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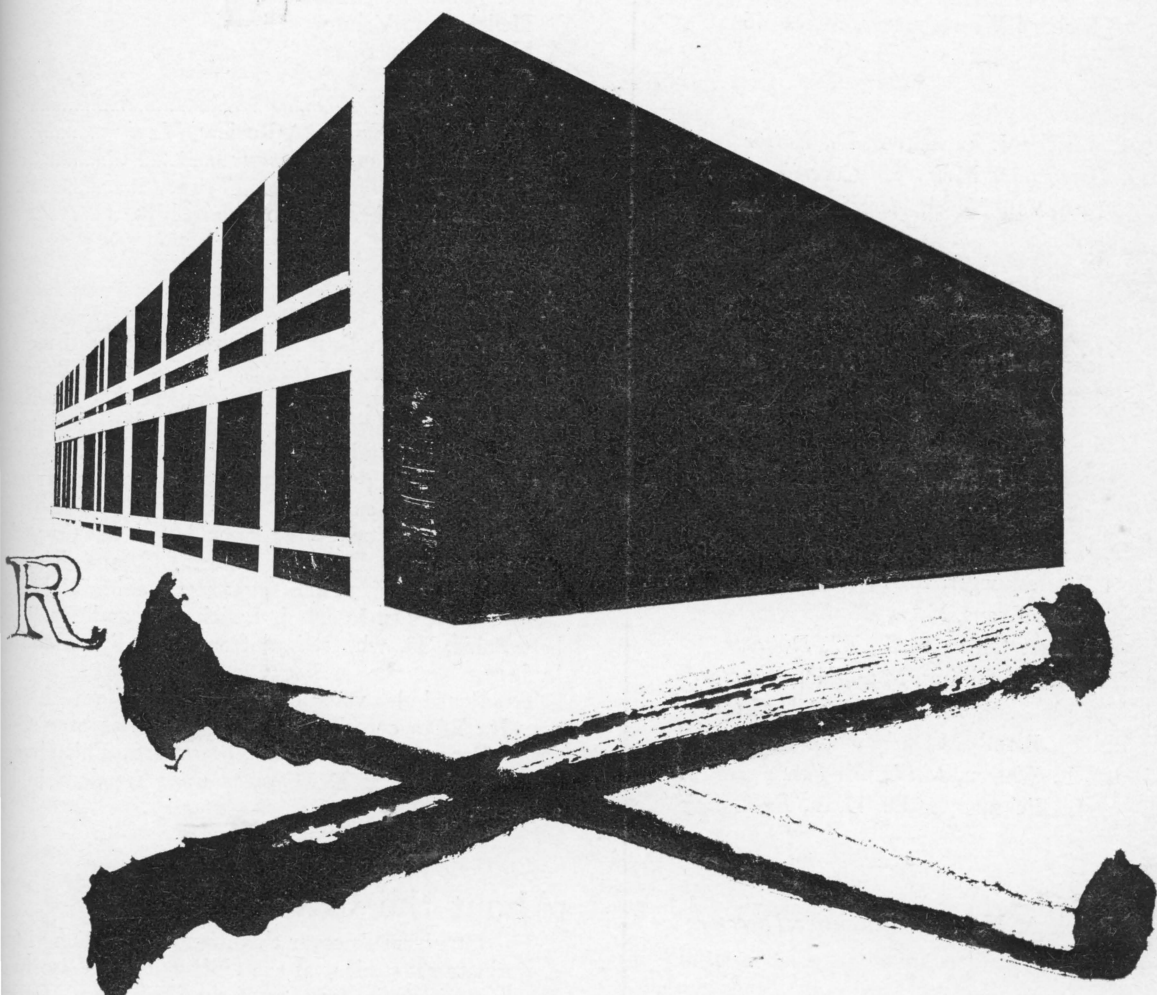
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WISCONSIN MEDICAL ALUMNI

QUARTERLY

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QUARTERLY

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A Rose is a Rose

The Association Board of Directors voted June 18 to change the name of this publication from BULLETIN to QUARTERLY. Board members felt that the BULLETIN had outgrown its name in the past few years. On the other hand, they felt that, no matter what became of this publication, the name QUARTERLY would always be suitable.

In another action at the same board meeting, the Directors named Dr. Silas Evans, '36, and Richard Wasserburger, '46, to the QUARTERLY editorial board. They replace Dr. Joseph J. Lalich, '37, and Dr. Herbert Pohle, '38, who retired from the editorial board in June.

The Board also voted to make Dr. William H. Oatway Jr., '28, a contributing editor. He has been California Correspondent for the QUARTERLY. This change is expected to give Dr. Oatway more freedom in his columns.

About the Cover

The QUARTERLY's cover this month is by Tony May, a graduate art student at the University of Wisconsin. His cover is an impression of the Middleton Medical Library when it is completed. Below the library, the prescription symbol could mean that library construction is good medicine for the Association. Mr. May has contributed several other drawings to this issue. Photographers are Homer Montague and Walter Fumuso.

FROM THE MAILBOX

Dear Bill and all the non-Bills:

For the Bills, I am thinking especially of Bill Oatway (two year class of 1925), and for the non-Bills, I am addressing chiefly Jack Pyre (class of 1937); each of them has helped greatly with personal material about Dr. Joseph Evans.

Only a few of you were present when I gave my report on the "state of the history" at the Alumni business meeting on May 21, so I shall now address the larger audience provided by the QUARTERLY.

I reported the completion of the introductory chapters and those telling the story of the pre-clinical departments, a total of some fifteen chapters and 250 typed pages, plus about 15 pages of notes and references. Each of these chapters has been read by an appropriate member of the department involved, and the whole manuscript has been read by Dr. Holford and by Dr. Middleton. They have given these chapters their approval, but most departmental readers have wished for fuller treatment than spatial and other limitations can provide. The final responsibility remains, of course with the author. Since the annual meeting in May, some three or four of the clinical departments have been placed under my microscope, and the tale of their activities and the men involved are being studied and appreciated.

Had you been at the annual meeting, you would have heard me try to sing the first line of my theme song. It is derived from Eliza Doolittle's song in "My Fair Lady." You will recall that after her remarkable success, 'Enry' Iggins didn't realize what had happened to them, and she ran away, and then sang, "What a fool I was — what a dominated fool." When the going has been good, I have changed the word "dominated" to "dedicated." But one of my faculty friends, who really understands some of the impossibilities of this task, says that I should change that word to "addle-pated." So every night when I go home, I sing that song with the word "addle-pated" included.

It is my considered judgment that no one man should ever have subjected himself to this task. It is much too involved, and I think each chapter should properly be written, as is true of many, possibly most, histories of medical schools, by some member of the particular department. However, there are bright

spots, especially letters or calls from the Alumni, and an occasional appropriate sentence that we manage to squeeze out. Having placed my hands to the plow, I shall try to go through to the end of the furrow, or at least as long as I can hold a pen. My warmest greetings to you all.

Paul F. Clark,
Emeritus Professor of
Medical Microbiology

To Dr. Clark:

It was good to hear from you and to know of your work in writing the history of the Medical School.

I fear that I can offer no anecdotes of any substantial general interest about members of the Medical School staff. I do, however, remember one occasion when Dean Middleton was momentarily at a loss for words. The dean was most unsympathetic toward stragglers who came late to his lectures, and within a few days after the beginning of the third year we all learned to be in our seats well before the hour. At his first lecture of the year, two of our male members were a few minutes late.

Dean Middleton interrupted his presentation to give a few blistering words of advice to the "old prostates" who obviously were unable to accomplish their tasks in the ten minutes between classes. The offenders were still blushing when the door was opened again, very cautiously. Who should come in but one of the women students. (P.N.)

In the uproar that followed, Dean Middleton gave a wry smile but said nothing. I doubt that this is the kind of anecdote you had in mind, but the reverent fear we students had for the dean is prominent in our memories of the third and fourth years, and seeing him nonplussed was a rare experience.

The seminars in bacteriology which you held at your home will always be remembered as a stimulating and delightful experience. Near the holiday season, the visiting over Mrs. Clark's delicious hot chocolate and cookies was especially appreciated by those of us who were far from home. I still have the mimeographed copy of a lovely round, "Dona Nobis Pacem," which we sang one Christmas season. One of your friends, as I recall, had found the unpublished music and Latin words among some cathedral archives in England.

My own years at Madison are recalled with warmth and appreciation. And even though I haven't looked through a microscope with any regularity for several years, I feel that the Ph.D. in your department—and the training you gave us in writing and speaking—have been of the greatest help to me in the years since I left to enter the service.

Harold V. Ellingson
Colonel, USAF, MC
Commander
USAF School of Aerospace Medicine
Brooks Air Force Base, Tex.



COLUMNS

Some Dreams Come True

By MISCHA J. LUSTOK, '35
EDITOR

The William S. Middleton Medical Library has been the dream of alumni and faculty, the talk of meetings and conferences, the agenda of committees, the project of fund raisers, the task of area chairmen, the goal of class representatives, the criticism of alumni officers, the subject of many editorials and articles in the *QUARTERLY*, the item of reports, the nidus of hope, the base of disappointment, the horizon of achievement—it has been a many shaded spirit—but *always the grand purpose*.

With the turning of the earth, the idea became reality. Architects, engineers, masons, plumbers, electricians, carpenters and mechanics now will transform more rapidly the slow evolution of the ethereal concept into concrete form. The brick and mortar will be there for all to see, but what will not be seen is even more significant and of greater lasting value. It is the devotion, the selfless love to serve and the humble thanks of the alumni repaying in small measure their tremendous debt to the men and women of the Medical School faculty who gave them priceless gifts of knowledge and spirit, that will seal the bricks. It is the moral value of a dream which served as the central rallying banner of interest and purpose when mundane affairs tended to divide us—the grand idea to which all paid homage and which helped sustain and unite us in the years of trial, that will support the foundation. It is the spiritual value of the William S. Middleton Medical Library, conceived in the minds of great men, carried by their disciples and nurtured through difficult times to an ultimate triumph, that will be the *really magnificent edifice*.

To those who bore some of the labor, we recall Carlyle: "*Every noble work is at first impossible.*"

Permanent Dean

We were delighted to have Dean Peter L. Eichman M.D. with us on Alumni Day. The new *permanent*

Dean of our school was warmly received by the alumni who had an opportunity to meet him. We all sensed a feeling of calm and purpose. His state of the union message reflected a balanced grasp of the present and a clear vision of the future. We were impressed. Our school and its alumni can indeed be proud to have Dr. Eichman as their Dean. We shall rally to his call.

Dr. James F. Crow has returned to his much beloved studies and research in genetics. We shall never forget his kindness, his clarity of thought and steadfastness of purpose often masked by his mild manner. He led us through some difficult times, and led us well. We shall not bid him farewell, for he is still very much with us, but in a cloak he wears more easily, that of scientist, teacher and friend.

Dr. Philip P. Cohen is back as chairman of the Department of Physiological Chemistry and earning even more distinction and national recognition as a researcher and teacher since he retired as the first of our temporary deans. His was the most difficult of tasks—to heal a house divided. This he did with courage and strength born in deep conviction of moral right and sincere respect for the integrity of individual expression.

