School faculty. Dr. James Cherry, assistant Professor of Pediatrics has been appointed research director of the project. The research program was made possible by a \$234,125 Hartford Foundation grant. The program will focus on infectious diseases of children. U.W. medical students and pediatric residents assigned to Madison General Hospital will be involved in the program.

The recipient of the 1961 Emeritus Faculty Award of the U.W. Medical Alumni, Dr. Paul Clark, has been elected to honorary membership in the American Society for Microbiology. Dr. Clark had been chairman of the Medical Microbiology department from 1914 until his retirement in 1952. The University of Wisconsin Press has published Dr. Clark's, *Pioneer Microbiologists of America*. He is presently at work on another book.

Recent Medical School Faculty Appointments:

Dr. Harold Manhart, clinical Instructor in Otolaryngology.

Dr. Robert Buxbaum, Instructor in Medicine-Student Health Service. He served his residency in Medicine at the U.W. Hospitals from 1959-62 and had been a Fellow in Hematology.

Dr. Ulker Tulunay Keesey, Instructor in Surgery (Ophthalmology). She received her PhD in Psychology from Brown University in 1959.

Dr. Frederick Nickel, Instructor in Anesthesiology. He served his residency in Anesthesiology at U.W. Hospitals from 1960-62.

Appointed an associate professor in Physiology is Dr. Warren Dennis, a former associate director of the biotransport unit at the University of Louisville. His special research interest is the study of the physical aspects of transport of substances across the cell wall. Dr. Dennis has developed a special one-molecule thick film which studies changes in electrical charge on the membrane as cellular substances move.

Dr. Harry Waisman has been appointed director of the Joseph P. Kennedy Jr. memorial laboratory. The new facility is presently under construction and will occupy the new fourth floor of Children's Hospital. Dr. Waisman has been director of a long-term study of the biochemistry of mental retardation. He is a professor in the Pediatrics department who received his M.D. from the U.W. Medical School and his Ph.D in Biochemistry under the late Dr. Conrad Elvehjem.



Dr. John Curtis, clinical professor of Medicine at the VA Hospital, received the award of Outstanding Chief of Medicine in the Veterans' Administration Program.

Drs. Robert Roessler and Norman Greenfield of the Department of Psychiatry are editors of a recently published book, *Physiological Correlates of Psychological Disorder*. This volume contains the papers, most of which are published for the first time, delivered at an interdisciplinary conference sponsored by the Wisconsin Psychiatric Institute and Department of Psychiatry of the U.W. Medical School last August.

ALUMNI DAY '63

This year's Alumni Day Program will be held on May 24th. It promises to be one of the most stimulating programs ever held. Firstly, there are the vast physical changes which have taken place at the medical center. A distinguished list of speakers and honored guests will be present and there will be separate class reunion celebrations the night preceding Alumni Day. Dr. Robert Schilling is Program Chairman for this year's event and Dr. Kenneth Lemmer is in charge of the past presidents' dinner on May 23rd.

Elsewhere on these pages appear the biographies of the eminent guests. They include Dr. Harold Bradley who will receive the Emeritus Faculty Award, Dr. John Parks, recipient of this year's Medical Alumni Citation and Dr. Roy Holly who will present the J. W. Harris Lecture.

Activities will commence at 5 P.M. on May 23rd with a meeting of class representatives. This will present an opportunity for discussion of the alumni program. A cocktail hour for class representatives, past presidents, Alumni Directors and wives will be held at 6 P.M. Following this there will be a dinner at which Dr. Ben Lawton will be given an award as outgoing president. These functions will be held at the Ivy Inn.

Plans are also being made for separate class reunion dinners on Thursday evening. This year will bring together special reunions of the classes of '28, '33, '38, '43 (two classes), and '53.

Registration will take place Friday morning. A number of interesting scientific presentations by faculty members are being prepared. Dr. Holly will make the J. W. Harris Lecture at this time. In addition, the Silver Anniversary Class speech will be given during the morning session.

Alumni wives who may not wish to attend all the talks are invited to view the exhibit of Eskimo Graphic Art in the main gallery of the Wisconsin Union building. Other art works will be on display in the theatre lobby and on the fourth floor of the Library on State St.

The annual business meeting will be held at noon. At this time nominations from the floor and election of officers will take place.

At the afternoon session, Dr. Bradley and Dr. Parks will make their presentations.