When we can breed men such as these, *Wisconsin can claim no less a laurel than that of greatness.*

Where To Now?

By HERBERT W. POHLE, '38
PRESIDENT

The Alumni Day recently past marks the official end of another Wisconsin Medical Alumni Association year. It has been a year of achievement and stands as a challenge to those planning our future. The class reunions and the gathering of the returned faithful would have guaranteed the day's success. The presentation of the new dean of the medical school and the ground breaking for the new library with Dr. Middleton, manning the shovel mark the occasion for special remembrance. It was a thrill to witness the beginning of the actual construction of our long dreamed of library. This was however mixed with concern over "where do we go from here?"

A portion of the answer to this question was provided by the discussion of the class representatives in their meeting which lasted nearly an entire afternoon. It was apparent that as alumni we recognize that though we come from a thousand beginnings and after graduation go on to a thousand different assignments, each has shared in a Wisconsin Education which he takes with him and each bears the Wisconsin Brand. This at once gives each a sense of obligation and loyalty.

To the graduating senior, it comes as a shock to realize that on the instant of his graduation, he be



comes an alumnus. Our membership is therefore characterized by youth as well as grey hair, and this combination of vigor and wisdom have brought us to our present point in time. Our assignment is to translate this power potential into action.

The focus of our effort will be the measure of its effectiveness. So far, no one has presented a suggestion for a project with the focusing power and universal appeal of the Middleton library. I do not believe that such a project exists. But recognition of the fact that there is a crucial airspeed below which we as an organization will lose altitude is the basis for our general concern.

I do not believe our momentum is in jeopardy. Nor do I believe that we need the "blast off" power of a Middleton library project to stay airborne. We may do as well with several less inspiring projects if they are real service efforts that satisfy a need. Building on a broader base may give us greater long term stability. Scholarships, subsidy of teaching chairs, furnishing the library, plus completion of current projects are suggestions.

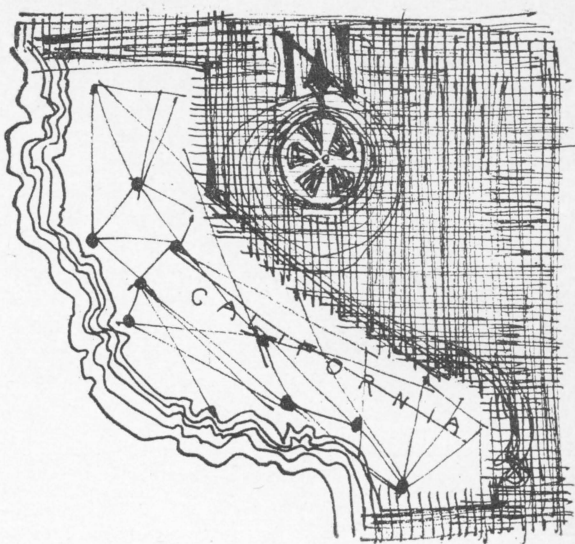
As your new president for the coming year, I earnestly solicit your personal ideas. So long as we have a sense of obligation and loyalty we will have purpose and direction. Possibly perpetuating this idea should be one of our projects. Hopefully, this is "where we go from here."

California News

By WILLIAM H. OATWAY JR., '28
CONTRIBUTING EDITOR

The People out here, far away from Madison and relatively inarticulate (believe it or not), are avid readers of the QUARTERLY, and any other news they can get. They will wait (somewhat impatiently) to hear the reports of the Tenth Annual Alumni Day, since who didn't know and like Bob Buerki or Kent Tenney, or both? . . . So, also, we like the huge and graphic amount of Medical School news in the Wisconsin *Alumnus* for February. The articles on "An Island of Hope" (about the dramatic function of the 'Medical Center,' new name for the 'University of Wisconsin Hospitals,' and the old 'Wisconsin General Hospital'); on "Tomorrow's Medical Center"; on "Progress and Change," by Dr. James Crow; and pictures and profiles on four current medical students . . . If you weren't an undergraduate at U. of W. you probably could still get a copy of the *Alumnus*, I'll bet.

Friends of *Cal Doudna* have an extra reason for going to Hawaii. He is Capt. C. T. Doudna MC, USN, Force Surgeon, Hdqtrs, FMF, Pacific (and 40 Halawa Drive, Makalapa, Honolulu, Hawaii) . . . He left Wisconsin as a medical graduate in 1936. He took his internship at the Alameda (Calif.) County Institutions, plus a residency in diseases of the chest and thoracic surgery. He then began naval training in Aviation Medicine (which is his vocation and special interest, as well as Military Medicine and Military



Administration . . . Cal is a member of AMA, Assn. of Military Surgeons, and a fellow of both the American College of Preventive Medicine and the Aerospace Med. Ass'n. . . His wife is the former Helen Kolsta of Wisconsin and W.G.H.

Another 1936 graduate is *H. J. Raszkowski* of 3650 E. Imperial Highway, Lynwood, Calif. He took his internship at the graduate hospital (U. of Penn.) 1936-38; a residency at the Mayo Clinic, 1939-44, with an M.S. degree in surgery at the U. of Minn., 1944. He lives in Downey, and is senior surgeon, St. Francis Hospital, Lynwood; senior attending surgeon, L. A. County G.H.; and assoc. prof. of surg. at the new Calif. College of Medicine . . . His memberships include the Amer. College of Surg., Los Angeles, Western, and Pan Pacific Surg. Assn's., and he is Amer. Board in surg. . . He married Rosella Franseen in July 1938, and has one son, Robert Reed.

We don't get tired of seeing the same Wisconsin people, but we sure would like to hear some spontaneous reports from a few others. It is good to see *Dick Smith* (lab), the *John Steeles* (surg and writing), *Bert Meyer* (heart surgery), *Rich Jacobson* (GU), *Hunter Shelden* (neurosurgery), *John Urabec* (chest med.), *Jack Pyre* of Tucson (med.), but how about a biography of a few others? or a letter? or a postcard? or a telephone call?

Anyway, we saved the best for the last. Here is a sentimental but anonymous greeting from an early 20th century graduate. We could guess at his identity, but it wouldn't be fair . . . and the greeting is so pleasant that we can't afford not to include it,—

"I am an old man in a small retirement city in California. I am so old that I probably am not on the Wisconsin medical roster, since I was pre-medical. I am so old that I must sit in the front row at church and see sports events mostly by television. I am so old that I knew Dr. Birge and Dr. William Snow Miller as well as you could get to know them. Then along came Joe Evans and Henry Bunting and Paul Clark and Bradley and Percy Dawson and the great Charles

Bardeen and Loevenhart. I even knew the early days of Billy Middleton and Van Valzah and Mowry.

"When I last visited Madison I saw people of whom I still hear,—Karver Puestow and Schmidt and Gonce (now gone, I guess.) These memories are sharper to me than those from Pennsylvania, due to my hardened arteries and all the 40 years since. All this talk of being old doesn't mean regret; I have had a wonderful time. I greet you all, and urge you all to do the best you can, and to enjoy it, and to be proud of it, and to remember it to the end of your days."

Southwest News

BY JACKMAN PYRE, '37
SOUTHWEST CORRESPONDENT

This correspondent, despite his apparent lack of interest, is greatly impressed by the publication, begs forgiveness and herewith submits his first bonafide contribution. A letter seeking information to Southwest alumni of the Medical School and W.G.H. has brought some pleasure and some disappointment. It seems that lots of those from distant spots have answered—those in more immediate proximity seem to think that I know all there is to know about them.

Probably the two Wisconsin men who have practiced the longest in this city of Tucson are *Deb Secrist* and *Dick Hausmann*. They both arrived before World War I and have seen this sunny spot increase in size from about 30,000 to more than 200,000.

Our exuberant Deb has been too busy or too modest to answer my questionnaire, but most of you who were around Madison about 1930 will remember the All American end who came from W & J to finance his medical education by coaching football and baseball at the University. He and Dr. Middleton managed to keep the Pepsi Cola industry in business when most of the rest of us preferred something different. He married Jeannette Jenkins, a W.G.H. dietitian from Appleton, and has three handsome, outstanding sons.

The oldest two are, I think, under Johnnie Parks' big thumb studying medicine at George Washington University. Deb has been president of the Tucson School Board for as long as any one can remember and still finds time somehow, to be the University of Arizona football team physician and to be involved in a dozen other civic enterprises when not tending to his large general and surgical practice.

Dick Hausmann has not been anymore cooperative about giving me information than has Deb, despite proddings in the hospital corridors and over the top of his gold mustang. He says I should know all about him since we were partners under Fish Kettle before a third-year transfer to Northwestern.

He interned at Harper Hospital and took his OB and Gyn training at Presbyterian in Chicago. He married his chief's scrub nurse, Dorothy Hassinen, developed a bad back, which kept him out of the service and resulted in his beating me to Tucson by a few years. When I arrived he owned the "Dainty Diddy Service" which kept his families on his payroll long after the delivery.

It has been said that he delivers more babies than

any other OB man here, and he has not yet chickened into just gynecology. He dresses like "Esquire," drives sporty big and little cars and is loved by an awful lot of people.

He hates to ride horses in this horsey community, especially since Dorothy insisted that he go fishing on horseback several years ago. The fish pole spurred the horse, Dick's right foot caught in the stirrup, his left came out—need I say more?

Later, will have more Tucson news, as well as some reports about grads in Phoenix, Colorado and Texas. New Mexico—where are you?

Having Almost Arrived

BY GLENN L. WHITECOTTEN
SENIOR CLASS PRESIDENT

It goes without saying that we of this year's senior class are pleased to be in our present position because, for us, it represents no small accomplishment to have progressed to this point in our academic training. As you may remember, a medical education is not without its tense moments — sometimes a succession of them. So having reached this point, we feel somewhat of an inner glow at having a major goal within grasp.

It can be amusing to reflect upon our entrance into medical school; to recall those first feelings of pride upon being welcomed Orientation Day and the frustrations of becoming acclimated during the first weeks of classes. However, after establishing a routine, the frustrations subsided to some degree and enabled us to methodically trudge through volumes of material.

Classes followed classes; courses followed courses; and within two short years — or long depending upon the moment—the basic science requirements were fulfilled. What of the myriads of facts committed to the far reaches of our somewhat foggy minds: Hopefully the bulk lies within the limits of moderate recall, but unfortunately some lies more deeply buried and firmly entrenched.

The junior year places the student in his first clinical setting. The emphasis upon signs, symptoms, and diagnostic testing procedures tends to bind the concepts gathered in those first years with the observances made at the bedside. Learning to discipline one's self in the view of the patient is no small task. The gratification gained at each successful step and the pain of each falter is perhaps the single most important component of the neophyte's progress—the learning of the art of medicine. Thus for most, the junior year is most satisfying.

At this point in time we have now reached the threshold of the senior year. The rotation through the clinics and the preceptorship quarter hopefully serve to add polish to our rough and newly exposed surfaces. It can be frightening to think of our present inadequacies for we have much to acquire in the knowledge and self-confidence necessary to practice the art to which we have become dedicated. Nevertheless, we are pleased with ourselves to have reached the senior year—to have almost realized the ambition set several years ago to become a physician.