At 6:00 P.M. the annual cocktail and banquet will occur. Dr. Lawton will speak, reviewing the past year's alumni activities. Dr. Robert L. Clodius, acting U.W. Provost, will present the Medical Alumni Citation to Dr. Parks. Other awards will be officially presented and the senior class president will accept alumni membership cards on behalf of the seniors who will be guests of the Alumni body.

Hopefully, a major administrative appointment to the Medical School will be announced during the program. Reservations have already started coming in. We strongly urge you to join former classmates, faculty and guests at Alumni Day, '63.



1963 Nominations

The slate of officers presented by the nominating committee includes:

President Philips Bland of Westby, W.
 Pres.-elect. Frank Weston of Madison
 Secy-Treas. Richard Wasserburger of Madison
 Directors: (Four of these six to be elected)
 Herbert Pohle (incumbent) of Milwaukee.
 Robert Schilling (incumbent) of Madison.
 Irvin Becker of Milwaukee.
 Silas Evans of Milwaukee.
 John F. Poser of Columbus, Wis.
 Loron Thurwachter of Milwaukee.

Additional nominations from the floor may be made at the meeting.

A brief biographical sketch of the six nominees to the Board follows.

Nominating Committee: Albert Martin, Chairman, Mischa Lutok and A. A. Quisling.

Nominees For the Board of Directors

Robert F. Schilling, '43. Dr. Schilling is Professor of Medicine at the Medical School. He interned at Philadelphia General Hospital in 1943. From 1944-46 he was Battalion Surgeon in the U.S. Marine Corps, following which he served a two year residency in Medicine at University Hospitals. He was a Research Fellow in Medicine at Harvard in 1948. Dr. Schilling has been a Board Director the past year. He is married and the father of five. Recreational reading and photography are his hobbies.

* * *

Herbert Pohle, '38. Dr. Pohle has been a Board Director the past year. He interned from 1938-39 at the Kansas City Research Hospital and with Dr. Fred Madison from 1940-42. He specializes in Internal Medicine in Milwaukee where he is affiliated with Columbia, Milwaukee and Milwaukee County Hospitals. His residency was served at Wisconsin General from 1939-40. He has been active in the Middleton Library Fund. Dr. Pohle is married and the father of three. Photography and rose-growing are his hobbies.

* * *

Irvin Becker, '47. Dr. Becker interned at St. Louis City Hospital and served his residency at the University of Pennsylvania Graduate Hospital. He is certified in Internal Medicine and Gastroenterology and practices mainly Gastroenterology. Dr. Becker is Assistant Clinical Professor at Marquette and a member of numerous professional societies. He is married and the father of two girls and a boy. Tennis and fishing are his favorite hobbies.

Lorøn Thurwachter, '45. Served his residency in Anesthesiology at Woods Veterans Hospital in Milwaukee and is certified in Anesthesiology. Dr. Thurwachter is past president of State and local anesthesiology societies. He is a clinical Instructor at Marquette. For the past 10 years he has been associated with Columbia Hospital. He is '45 class representative. Hobbies include sailing, skiing and Boy Scout activity. He is active in the Naval Reserve. Dr. Thurwachter is married and the father of two boys and two girls.

* * *

Silas Evans, '36. Dr. Evans practices Internal Medicine. He is on the staff at Milwaukee, Columbia, Children's and Milwaukee City Hospitals. His internship and residency were served at Milwaukee Hospital. Dr. Evans had served as Assistant Director of Extramural Education in the Department of Medicine of the U.W. Medical School. Currently, he is Clinical Professor of Medicine at Marquette and was Chief of Medical Services, Milw. Hospital Executive Board from 1943-45. He is a World War II veteran, married and the father of four children.

* * *

John Poser, '38. Dr. Poser interned at St. Lukes Hospital in Chicago and served a three year residency at Cook County. He also served a year and a half residency in Surgery at U.W. Hospitals and is a member of the American College of Surgeons as well as the International College and the Wisconsin Society. He is affiliated with St. Mary's Hospital in Columbus and is in practice with his brother Ralph in that city. Dr. Poser is married and the father of three.

MEDICAL ALUMNI CITATION

Dr. John Parks

Dr. John Parks is a native of Muskogee, Oklahoma who received his B.A., M.A. and M.D. degrees from the University of Wisconsin. He is a graduate of the Medical School class of 1934. Dr. Parks served his internship at Cincinnati General Hospital in 1934-35 and his residency in Obstetrics and Gynecology at Wisconsin General Hospital from 1935-37. He was an instructor of Medical Pathology at Wisconsin following this. In 1938 Dr. Parks was appointed Chief Medical Officer in Obstetrics and Gynecology at Gallinger Municipal Hospital in Washington, D.C., serving in this capacity until 1944 when he was promoted to a professorship at the George Washington University School of Medicine in Obstetrics and Gynecology.