ALUMNI NEWS

Ground-Breaking

Ten years of planning, fund raising and just plain waiting finally paid off this year when alumni returning for Alumni Day saw ground broken for the Middleton Medical Library.

And this year they knew it was the real thing: 50 feet behind the ceremonial plot bulldozers and steam shovels clawed away at an excavation for the library.

For 10 years the major aim of the Wisconsin Medical Alumni Association has been to build the William S. Middleton Medical Library. More than \$800,000, mostly from medical alumni, had been raised by 1960.

Ground for the library had been broken once before and in a different location, but delays held back construction until this spring. The library will be complete for the next Alumni Day.

The group gathered for the final payoff included all the Medical School deans except the late Dr. Charles R. Bardeen, and Dr. John Z. Bowers. They included Dean Emeritus William S. Middleton, former

Acting Deans Philip P. Cohen '37, and James F. Crow, and Dean Peter L. Eichman.

Also on hand were fund drive leaders such as Einar Daniels, '34, Mischa J. Lustok, '35, Kenneth Lemmer, '30, Abe Quisling, '30, Al Martin, '35, Phil Bland, '47, and Ben Lawton, '46. In addition, Dr. Frank Weston, '21, president of the Association, and Herb Pohle, '38, president-elect, were there.

Medical Librarian Helen Crawford and her staff were on hand. Miss Crawford, with an orchid corsage, was one of the first to sink the silver shovel into the library site.

Professor Van R. Potter, chairman of the library committee and building committee, and his committee members were there. They had devoted years to ironing out the library details.

Dr. Potter most recently helped save the tall elms which surround the library site. The library will be shaded.

Members of the emeritus faculty—Hans Reese, Paul Clark, H. Kent Tenney Jr.—were on hand with hundreds of other faculty members and Hospital staff.

Dr. William S. Middleton wields a silver-plated spade to soften the earth at the Medical Library ground-breaking ceremony. Looking on with joy are, from left, Dr. Robert F. Schilling; Dr. Her-

bert Pohle; Dr. Einar Daniels; Dr. Philip Cohen; Dr. Mischa Lustok; Dr. Van Potter; Dr. Frank Weston; and Dr. Abe Quisling.



Dr. Peter Eichman, the Dean, was master of the ceremonies. He asked Dr. Middleton to turn the first shovel, and then called on Robben Fleming, University Chancellor; Dr. Frank Weston, association president (who said while digging: "This'll have to be a big shovelful to be enough for 5,000 alumni."); Helen Crawford, medical librarian.

Dr. Eichman then turned the crowd loose on five or six silver plated spades and several went to work helping the bulldozers.

When phase one of the library is complete next Spring, about \$1,160,000 will have been spent. (\$300,000 came from the state). The library will have four levels, including the basement and will be 81 feet deep and 135 feet wide. (The other phase will be built in 1969-71 with state funds).

Three shovelers help break ground for the library. They are, from left, Chancellor R. W. Fleming, Dr. F. L. Weston and Miss Helen Crawford. Com-

Reunions

About 400 alumni and wives traveled to Madison for the 10th Annual Alumni Day this year, many drawn by the library ground-breaking and the chance to meet new Medical School Dean Peter Eichman, M.D.

The earliest group to arrive included class representatives which met for lunch Thursday and then stayed to discuss Association aims, problems, etc. until after 3 p.m. (See following story).

Next on the Thursday program was the ground-breaking ceremony, which was followed by the reunions of five medical school classes: 1955, 1945, 1940, 1935 and 1930.

The class of 1955 met at the Hoffman House where 43 members wives and guests renewed old acquaintances and watched a 16 mm movie of Jayne Mansfield and Mickey Rooney. The class contributed about \$300

mented the chancellor: "My wife's been trying to get me to do this all spring."





Dr. Paul Clark, left, Mrs. H. Kent Tenney Jr., Dr. Tenney, Mrs. Clark, and Dr. Hans Reese

were honored guests at the 1945 class reunion at the Simon House.

to the library equipment fund, according to Dr. E. L. Weston, representative.

The 1955 class also distributed a questionnaire before the reunion asking for biographical information. This was about 50 per cent successful, Dr. Weston reported.

The class of 1945, meeting at Madison's Simon House, had as guests an impressive group of emeriti, including Dr. and Mrs. Paul Clark, Dr. Hans Reese, and Dr. and Mrs. H. Kent Tenney Jr.

This class presented \$3,338 (collected from 45 per cent of the class of 71) to Dean Peter Eichman for the Ralph M. Waters Medical Scholarship—the class' twentieth year gift to the Medical School.

Dr. Loron Thurwachter, representative, said the principal of the fund is to be placed in trust and the earnings awarded annually to a medical student who has finished the second year. The award will be made on the basis of merit, ability and scholarship. The class hopes that in future years other classes will build the fund to a substantial amount.

The Silver Anniversary Class of 1940 met at the Cuba Club. According to Dr. Burnell F. Eckhardt, each member of the class received a brochure with biographical information about the class.

Meeting at the Madison Club, the class of 1935 honored Dean Emeritus W.S. Middleton by publishing a 300-page hardbound edition of 17 of Dr. Middleton's best medical history essays (see book review).

The class is selling the book at only \$6 a copy, and will use the proceeds to finance a worthy class project in the new library, Dr. Garrett Cooper, class representative, said.

Twenty-eight persons attended the reunion of the class of 1930, which met at the Madison Club. This class contributed \$3,150 to furnish a room in the new medical library building.

Honored guests of the class were Associate Dean and Mrs. Otto Mortensen, according to Dr. Kenneth E. Lemmer, reunion chairman. Dr. Mortensen spoke briefly to the group and Dr. Middleton dropped in for a few minutes.

Five more classes—1956, 1946, 1941, 1936, and 1931 are planning next year's reunions which will be the weekend of May 26-27.

At the Madison Club for the 1935 class reunion, Dr. Middleton and Dr. and Mrs. Garrett Cooper.





Dr. and Mrs. Robert H. Barter attend the 1940 class reunion. He is professor of Ob-Gyn at George Washington School of Medicine.

Class Reps Meet

The largest group ever to attend the annual meeting of the Council of Class Representatives met on campus at the Wisconsin Center Building during Alumni Day weekend.

Dean Peter L. Eichman, M.D., spoke briefly to the representatives, reporting that there is a great disparity between support available for medical students

Celebrating their 10th anniversary reunion are 1955 class members, from left, Dr. Walter

and that available for other graduate students. He suggested scholarship support as a possible project of the Alumni Association.

The council also voted in favor of recommending an increase in Association dues from \$5 annually to \$10. There will be a \$5 rate for those who have been out of Medical School less than five years. However, membership the first year out of Medical School is free. Most of the discussion of the point dealt with whether a \$5 increase was enough.

One reason an increase was needed is that during the past year, expenditures have exceeded income by more than \$1,000, mainly because of support of the Medical School history project.

The council also recommended that the Alumni QUARTERLY be sent, as in the past, to all alumni, dues-paying or not. However, they recommended that the new Alumni Directory go only to dues payers.

Dr. Frank L. Weston, '21, president in 1964-65, reported there were several positive accomplishments during the year. These developments include, he said, the following:

- Preparation of the Alumni Directory, now near completion.

- Financial aid to the Premedical Society, which is a student organization designed to acquaint pre-medical and prospective premedical students with information about medical education and the Medical School.

- Dues payments were at an all time high.

- A total of \$7,500 has been committed to support the preparation of the history of the Medical School by Dr. Paul F. Clark. The funds enabled Dr. Clark to employ research assistants and typists. Dr. Clark anticipates completing the history by December.

- The six annual Association meetings had record attendance this year.

In another action, the council recommended that

Schwartz, Dr. Marvin Hinke, Dr. Thomas Miller and Dr. Richard Holder.





Arriving at the Madison Club for the reunion of the class of 1930 are, from left, Mrs. Herman Wirka, Dr. Kenneth E. Lemmer, Mrs. Otto Mor-

tensen and Dr. Mortensen, who were honored guests, Mrs. Lemmer and Dr. Wirka.

the Board of Directors formally thank Acting Deans Philip P. Cohen, '37 and James F. Crow for outstanding service, and pledge support to Dean Eichman.

The council also discussed the desirability of early contact with students, and methods of enlisting interest and participation of younger graduates. Some felt that while student-faculty smokers and social function were helpful, it really was effective teaching that engendered strong school loyalty.

Dr. Weston said he would request the incoming president, Dr. Herbert Pohle '38, to consider the suggestions and appoint a committee to recommend a course of action.

The group also recommended, after a discussion of future association projects, that a small, working committee be appointed to make a firm recommendation to the Board of Directors concerning the next alumni project.

The Main Events

The Alumni Day program began early with a coffee-and-rolls mixer in Service Memorial Institutes. The main events began at 9 a.m. with the formal welcome from new Dean Peter L. Eichman.

The recipient of the Medical Alumni Citation, Dr. Robin Buerki, '17, warned that the elements of the voluntary system of health care must *consent* instead of *dissent* among themselves, and *act* instead of *react* to the proposals of others, or lose by default to a total government program of health care.

He said the medical profession and the rest of the voluntary system must define its position and deter-

mine "what we are going to assume responsibility for."

The problems of health care will continue, he said, and made four prognostications regarding the future of the health care field:

—First and foremost, Dr. Buerki said, costs will continue to increase and indications are that they will increase in even greater proportions than they have in the past.

—The second, he said, contains one word—comprehensiveness.

—The third is that scrutinization and evaluation of the health services being provided will expand, especially by groups such as government, labor and management, which are purchasing large chunks of medical care. These groups seek to assure greater quantity of higher quality care and to conserve dollars spent for health care.

—Medical science will become more complex, making greater demands on the profession and forcing more specialization. This will lead, he said, to continued development of the team approach to medical care.

Dr. Buerki retired recently as executive director of Henry Ford Hospital, Detroit.

Other alumni speakers were Dr. Eichman, with his "State of the Union" (see page 24 for the text of the Dean's statement); Dr. Richard Wasserburger, who was recipient of the Association's Distinguished Teaching Award; and Dr. H. Kent Tenney Jr., who spoke on "The Many Faces of Medicine" (see page 26 for the text of Dr. Tenney's talk).

Dr. Wasserburger, '46, accepted the teaching award not for himself, he said, but for the many teachers in



Dr. Robin Buerki, left, and Dr. H. Kent Tenney Jr., who won the major Association awards this year, talk together before the Alumni Day program begins.

the state—the faculty, the preceptors and all practitioners.

“Teaching,” he said, “is the backbone of medicine today, when you look at medicine broadly. If you practice without teaching, there is a real void in your makeup.”

Dr. Wasserburger added that teaching is learning. “Teach,” he said, and “you learn far more than you think you do.” The best way to teach is through stimulation, he added, because “most of these kids are smarter than we are.”

Dr. Vincent L. Gott, associate professor of surgery, began the presentations with his talk, “Status of the Wisconsin Heart Valve.” The valve was developed by Dr. Gott and Professor Ronald Daggett of engineering.

Later Friday evening, after the banquet dinner, President Weston reported briefly on his year in office, and then presented the Gold Medal Award to the president of the senior class, Norman Jensen. Dr. Jensen also accepted Association membership cards for his classmates, and responded briefly (see text of his remarks on page 30).

Dr. Weston then turned over the presidency to Dr. Herbert Pohle, who presided over the rest of the meeting.

The awards, the Medical Alumni Citation to Dr. Robin Buerki, and the Emeritus Faculty Award to Dr. H. Kent Tenney Jr., were presented at the banquet. Dr. Pohle made the Tenney presentation, and University Chancellor R. W. Fleming presented the

citation to Dr. Buerki. Dean Eichman presented a plaque to Dr. Weston for his service to the association during the year.

New Officers Elected

Dr. David Joe Freeman, who served last year on the Board of Directors, was elected president-elect of the Association at Alumni Day. Dr. Herbert Pohle, president-elect last year, became president. Dr. Richard Wasserburger, associate professor of medicine, was re-elected secretary treasurer.

The only new member elected to the Board was Dr. Joseph R. Stone, of Milwaukee. However, he served as a Board member several years ago. Those re-elected to positions on the Board are Dr. Robert F. Schilling, professor and chairman of medicine at the Medical School; Dr. Silas Evans of Milwaukee, clinical professor of medicine at Marquette; and Dr. Herbert Giller, Milwaukee ophthalmologist.

Dr. Pohle, was graduated from Medical School in 1938, and served his residency at University Hospitals in Madison. He is a specialist in internal medicine.

A 1952 Medical School graduate, Dr. Freeman is now practicing in Wausau. He also is a member of the Wisconsin Heart Association board. Dr. Wasserburger, who was graduated in 1946, has served on the Medical School faculty for a number of years. He recently received the Association's Distinguished Teaching Award.

Dr. Stone, the new board member, received his medical degree in 1935 after attending both Wisconsin and Rush Medical College. He was certified in 1947 by the American Board of Orthopedic Surgery.

Dr. Schilling, who was graduated in 1943, is serving his third term on the Board. Dr. Evans was graduated in 1936, and is chief of medical services at Milwaukee Hospital. A 1947 graduate, Dr. Giller has held office with the Milwaukee Oto-Ophthalmic Society.

Business Meeting

Dr. Frank L. Weston called the annual business meeting to order at 11:30 a.m., May 21, and reported on the very productive, stimulating class representatives meeting held Thursday, May 20. He announced that a Medical Alumni dinner would be held at the Barbizon Plaza Hotel in New York City on June 20, in connection with the A.M.A. Annual Meeting. Dean Eichman and members of the faculty planned to attend.

President Weston paid tribute to the class representatives who had organized most successful class reunions—1930, 1935, 1940, 1945 and 1955. He called upon the class representatives who wished to present class gifts at this time.

Dr. Kenneth Lemmer presented \$3,000 to furnish a room in the Medical Library in behalf of the class of 1930.

Dr. Loron Thurwachter presented \$3,388 from the class of 1945 to establish a trust fund to support an annual medical student scholarship based on merit, ability and scholastic accomplishment—not need. The scholarship is to be designated in honor of Dr. Ralph Waters and presented to students at the end of their second year.

Dr. Garrett Cooper reported on the 1935 class project. The publication in hard cover is a selected number of Dr. Middleton's essays on the history of medicine. The book is available for \$6.00 from the Medical Alumni Office with the proceeds to be used to benefit the Medical Library.

President Weston reported that the 1955 class also

had made a contribution to the Medical Library. Dr. Eugene Weston is class representative.

Dean Eichman thanked the classes, mentioning that scholarship support particularly is something in which he is keenly interested.

Financial Report

A financial report was distributed showing an excess of expenditures over receipts in the amount of \$1,133.18. President Weston stated he was not disturbed at this since dues payments were at an all time high and the unusually large expenditures were due to support for a most worthy project—the preparation of the History of the Medical School by Dr. Paul Clark. He called upon Dr. Clark to report briefly.

Dr. Clark, a vigorous octogenarian, stated that the magnitude of the undertaking was much greater than he had realized in assuming it. However, he said, he was dedicated to its completion. The \$7,500 provided by the Alumni Association has paid the salaries of research assistants and typists. Approximately 300 pages covering the pre-clinical years have been completed and work is proceeding apace on the clinical years. Dr. Middleton is checking all of the data.

Dr. Clark reported some of the difficulties encountered—the paucity of data concerning many departments and that of accurately portraying one's close colleagues who are still living. Dr. Clark requested he be provided with any causal, early, photographs that might be available and expressed the hope that the project would be completed within five to six months.

Dr. Weston reported that the class representatives—had agreed May 20 that dues should be increased as follows: free membership for the first year after graduation, \$5 for the first five years after graduation and \$10 thereafter. Dues are currently \$5 after the first year. It was moved, seconded and voted with one dissenting vote that the proposed dues increase be approved. Dr. Lifson, who cast the dissenting vote, indicated he favored increasing the dues to \$15.

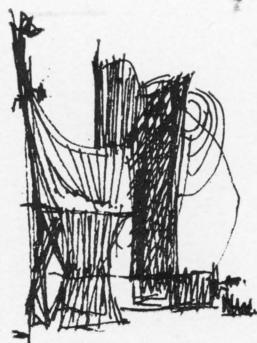
Dr. Weston further announced that the Alumni Directory would be completed during the summer and would be furnished without cost to dues-paying members. He reported on the library ground breaking ceremony held May 20 and expressed the hope that a completed building would be available by next Alumni Day.

In closing, Dr. Weston complimented Editor Micha Lustok and Mr. Van Nevel on the continued improvement in the Medical Alumni QUARTERLY. The QUARTERLY is sent to all medical alumni whether dues paying or not.

Election of Officers

The report of the nominating committee was presented with the following slate of officers proposed: president, H. Pohle; president-elect, D. J. Freeman; secretary-treasurer, R. Wasserburger; directors, R. Schilling, S. Evans, H. Giller and R. Starr.

Nominations from the floor were invited. Dr. Einar Daniels nominated Dr. Joseph Stone for a position as





Dr. Herbert Pohle, president

director. The nomination was seconded by Dr. Freeman. It was moved, seconded and voted unanimously that nominations be closed.

Ballots were distributed to dues paying members, tellers were appointed and votes cast. (It was subsequently announced that the slate as presented was elected with the exception that Dr. Stone was elected to the position of director rather than Dr. Starr.)

Dr. Weston announced that the board of directors would meet immediately following the general business meeting. He called for the introduction from the floor of any item of business for discussion. No items were presented for discussion.

The meeting was adjourned.

Directory Report

The new medical alumni directory, which was not ready as expected for distribution Alumni Day, arrived at the printer the first week in July to be set in type.

The manuscript consisted of nearly 1,000 sheets of 8½ by 11 inch canary paper. There are nearly 4,500 entries in the directory, plus maps of alumni distribution, a short history of the Association, and some general facts and figures culled from the questionnaires.

If any alumnus moves between now and September, he should send in the form below and his address will be changed on the directory's proofs. The finished book will be sent to dues paying alumni.

MOVING SOON?

If you plan to move to a new address in the near future, please let the Medical Alumni Association know where you are going. The association is undertaking some exciting projects, and significant things are happening in the Medical School. If we have your new address, we can keep you informed as developments occur.

Happily, we are one of the few publications that does not require three weeks or a month of notice. We promise to change your address in one day (It doesn't matter much, anyway—we only publish quarterly.) The form below is for your convenience. If you lose it, just send a letter. The address is: *Wisconsin Medical Alumni Association, 418 N. Randall Avenue, Madison, Wisconsin, 53706.*

NAME _____ CLASS _____

NEW ADDRESS _____

OLD ADDRESS _____

DATE OF MOVE _____

MEDICAL SCHOOL NEWS

The Dean

The new, permanent dean of the Medical School and director of the Medical Center is Peter L. Eichman, M.D., who was appointed by the University Board of Regents May 7. Dr. Eichman, who has been on the School faculty since 1954, head of the Student Health department since 1962, and assistant dean for clinical affairs since March, was nominated for the position by University President Fred Harvey Harrington and Chancellor Robben Fleming.

He is the first permanent dean since the Regents fired Dr. John Z. Bowers October 20, 1961. Two acting deans, Dr. Philip P. Cohen, '37, and Dr. James F. Crow, have led the school for the past 3½ years. At 39, he is the School's youngest dean.

A special meeting of the medical faculty May 10 was addressed by Acting Dean Crow, Chancellor Fleming and Dean Eichman. Dean Crow, who spoke first said:

"All of you know by now that the Regents named Dr. Peter Eichman as Dean of the Medical School. I am glad that the selection was made at this time and that he can begin immediately, for the Medical Center faces a number of important issues and opportunities that should be considered promptly.

"In the next few months, there must be serious thought given to building and space planning, to the extent of our participation in Federal mental retardation programs, and in Cancer, Heart and Stroke complexes, to the program in rehabilitation, and to the

ways in which the increasing demand for physicians and for admission to Medical School may be met.

"These and other questions can be considered with no loss of time because Dr. Eichman is already familiar with our situation. Let me say that I am personally delighted with the choice. He has the character, idealism, the combination of diplomacy and strength of conviction, the administrative ability, and the strong sense of institutional loyalty and dedication that the position needs . . .

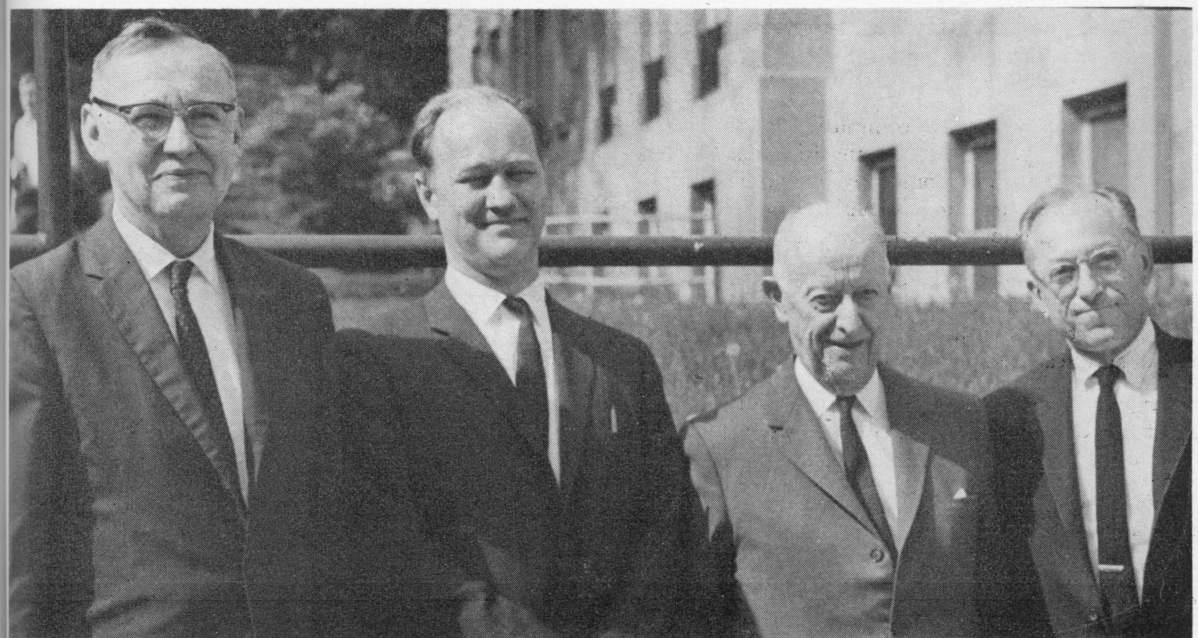
"In a more personal vein, let me say that the past 30 months have been full, rich, exciting, and rewarding. I regard the deanship of the Wisconsin Medical School as a very high position of great honor and I am proud to have held it. It is a good school and I want very deeply for it to become ever greater. Although I have been deeply frustrated at times by trying to lead two lives and have been eager for more time for teaching and research, and although I feel that a great weight has been lifted, I would be more than human if I did not feel—and less than candid if I did not say—that I am leaving the position with some of those feelings of wistfulness and nostalgia that go with deep emotional involvement."