Dr. Parks published significantly in his field, the author of 37 articles and contributor to 4 textbooks. In 1957 he was honored with the deanship of the School of Medicine at George Washington and he currently holds that position.

He married the former Mary Dean Scott in 1930. They have one son, John, Jr.



Dr. John Parks

DR. ROY HOLLY

This year's J. W. Harris Lecture will be given by Dr. Roy Holly, a native of Wisconsin who was born in 1919 in Waupaca. He received his M.D. from the University of Minnesota in 1944 and a PhD from that institution in 1952. He was an instructor in Obstetrics and Gynecology at Minnesota in 1948 and was promoted to Associate Professor there, serving until 1954.

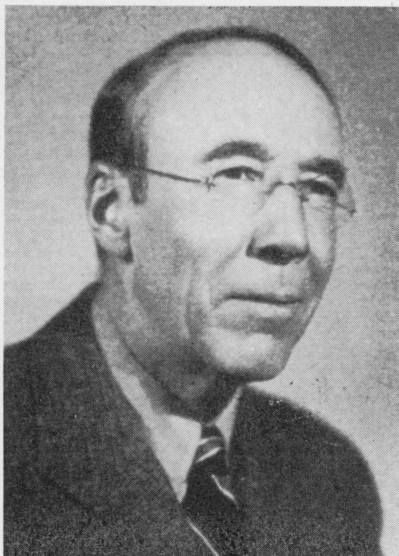
In 1954 Dr. Holly was appointed Professor of Obstetrics and Gynecology at the University of Nebraska, becoming chairman of that department in 1956. In 1961 he became Dean of the Graduate College at Nebraska and in 1962, Vice-Chancellor for Graduate and Professional Education and Research. He presently holds both these positions.

Dr. Holly is also currently the president of the association of Professors of Gynecology and Obstetrics as well as editor of a Gynecology and Obstetrics Guide to be published this year.

He is married and the father of three children. Curling and golf are his favorite hobbies.



Dr. Roy Holly



Dr. Harold Bradley

Emeritus Faculty Award

DR. HAROLD BRADLEY

Dr. Harold Bradley will receive the Emeritus Faculty Award this year. He is Emeritus Professor of Physiological Chemistry and was a beloved faculty member. Dr. Bradley received his PhD from Yale in 1905 and served as an instructor at the Yale Medical School for one year. He joined the Physiological Chemistry department here as an Assistant Professor in 1906. In 1913 he became an Associate Professor and rose to a full professorship in 1919. In 1942 he was chosen chairman of his department, a position he held until his retirement in 1948. The following year he was given status as Emeritus Professor.

During his years on the faculty he consistently played an active role in support of alumni affairs. Dr. Bradley also served on the U.W. Athletic Board. An active outdoorsman, he founded the Hoofers, University outdoor club.

Dr. Bradley is also a former director of Woods Hole Marine Biological Laboratory, former president of the American Biochemical Society and has been a frequent contributor to professional journals in his field.

He and his wife now reside in Berkeley, California.

Memorial Resolution of the Faculty on the Death of Dean Emeritus Walter J. Meek

Dean Emeritus Walter Joseph Meek died in Fort Myers Beach, Florida on Friday, February 15, 1963 at the age of 84. Dr. Meek retired in 1949 after a period of 41 years as a member of the faculty of the University of Wisconsin Medical School. His wife Crescence, whom he married in 1906, and two children, Mary and John, survive him. Another son, Joseph, died several years ago.

Dr. Meek was born in Dillon, Kansas on August 15, 1878. He received the A. B. degree at the University of Kansas in 1902, the A.M. degree at Penn College, Iowa in 1907 and the Ph.D. degree at the University of Chicago in 1909. In 1908 Dr. Meek was appointed Instructor in Physiology at the University of Wisconsin under Dr. Joseph Erlanger. In 1910 he was advanced to Assistant Professor, in 1913 to Associate Professor and to Professor in 1918. In 1919 Dr. Meek became chairman of the Department of Physiology and retained this position until 1948 when he was made Research Professor of Physiology.

During the first World War a Chemical Warfare Unit was established at the Medical School and Drs. Eyster and Meek were commissioned majors in charge of the work. Many of the initial investigations on the biological effects of mustard gas, lewisite and phosgene were made by this unit.

Dr. Meek was named Assistant Dean of the Medical School in 1920. From 1942-45 he was Acting Dean during Dean Middleton's military leave and from 1945 until his retirement he was Associate Dean. As Assistant Dean Dr. Meek was adviser of all premedical students and had the primary responsibility for the admission of students to the medical school. His administrative leadership was apparent not only in the Medical School. Particularly in his role as academic adviser to preprofessional students he worked closely with the College of Letters & Science and contributed significantly to the academic and administrative affairs of the University.

Dr. Meek was unexcelled as a stimulating and lucid lecturer in both undergraduate and medical physiology courses. Former President Elvehjem frequently referred to Dr. Meek as "the best classroom teacher under whom I have studied." He was highly successful in selecting and training graduate students as evidenced by the fact that many of them hold top positions in various university departments (physiology, pharmacology, anesthesiology, radiology), in pharmaceutical companies and in research institutes.

Dr. Meek's talents as an administrator were made use of extensively by the American Physiological Society. He held positions in this organization over a long period as secretary, president, chairman of the Board of Publication Trustees, historian and as a member of numerous committees.

Dr. Meek's activity in research is reflected in over one hundred scientific publications, many in collaboration with Dr. Eyster or with his graduate students. These papers deal mainly with the heart, circulation, gastrointestinal tract and autonomic nervous system. The studies on the heart are classics and include early studies with A. J. Carlson on the heart of *Limulus* and a long series with J. A. E. Eyster on the origin and conduction of the heart beat in mammals and other vertebrates. With the advent of cyclopropane anesthesia, sponsored by Dr. Ralph Waters, Dr. Meek and his students became interested in the effects of anesthetic agents on cardiac irritability and rhythm. Very quickly the incompatibility of cyclopropane anesthesia and epinephrine was demonstrated.

Dr. Meek's interests and energies were not confined to the classroom and laboratory. His avocations provided expression for both scholarly and manual recreation. Chief among them was a keen interest in medical history. The proceedings of the William Snow Miller Medical History Seminar contain Dr. Meek's contributions over a period of three decades. His published historical papers make delightful reading. Dr. Meek enjoyed many types of handicraft. He was an avid gardener, a bookbinder and a skilled metal worker. He and Mrs. Meek delighted in furnishing their home with fine old furniture, rugs and spreads. During a quarter of a century they assembled one of the best private collections of American pewter in the country.

Dr. Meek's accomplishments were recognized formally in a number of awards and citations. In 1944 he was awarded honorary membership in the Wisconsin State Medical Society, and was recipient of its Man of the Year Award. The excellence of his scientific contributions was recognized by his election to membership in the National Academy of Sciences, and the American Society of Anesthesiologists elected him to honorary membership in appreciation of his important contributions concerning the physiologic effects of anesthetic agents. In 1948 Dr. Meek was awarded an honorary degree by the University of Wisconsin.

(continued on page 24)



MEMORIAL RESOLUTION

(continued from page 23)

Dr. Meek had a modest, unassuming manner. He was remarkably approachable and ready to listen to both students and colleagues. Only those who knew him well were fully aware of his penetrating logic, keen critical faculties and ability to get to the heart of a problem. Dr. Meek tried to help his students achieve the most that they were capable of and continued to be interested in and to encourage them long after they had graduated. They reciprocated with great affection and loyalty.

Men like Dr. Meek are encountered only rarely. The unusual combination of abilities which contributed to his success in teaching, in research, in writing, in administration, in inspiring students and in gaining the respect, support and affection of his colleagues clearly establish a place for Walter Joseph Meek among the great men of the Wisconsin Faculty.

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Dr. Thomas Gocke, '47, Professor of Preventive Medicine at Seton Hall, will be in charge of the arrangements for the annual noon Alumni Luncheon during the American Medical Association annual meeting in Atlantic City on June 18. Alumni members will receive further word on this from the Medical Alumni office.

List Contributors to Middleton Library Fund

Note: This list is current and up-to-date as of March 15th, 1963. Bronze Plaque contributions are for \$1000, Memorial Plaque (See In Memory) contributions are also for \$1000. Brown Derby listings are for donations of \$500, Middleton Medical listings \$200 and other generous gifts are listed by class year.)

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