Dr. Crow received a standing ovation from the faculty.

Chancellor Fleming said that after many conversations with medical faculty, he believes that Wisconsin's unique opportunity for greatness lies in its setting in the middle of the University campus with strong basic science programs on all sides. If the op-

Four of the School's six deans gather: from left Dr. J. F. Crow, Dr. Peter Eichman, Dr. W. S.

Middleton and Dr. P. P. Cohen.



portunities resulting from this setting are utilized fully, he said, Wisconsin can become *the* great state medical school.

He added that strength in basic science and clinical research and training is not incompatible with the mission and tradition of training practicing physicians for the state and nation. Both missions are essential, he said.

Consideration of Medical School problems, such as space and the Consultation Practice Plan, led Mr. Fleming to his choice for dean, he said.

Mr. Fleming said Dr. Eichman possesses sympathy for both clinical and basic sciences; has administrative ability; has courage to make decisions; is deeply committed to the belief that Wisconsin can be a great Medical School; and is known to be fair-minded.

Mr. Fleming also paid tribute to Dr. Crow "for his excellent performance in the difficult role of acting dean."

Dr. Eichman pointed out that the School is emerging now from a troubled period; that Drs. Cohen and Crow had provided an opportunity for tempers to cool and the School to stabilize.

But more than that, Dean Eichman said, they also led the School through a period of growth in new faculty, students, programs and facilities.

Dr. Eichman also warned the faculty not to expect magical, immediate, dramatic solutions to the School's problems. This desired end will result only from hard work and cooperation by the dean and faculty is concert, he said.

The dean pointed out that accepting his new position was a difficult decision. but it was done in the belief that faculty good will outweighs the bad and that there is a common desire to have the School move forward.

Some of his immediate goals as dean, he said, are:

- Learning the needs, problems, aims and programs of each department;

- Studying the effective use of space to attempt to find some easement for hard-pressed programs, and space for new faculty;

- Appointing a faculty committee to study the School's possible participation in the Regional Medical Complex program. The committee would not duplicate the joint Marquette-Wisconsin Committee appointed by the presidents of the two institutions.

- Reorganizing the Medical School and Medical Center administration. He hopes to consolidate the various aspects of the administration which are fragmented and scattered throughout the School.

- Appointing a subcommittee to review the operation of the University Hospital Board, which is about a year old.

- Identifying short-term goals immediately within reach, and long-range plans.

Dr. Eichman also received a standing ovation from the faculty.

The new dean came to Wisconsin from the Mayo

Foundation as a research assistant in 1954 and worked up to the ranks of associate professor of medicine and neurology in 1962, when he was named to the Student Health post. The Regents named him professor when they appointed him dean.

He was chief of staff of University Hospitals in 1963-64. His research has been in the areas of hepatitis, porphyria and neurology with Drs. Frances Graham and Harry Waisman.

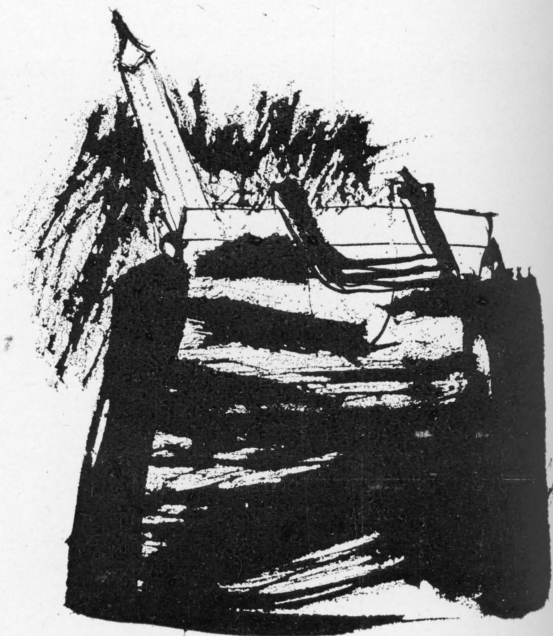
Dr. Eichman was graduated in 1945 from St. Joseph's College, Philadelphia, and received his M.D. in 1949 from Jefferson Medical College, Philadelphia. His internship was at Fitzgerald-Mercy Hospital, Lansdowne, Pa., and his residencies were served at Walter Reed Army Hospital, Jefferson Medical College and the Mayo Foundation.

He is certified by the American Boards of Psychiatry-Neurology and Internal Medicine.

Another Look at Grades

In an attempt to reduce the heavy emphasis placed on grades by students, the Medical School revised the grading system three years ago. This year, the Student Affairs Committee has been reviewing the experience of the new system, which works like this:

Students are not informed of grades. At the end of the third year, they are told in which third of their class they stand to guide them in internship planning. During the progress of a course, a student is informed if his progress is not satisfactory. Whenever possible, letter grades are accompanied by a statement regarding personal characteristics.





Dr. Eichman, left, and
Mr. Charles Inbusch,
right, presented
awards at Field Day.



The Student Affairs Committee reports that the students feel several defects exist: Student tension over grades has not decreased; students report they are not adequately informed of their progress; interstudent competition persists; there is concern over possible gross errors in transcription of grades; and some students have been able to get their grades.

A questionnaire circulated to students revealed their desire to change to a "satisfactory, unsatisfactory" rating system, with written statements on student characteristics and performance accompanying the rating, and becoming part of the permanent record.

No faculty action has been taken yet.

Field Day

More than \$6,500 in scholarships and awards were presented May 13 to 23 outstanding students of the Medical School. Presentations were made by Dean Eichman at the annual Field Day.

The \$1,000 Pfizer Laboratories Medical Scholarship went to Judith A. Wynnemer, Waseca, Minn. The annual award to a medical student is based on scholarship and financial need.

The \$500 Borden Undergraduate Research Award was given to David L. Camenga, of Madison, a senior, for meritorious research in medicine.

Don Lee Bradke, of Madison, received the \$500 Dorothy and Charles Inbusch Award for meritorious medical research. Mr. Inbusch traveled from Milwau-

kee to Madison to make the award, which he said would be given annually.

The Lewis E. and Edith Phillips Awards of \$500 each were presented to Richard A. Ellingstad, Hudson, Wis., Thomas Winch, Waupaca, Wis., and David Knutsen, Madison, for superior scholastic achievement.

John N. Drye, Madison, received the \$330 Edwin L. and M. Etta Rasey Memorial Scholarship, sponsored by the Wisconsin Farm Bureau Federation.

The University of Wisconsin Foundation Awards of \$300 each, given annually by an anonymous donor to worthy medical students on the basis of academic ability and financial need, went to Thomas C. Cesario, Kenosha, Stephen W. Zimmerman, Madison, and William O. Thomas, Mt. Horeb, Wis.

The \$200 Drs. Joseph Dean Award went to John R. Olson, Madison, for academic achievement. Mrs. Joseph Dean Sr. and Mrs. Ralph Immell, who had been married to the late Joseph Dean Jr., attended the presentation ceremonies.

John T. Harrington, Madison, received the Cora M. and Edward J. Van Lier Award of \$165, given annually to the senior with the highest scholastic achievement during medical school.

Larry Malewiski, Sheboygan, received the annual Sheard-Sanford Award of \$100 and a medal. This award is given to the senior who shows the most initiative and success in research in pathology.

The Theobald Smith Award of \$100 and a medalion went to William C. Summers, Janesville.

The William J. Bleckwenn Jr. Award for Clinical

Promise went to Norman Jensen of Siren. He received \$50 and a certificate.

Theodore B. Berndt, Wausau, received a scroll and an Omega watch for the Roche Award, given annually to a junior who best exemplifies the ideals of the modern physician.

The Mosby Award for outstanding scholarship was presented to five sophomores: David Pfaffenbach, Watertown, Wis. Philip Guzelian, Milwaukee, Howard Gutgesell, Brookfield, Wis., Sheldon Solocheck, Madison, and Dennis Maki, Madison. Each received \$30 to purchase books.

For outstanding scholarship, Lange Publications presented gift certificates for four books to seniors David Boyd, Wauwatosa, and William E. Davies, Waukesha.

Dr. Holford Retires

Dr. Frances E. Holford, associate professor of medical microbiology, retired in June after 45 years with the University. She began her teaching career in English and German, and after several years of high school teaching, Dr. Holford returned to the UW and received her Ph.D. in 1929.

"I have always enjoyed close contacts with my students," said Dr. Holford. "This was possible in laboratory classes where students report to me and to their fellow students on their projects."

In retirement, Dr. Holford does not intend to withdraw from her profession entirely. For several years she has been working on material for a source book of immunology. She has always had a deep interest in immunization. During World War II she received a Markle Foundation Scholarship in Tropical and Army Medicine for malaria research in Florida.

"I am working now on some 17th century reports that seem to have some early information about immunology. When the material is collected," she said, "I hope to have a book that will present the various historical sources of information that have led to present day understanding of immunology."

Hellebrandt Volumes Given

Dr. Frances Hellebrandt, who was on the Medical School faculty nearly 20 years, has contributed her 400-volume personal library to the Medical School library.

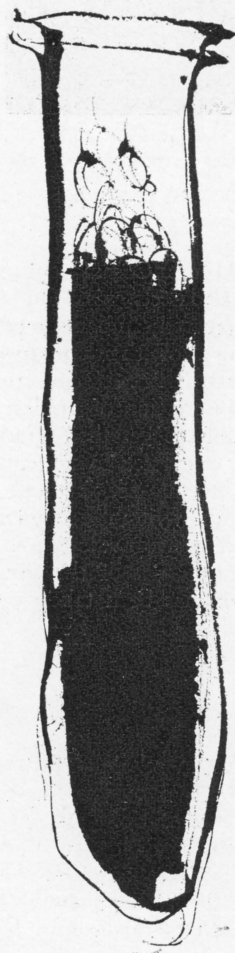
Helen Crawford, Medical School librarian, said that the "excellent collection of contemporary and current works, covering a wide range of neurology, neurophysiology, and physical and sports medicine, includes many out-of-print titles by Cannon, Gesell, Sherrington, Hill and other physiologists."

A set of Hales' *Statical Essays*, 1733-69—given to Dr. Hellebrandt by Dr. Percy Dawson—and a number

of Purkinje titles are of particular historical interest, Miss Crawford said.

Dr. Hellebrandt was associate professor of physical medicine when she left to become chief of physical medicine and rehabilitation at the Research and Educational Hospital, University of Illinois. She resigned from that post in 1955 and returned to Wisconsin, as professor in medicine and education, to continue her research in muscle physiology.

Now retired, she lives at 1100 North Shore Drive, Apt. 303, St. Petersburg, Fla., 33701. She has resumed her study of the violin and is engaged now in collecting a new library on the technic of violin playing, according to Miss Crawford.





Hypersarcosinemia

A new metabolic error which may cause mental retardation has been identified by Dr. Theo Gerritsen, assistant professor of pediatrics, and Dr. Harry Waisman, professor of pediatrics and director of the Joseph P. Kennedy Jr. Laboratories for Research in Mental Retardation. They described the disease in April at the Federation of American Societies for Experimental Biology meeting.

They called the disease Hypersarcosinemia because the amino acid sarcosine is present in the blood in large amounts. The investigators suggest that the metabolic disease is caused by the body's inability to break down sarcosine.

The disease was discovered in a slightly retarded one-year-old child who excreted large amounts of sarcosine in his urine and had high sarcosine levels in his blood.

Further investigation showed that another child in the same family was affected also. Dr. Waisman said that the affliction of two children in one family indicates that this metabolic error is not accidental, but hereditary.

The parents and four children were given tests to determine which enzymes were involved in the bodies of the children. Sarcosine excretion and blood level could be increased by oral loads of sarcosine and DMG, a precursor of sarcosine.

In the two children not affected by the disease, no

increased sarcosine excretion was found, Dr. Waisman said.

As yet, they said, no cause for the retardation is known. Drs. Gerritsen and Waisman are not sure of the genetics of the parents of the afflicted children, but investigation with the use of radioisotopes is expected to solve these problems, Dr. Waisman said.

The research was supported by NIH and the Joseph P. Kennedy Foundation.

Class of 1969

Dr. David Graham, chairman of the admissions committee, reports that the class of 1969—100 students and 15 alternates—has been selected from 749 applicants, an all-time Medical School high. Last year there were 694 applicants.

Dr. Graham said that the overall grade point average for the new class and its average science GPA are higher than last year, and above the national average. He said that undergraduate GPA is the best single predictor of success in Medical School. Scores by the class on the MCAT science section were above the national average, as they were last year.

Students admitted to Medical School after three years of premedicine perform as well in Medical School as those admitted after four years, Dr. Graham said. However, he added, the standards for admission are higher for the three-year applicants.

The prerequisites for admission to Medical School were modified by the faculty recently when it voted to allow a substitution for the chemistry course, quantitative analysis. Quant is disappearing from many college curricula.

For quantitative analysis, students may now substitute as a prerequisite for admission any other chemistry course with laboratory work, provided that the student's chemistry program includes adequate experience in quantitative concepts and techniques.

The faculty also decided that college level courses taken in high school or preparatory school will be accepted as satisfying the Medical School's requirements, if the college transcript clearly indicates that it allows credit for such courses toward fulfillment of requirements for the bachelor's degree.



ALUMNI CAPSULES

A 1959 graduate, Dr. William F. Schoenwetter, is in practice in Minneapolis with the St. Louis Park Medical Center doing internal medicine and allergy. After completing a residency at the University of Minnesota in 1963, he spent a year at the University of Pennsylvania's hospital working in allergy and immunology under an NIH postdoctoral fellowship.

Also in Minneapolis, he reports, are classmates Dr. Ronald Rosandich, on the VA Hospital staff; Dr. Fred Gobel, taking a residency in internal medicine at the University of Minnesota; and Dr. Glen Cramer, who just completed a radiology residency there. Dr. Schoenwetter's address

is 4379 Coolidge Ave., Edina, Minn.

* * *

Dr. G. S. Custer, '42, has been reelected president of the Marshfield Clinic, and Dr. Ben R. Lawton, '46, has been elected vice president. The three-story addition to the clinic was scheduled to be completed July 1, but the medical staff has been occupying the new facility for several months.

* * *

Dr. Douglas A. Shanahan Jr., '58, moved from Seattle, Wash., to Kettering, Ohio (3212 Ackerman Blvd.) in June to enter private practice in general surgery in Dayton.

Dr. Rudolf Noer and Miss Anna Knell, head of outpatient nursing at University Hospitals.



Dr. V. V. Quandt, '45 and two other Hartford, Wis., physicians merged their practices early this year.

* * *

Dr. Jordan Frank, '56, of Beloit, Wis., was certified recently as a diplomate of the American Board of Pathology. In addition, Dr. Thomas O. Miller, '55, of Wausau, passed part two of his orthopedic boards and is a diplomate of the Board of Orthopedic Surgery.

* * *

Recently released from military service was Dr. Martin A. Rammer Jr., '59. Dr. Rammer has entered general practice in Sheboygan, Wis., and lives at 3118 Cherokee Dr., Sheboygan.

* * *

Dr. James G. Urban, '60 has returned from a 3½-year tour of duty in France with the Air Force, and is beginning an orthopedic residency at the USAF Hospital Andrews, Andrews Air Force Base, Washington, D.C. After a year there, he will move to Fitzsimmons General Hospital, Denver, for three years.

Dr. and Mrs. Urban had two children while living in France. They are Betsy, 3, and Patrick, 1½.

* * *

Planning to enter private practice in cardiology and internal medicine this August is Dr. Burton J. Friedman, '59, of 836 N. 12th St., Milwaukee.

* * *

Dr. C. W. Docter, '45, of Plum City, Wis. has been joined by his father, Dr. John C. Docter, who has left Racine after 44 years to assist his son. The elder Dr. Docter has been in practice 50 years.

* * *

Dr. Erwin E. Grossmann, '35, of Milwaukee, recently was named associate director of the Wisconsin Lions Eye Bank. The Bank's medical executive board

also includes Dr. John B. Hitz, '28, of Milwaukee. Dr. Grossmann is associate clinical professor at Marquette Medical School.

* * *

Dr. Lucille Mecca Andes, '50, of Granada Hills, Calif., writes that she is not in practice currently, but has two red-heads, "like me." She also reports that she recently met Dr. James V. Lowry, '37, who is now head of the California Department of Mental Hygiene.

Dr. Andes' address is 17031 Galesburg St., Granada Hills, 91344.

* * *

Dr. Henry A. Settlage, '39, moved to Crivitz, Wis., May 1 from Waukesha.

* * *

Former Medical School Dean John Z. Bowers, M.D. is author of a book, "Medical Education in Japan," which was published in February by Harper's. Now president of the Josiah Macy Foundation in New York, Dr. Bowers gathered the material while working for the Rockefeller Foundation in 1963 and 1964.

After leaving the deanship here he was awarded the Alan Gregg Traveling Fellowship and spent a year in the Far East working on his fellowship project. He resigned his faculty position at Wisconsin in 1964.

* * *

Eugene P. Juel, '63, recently left Miami Shores, Fla., for Bakersfield, Calif. where he is at the Kern County Hospital in his second year of residency in medicine. He and Mrs. Juel have three children.

* * *

Dr. John C. McAleavy, '57, a former Leatherneck now serving in the Army reserve, recently received the Army's highest marksmanship award for his proficiency in rifle competition.

He received the Distinguished Rifleman Award, a medal that was first authorized in the 1880's. Only about 2,200 of the medals have ever been issued.

Dr. McAleavy and his wife

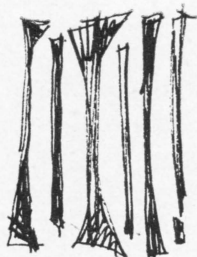
(Anne Bentzen) have six children and live at 306 Cheyenne Trail, Madison, where he is associated with Madison Anesthesiologists. On Monday nights and selected weekends, he is Capt. McAleavy of the 44th General Hospital, Army reserve unit.

His medal was awarded for accumulating 30 points in Army and civilian "leg matches," in which the winner gets 10 points and other top finishers receive lesser totals.

Dr. McAleavy first started firing in leg—or Excellence in Competition—matches in 1962, and in his first three leg matches he won a first and two second places for 26 points.

He went over the 30-point requirement with a first place finish in his fourth leg match in 1964.

Dr. McAleavy has no plans to try for a similar award in pistol



competition, but intends to continue competing in rifle matches.

* * *

Regretfully, we have the following deaths to report:

Dr. William D. Stovall Jr., '44, on October 18, 1964.

Dr. Clara Hillesheim, '17, in Sleepy Eye, Minn.

Dr. Earl E. Holzman, '47, in January 1960.

Dr. Sidney Posner, '35, in Corpus Cristi, Tex.

Dr. Frank McGreane, '28, in Calistoga, Calif., Dec. 18, 1964.

* * *

Dr. Marvin Jumes, '58, established a private practice in anes-

thesiology in Sheboygan early this year.

* * *

A change of address sent by Dr. Gordon A. Tuffli, '64, reports that he has completed internship and is headed for Maricopa County General Hospital, Phoenix, for a pediatric residency.

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Dr. Roswell Fine, '48, is now with the Department of Psychiatry at the University of Kentucky Medical Center, Lexington. He just finished a year at Columbia P & S as an NIH fellow in child psychiatry.

* * *

A Wisconsin alumnus returned this year as a visiting professor of surgery. He was Dr. Rudolf J. Noer, '27, who spent the week of May 16 at the Medical School as Adolf Gundersen Visiting Professor. Dr. Noer is professor and chairman of surgery at the University of Louisville, Ky.

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Dr. Kenneth O. Loken, '61, is a resident in pathology at Madison General Hospital, where he also served his internship.

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A Rice Lake, Wis., physician, Dr. Lloyd R. Cotts, '54, recently was awarded the distinguished service award of the Rice Lake Junior Association of Commerce.

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Dr. Timm Zimmermann, '63, is leaving his medicine residency at the University of Washington to join Dr. P. T. Bland, '47, at the Westby Clinic in mid-July.

Before leaving Washington, Dr. Zimmermann issued a nine-page newsletter for members of his class. Summarizing the activities of the 55 classmates who sent information, Dr. Zimmermann said that of his class, 25 are in the military service; 8 in general practice; 5 in internal medicine; 4 in pathology; 4 in psychiatry; 4 in pediatrics; 3 in surgery, 1 in neurology; 1 in radiology; 1 in dermatology; and 1 in OB-gyn.

Of that group of 55, 11 live in Madison.



Medical History Essays: A Review

BY NIKOLAUS MANI, M.D.
ASSOCIATE PROFESSOR OF HISTORY OF MEDICINE

The University of Wisconsin's Medical Class of 1935 has issued a reprint of a selection of medico-historical essays written by Dr. William S. Middleton, professor of medicine and dean emeritus of the University of Wisconsin Medical School. The class did that to honor their former teacher in medicine, William S. Middleton.

Dr. Middleton's papers deal with the illustrious medical past of Philadelphia and with the history of the University of Pennsylvania Medical School—Middleton's beloved Alma Mater. Some chapters are devoted to early Wisconsin medicine, physicians and medical education.

The image of the true physician, the development of clinical thought and science and the vicissitudes of early medical education in America form the main topics of these essays.

The medical life is depicted on its social, political, economic and philosophical background. The historical data are meticulously described, judiciously interpreted, and superbly presented. Noteworthy are the delightful biographical sketches. The characters are delicately chisled. With a subtle psychological insight and a well-balanced historical judgment Middleton unfolds the motives and analyzes the actions, the failures and achievements, of his medical ancestors. In the paper "The Medical Tradition at Pennsylvania," Middleton traces the medical life in Phila-

delphia from the birth of academic medicine in America—the foundation of the Medical School of the University of Pennsylvania in 1765—up to the early twentieth century.

The essay "Clinical Teaching in the Philadelphia Almshouse and Hospital" describes one of the early centers of clinical teaching in America, and in the paper "Blockley in the Changing World of Medicine,"

(A review of *Medical History Essays* by William Shainline Middleton, M.D. Collected and reprinted by the medical class of 1935. Madison, Wisconsin, 1965.)

Middleton gives a fascinating picture of his adventures as a resident at the Philadelphia General Hospital in the years 1911-12. Strong, colorful and original personalities live and breathe again.

In a series of charming biographical sketches, Middleton depicts the life and times of some eminent early Philadelphian physicians.

John Redman

We encounter John Redman (1722-1808), who studied in Edinburgh, graduated in Leiden and visited the medical centers of Paris and London. He was an early defender of inoculation and became famous as the preceptor of John Morgan, the founder of the first medical school in America, of Benjamin Rush, the brilliant clinician and social reformer, and of Caspar Wistar, the first American who contributed to anatomical science.

Another paper deals with Caspar Wistar, Jr. (1761-1818). The experiences in the Revolutionary War led the boy Caspar to become a physician. He wrote the first American textbook of anatomy and gave the earliest account of the development of the sphenoid sinuses.

Philip Syng Physick (1768-1837), the offspring of early Philadelphian autocracy, studied under John Hunter in London and became the father of American surgery. Extremely sensible, he suffered from the hardships of his profession and the pains inflicted upon the surgical patients. He developed an operation of artificial anus, constructed a forceps for securing deep bleeding, studied the use of animal ligature (parchment, catgut) and was famous as a lithotomist.

William Edmonds Horner (1793-1853) was an influential dean of the Pennsylvania Medical School and a well-known anatomist. He described the tensor tarsi or Horner's muscle and wrote the first American treatise on "Pathologic Anatomy."

The successor of Horner to the chair of anatomy was Joseph Leidy (1823-1891), one of the last universal scientists. He was equally famous as comparative anatomist, paleontologist, geologist, zoologist and botanist. He wanted to "increase knowledge of natural things, animate or inanimate, gigantic or microscopic." Memorable among his achievements related to medicine are his observation of cysts of *Trichinella spiralis* in pork muscle and the first important study of the parasites of the alimentary tract.

While the early Philadelphia physicians had graduated at Edinburgh University, William Wood Gerhard (1809-1872) was attracted by the fame of the French Clinical School of the 19th century. He studied in Paris under the famous physician Louis, the founder of the numerical method applied to clinical medicine. Gerhard postulated the "rigid proof of the existence of the phenomena" and the investigation of their relations. "So thoroughly had the spirit of Louis permeated his mental fibre that it fell his lot to bear the torch of clinical progress from France to America."

Gerhard clearly differentiated on clinical and anatomical grounds the typhoid fever from typhus.

In the paper "The First Medical Faculty of the University of Wisconsin," Dr. Middleton analyzes the first unsuccessful attempts in the middle of the nineteenth century to establish a medical department at the University of Wisconsin. "The first medical faculty was officially named by the Regents in 1855-1856. No record of their assemblage as a body is preserved." The medical department did not survive. The most active figure in the movement to establish a medical school was undoubtedly Dr. Alfred L. Castleman (1807-1877). Middleton relates carefully the scanty historical sources related to this restless, devoted and conscientious physician of Wisconsin.

In the paper "The Yellow Fever Epidemic of 1793 in Philadelphia," Middleton gives a vivid picture of the terrible epidemic which struck and almost ruined the city of Philadelphia.

Cholera was *the* epidemic of the 19th century. In the paper "Cholera Epidemics in Iowa County, Wisconsin," Middleton relates how, in 1849-51, a cholera epidemic, probably coming up the Mississippi Valley, broke out in the mining districts of Wisconsin (Mineral Point) where bad hygienic conditions prevailed. Scenes of fear and panic occurred.

The two papers "The Harvey Hospital" and "Medicine at Valley Forge" give a somewhat somber picture of military hygiene, both in the Revolutionary and in the Civil War.

The essay "A Biographic History of Physical Diagnosis" deals with the great physicians of the past, especially with the English, French, Austrian, German and American schools. The highlights of clinical medicine must attract Dr. Middleton, who is himself, with every fibre, a clinician and a medical educator.

William Snow Miller

The opening essay "Doctor William Snow Miller and His Seminar" relates the beginning of medico-historical teaching and activities at the University of Wisconsin. The eminent anatomist William Snow Miller (1858-1939) was also a distinguished medical historian and a passionate collector of old medical books. His collection now forms the precious historical nucleus of the Medical Library.

Snow Miller's Seminar, devoted to the History of Medicine, was initiated in 1909. Bi-weekly, on Wednesday during the academic year, students and master met in Snow Miller's home, in the sanctuary of his Library. Snow Miller was the permanent sponsor, chairman and host. The Seminar began with military punctuality at 8 o'clock and was conducted firmly by Snow Miller whose "consuming passion for accuracy" granted the quality of the papers presented by the participants.

Many of the fine essays of Dr. Middleton were first read at the Snow Miller Medical History Seminar.

STATE OF THE UNION

BY DEAN PETER L. EICHMAN, M.D.

The period of turbulence and uncertainty in the union appears to be ended. During the tenures of Dr. Cohen and Dr. Crow the excitement and tension in the School has been modulated, and we have moved forward. A special vote of thanks to them is in order. It was heart-warming to witness the standing ovation for Dr. Crow about ten days ago. The selection of a permanent dean should signify the close of this period. The choice of a faculty member for the dean is indicative of the confidence of the Board of Regents and the University administration in the School. In view of their action, I am sure we shall continue to receive strong support from them in all aspects of our endeavors.

Education

In preparing my thoughts for this address, I attempted to define the "union." Its complexity is impressive and increasing. The natural reflex is to think of a medical school as a place where medical students are educated. However, the increasing specialization of our society has touched this Medical Center, and we are deeply involved in many kinds of education. At present there are programs of education for medical students, interns, residents in medical and surgical specialties, nursing students, graduate students in nursing, graduate students in the basic science fields and postdoctoral fellowships. There are collaborative programs for occupational therapy, physical therapy baccalaureate candidates and similar relationships in the field of social work and speech therapy. There is vigorous leadership in our continuing education for physicians and hospital programs for training x-ray technicians and EEG technicians.

Thus it is evident that our efforts are productive of much more than young physicians, and in fact the entire field of medicine and its ancillary specialties.

In terms of medical students, we have about 388. We accept about 100 in the freshman year and graduate 80-90 students. This is up about 20 per cent as compared with 1958. These numbers have reached a plateau because the number is so directly related to the physical facilities

available. The number of applicants reached a peak at 749 this year. Analysis of the quality of the entering freshman discloses an increase in overall grade point average and MCAT (aptitude) scores. Comparison of our freshman applicants with the national average for medical schools places us somewhat above the average.

The admissions committee reported that comparison of the entering freshmen with three years of premedical preparation with those who had completed their bachelor's degree work disclosed no significant difference in their level of work in medical school. The standards for those with only three years of premedical education are higher, and this may be a compensating factor.

Graduate student increase in the University as a whole has been phenomenal—almost 18 per cent last year. In our school the growth over the last seven years has been remarkable! We have 225 graduate students as compared to 95 in 1958.

The postdoctoral fellows also have increased from 45 in 1958 to 190 at present.

It is clear from these facts that we are moving ahead in the area of education which will prepare academic medical educators in the basic science fields.

Our School of Nursing has enjoyed a period of steady growth under the leadership of Miss Helen Bunge. In 1958 there were 313 nursing students—presently 527. The nursing faculty now numbers 42 fulltime members. A new graduate program in pediatric nursing has been established.

In the field of continuing medical education we have had five courses at the Wisconsin Center in various clinical fields and have collaborated with the State Medical Society in one-day intensive review of medical subjects on five occasions this year. We are working toward radio program teaching to hospital staffs and recorded lecture series which could be used at will by individual physicians. This approach in education has my great interest, and I look forward to further developments in this field.

On another side, we have added 19 faculty members to the clinical departments and four to the basic science sector. During the past decade the full time clinical faculty has increased nearly threefold and the basic science by 60 per cent.

New chairmen have been appointed in three departments. In all three the chairmen have been faculty members for a number of years. In varying ways all have been distinguished in their fields. Dr. John Juhl is now chairman of radiology; Dr. Robert Schilling of medicine; and Dr. Karl Siebecker of anesthesiology.

There is always much talk of curriculum changes. A medical school which does not argue, debate, examine and criticize its curriculum hardly deserves the name. On our faculty there has been a continuing study. So many changes have occurred in the content of knowledge, the preparation of the entering freshman, the technical advance in teaching techniques that it behooves us to adapt our programs accordingly. Though no major curriculum changes are envisioned for the coming year, I anticipate a major effort in this direction in the next few years.

Building programs have rolled along at a steady rate. The McArdle oncology building, about 100,000 square feet, was completed this year, as well as the three floors on the C-Wing. Three new floors on the B-Wing will be completed in a month or so. During this year the faculty and hospital administration had the opportunity to present a long-range building plan to the legislative committee. This plan included a Wisconsin Psychiatric Institute building, a new School of Nursing, a new Student Health Center and a high-rise hospital. The cost of these various projects was estimated at \$32 million. We were most pleased that the legislative committee endorsed the program unanimously. We look forward to further approval from the Building Commission and Legislature. Though these building ventures may sound expensive, even grandiose to some, they are actually quite modest and represent a "catching up" in the race with obsolescence.

Regional Medical Complex

Much publicity has attended the legislation proposed to establish regional medical complexes for the study and treatment of cancer, heart disease and stroke. The legislation is currently under study in the Congress. As proposed it may have a tremendous impact on medical education in general and on our already well-functioning regional medical complex in particular. A committee has been formed, headed by President Harrington and Father Kelley of Marquette, and staffed by the medical school administrations from both institutions. This committee will study the meaning of such legislation in Wisconsin. No definitive positions have been taken as yet.

In terms of budget support of our School, it is interesting to note that this year (1964-65) the total operating budget, exclusive of the Hospitals, is approximately \$9,255,000. About 51 per cent of this represents federal support. There is a long-term trend for increasing support from federal funds, but this

is accompanied by substantial increases in state funds as well. The total proposed expenditures from all sources in 1965-66 is about \$10,815,000, representing a 16.8 per cent anticipated increase over last year.

Prognostications

In the vision of the future, there are certain aspirations and prognostications possible:

1. A continuing increase in all categories of educational programs. The increase in medical students will be gradual and geared carefully to the facilities available in the preclinical years. All basic science departments will share in this expansion. Certain sectors of education such as baccalaureate and graduate nursing students will outstrip the average expansion. There will be a major building program here which will increase the outpatient facilities and clinical research laboratories as well as the other programs mentioned. This development will permit the continued strengthening of clinical departments in recruiting full-time clinical scientists and teachers.

2. Curriculum review and change are certainties, and much more emphasis will be placed on continuing education for physicians after graduation. In the last mentioned, I am considering creating a faculty position for this purpose. In an age of obsolescence of individual skill due to rapidly increasing scientific knowledge, it is our only safeguard against incompetence and ineffectiveness. I view this effort as a direct continuation of our commitment to educate physicians. Such a commitment does not stop with the awarding of a degree in medicine or the completion of an internship and residency.

3. I look forward to developing a close familiarity with preceptors and a strengthening of this valuable and imaginative program. There has been an increase in our teaching affiliations with community hospitals. I expect these to increase and assume a closer and integrated character typified by the appointment of full-time faculty members to supplement efforts of clinical faculty in those institutions.

4. In relation to the Alumni Association, I hope to gain a wide acquaintanceship through attendance at your meetings here and at various conventions in the country. I expect to call on some of you from time to time and invite you to visit with me. I have great faith in the capacity of an alumni to favorably influence the growth and development of their school, not only through financial support—more importantly, the alumni can be a source of ideas and moral support. It can be a unifying and bridging institution providing another thread of continuity in a changing and evolving educational program. I hope to come to you with ideas such as scholarship development, completion of library furnishing, support for expanded programs of continuing education, establishment and development of new areas of inquiry and study such as the relation of sociological change and medical education and practice.

With your help and support, the support of the faculty and University in general, we can together lift our school to greater heights and continue our record of solid achievement.

The Many Faces of Medicine

BY H. KENT TENNEY JR.
EMERITUS PROFESSOR



To explain what I mean by the *Many Faces of Medicine*, I'm going to draw on family biographical materials and personal reminiscences and on personal opinions. I'm not quite sure whether or not my Indian ancestors who lived up in the north were medicine men or not. But I do know that they had a philosophy towards a family as a unit which is being emulated by our best child psychologists today. I doubt very much if those Indians indulged in the sometimes confusing psychiatric jargon that we hear and which I find frequently very difficult to understand, but their basic principle was a very sound one. They recognized the inherent love, respect and admiration that children have for their parents, and its presence in every child, wild, primitive or highly civilized. They were unwilling to confuse a child's natural love, respect and admiration for his family by introducing fear of his family.

Therefore, physical punishment was practically unknown among Indians in the day I'm speaking of. Now they did find it necessary to introduce some restraining influences on the children, but if the squaw found the tempest in the teepee a little too rugged she would probably say something like: "Okay, you little papooses, let's get off that offbeat war dance and start smoking the pipe of peace around here, because if you don't, you know what may happen. The old man of the mountain might be hearing this, and you what happens when the old man of the

(Dr. Tenney, who received the Emeritus Faculty Award, delivered this talk on the Alumni Day Program.)

mountain doesn't like something."

But they would never say, "All right, little papooses, pipe down, or big warrior daddy is coming home in a little while and he'll probably scalp you." They would not frighten their children in the family. I think that's an important *Face of Medicine*: recognizing that the basis of a sound civilization starts in a sound family.

Now, to get on to some of the biographical material that I know a little bit about for sure:

The first one of my family to come here in medicine was my grandfather, Dr. John Favill. He came here in 1848 soon after he finished his medical training at Harvard. Grandfather took lodgings with a family named Bowman, who lived then on the square about where the Emporium store is at present. He lived there with them for several years, and being a general practitioner, he was called upon to deliver their second child. Because of the affection this family had for Grandfather, and he for them, they named the child Francis Favill Bowman. When I first came back here to Madison, in 1920, a good many people knew that I was a Favill, and many asked, "How are you related to Frank Favill Bowman," who was practicing medicine here. "Simply by the affection that his family had for my grandfather."

There, I think, is another very nice *Face of Medicine*. The affection between the parents and the physician which leads them on to name a child after that physician.

I think that still exists somewhat, and I think it happened to me one time. After one of my families left here, they sent me a birth card of their next child. They must have picked up the name someplace else, but I thought they named him after me. After Grandfather had been here a few years, he recognized that many of the inmates in our insane asylum—as it was then called—at Mendota were in need of medical attention. So Grandfather moved his family over to Mendota and lived there as physician-in-residence for quite a few years. In fact my Aunt Therese was born over there. Mother told me that she and Uncle Harry (her brother who was a physician here later) when they really wanted to tease their sister, they would say "What can you really expect of poor Tessie; you know she was born in an insane asylum."

We always had a little edge on Aunt Tessie—we could poke fun at her. But I think that's an important *Face of Medicine*: That the practicing physician—the general practitioner—recognizes that those individuals who are so emotionally ill that they must be restrained in a hospital or institution, still have medical needs which must be met by the practitioner of medicine. I think that's an important *Face of Medicine*.

Then after Grandfather moved back here he joined with another group of physicians who were organizing the State Board of Health. Grandfather was not the originator of it, but he joined with this group and was a member of the State Board of Health during its first several years. There again, I think, is an important *Face of Medicine*: Practitioners of medicine, tak-



ing care of individuals, but still recognizing the importance of physicians participating in the health of the community. And that has gone on, of course, to be a tremendous institution.

When I think of some of the difficulties under which they worked, it is rather appalling to me. One incident that I recall hearing from my mother, pinpoints some of these things. Mother said she heard Grandfather come to the defense of those rather radically thinking physicians who were talking about the "germ theory of disease." Grandfather said, "Don't be too quick to condemn these people, there might be something to it."

Now this to me, illustrates a very important *Face of Medicine*, too: From *academic medicine*, if we want to call it that, present in a medical center, surrounded by all the research, the peripheral physicians learn and put into practice on individual patients what they learn from the medical center. The two coexist and must coexist, because how can a practicing physician know what to use in practicing if he doesn't learn it from academic medicine. How can the academic medical men know whether their stuff is any good until it is applied by physicians.

It rather saddens me to hear now the term "town and gown." In medical circles at least, it sort of implies an attempt to iron out difficulties, between academic medicine and peripheral medicine, which never should have existed. The two are so interdependent they cannot exist separately and never should try. I know that "town and gown" as I used to hear it from my mother and father, referred to intellectual conferences between the professorial classification in the University and people who were interested in what the professors were talking about, and reading about, and writing about. It did not have the sort of controversial connotation which I say distresses me very much when I hear it in the medical field. But that's an important *Face of Medicine*.

The next generation, my Uncle Harry Favill, born here in Madison, educated at the University and at Rush, came back here to practice medicine for several years. But after Grandfather died, Uncle Harry went to Chicago largely at the behest of two other Wisconsin men, A. J. Ochsner and Frank Billings, very close friends of his.

Uncle Harry was known in those days as an astute diagnostician. Now what did that mean in those days?

It meant almost an intuitive sense on the part of that physician as to what was wrong with the patient. It meant great skill in physical examination; great skill in understanding the individual that he was talking to; great skill in reading in that patient's face what the disease was doing to him and how he was reacting towards the disease. In other words, it was a fairly simply matter, but a very close and intimate contact between patient and physician.

But of course it became so complicated that before long it was impossible for one physician to know all about one individual, so it was necessary to segmentize this patient: anatomically divide him up and let people who had particular interest in the form and function of certain parts of this individual study him very completely and then report back on him. In other words, the increase in specialization.

But the thing that sort of alarms an old man like me is that along with this segmentation of the individual, there may be a fragmentation of the spirit that holds those segments together and makes one whole individual of him. That is a danger, and again getting into reminiscences and family history, I can tell you how it did happen.

My father and Uncle Harry were very close friends and counted on many hunting trips into the wilderness. They lived with it. Father, a very busy lawyer, lived through those arduous times that he had to get through with the prospect of a trip. But after Uncle Harry died, father had no one to turn to as a general, medical consultant. And as men who advance in years sometimes do, he began to develop some prostatic symptoms. He went to one of the leading urologists in Chicago and after a rather painstaking and—as only a urologist can—paingiving examination, the urologist said, “Well, I think we do not have a situation that requires surgery. But I think you must remember that obstruction is a possibility.”

Father said, “Doctor, could you tell me just what you mean by that.”

The doctor said, “Well, you could have an obstruction which would make it impossible for you to urinate.”

Father said, “What does that mean in my life? Do you mean I must change some of my patterns of life?”

And the urologist said, “I don't think you should ever be more than four or five hours away from a physician.”

Father said, “But, My God, next month I'm going

on a big game hunting expedition in British Columbia where I will be *four or five days* away from a physician.”

The urologist saddened. “I just could not authorize that sort of a trip. It has too much hazard, with it. I don't think you should really consider it.”

Well, that knocked the props out from under Father tremendously. Not having Uncle Harry to go to and say “For God's sake, what do we do about this?” He went to another specialist who was an oldtime hunting and fishing pal also—an eye, ear, nose and throat man—Tom Lewis. He told his story to Tom, and Tom said, “Some specialists don't understand life. Of course it's possible that you would get an obstruction. Of course it's possible. But it's much more certain that you would die an early death if you give up the one thing you've been counting on to carry you through this arduous life that you live. You're going on that trip and the chances are that you will come back and go on many more. Then he said, “Let me give you one little tip: Take an empty hot water bottle in your sleeping bag with you and you won't have to get up in the cold night. You'll save yourself a little wear and tear and a few chills when you crawl out in the snow.”

So Father went on that basis. He went on that trip and on many other trips and he had his final coronary when he was walking from the club where he had luncheon back to his office on a cold, windy October day, and nobody ever told him to beware of a cold, windy October day.

So, my fear is that along with the necessity, the absolute necessity, of specialization, we may get some fragmentation of spirit.

But now the astute diagnosisian has a much more complicated job ahead of him. He must still be a very astute listner and understand the patient. But he is faced by an absolute morass of material that comes to him from the segmentation of people that he must understand. He must understand not only biochemistry, but biophysics, and biostatistics. You can *bio* anything else and he still has to know all about it. And now the computer is helping him out in this. And I'm perfectly sure that many times when he feeds the computer every bit of material that he's gathered up, the computer is going to come up with a buzzing, or whatever it does, and is going to say, “all systems reported go.”

Well, what's he going to say to the patient—what're we going to say to him? “Lucky you! Model 007 says all systems go, so why don't you go—get on about your business. 007 says all systems go, there's nothing the matter with you.”

Well, I can hear the patient coming back: “But listen, doctor, I came to see you. † didn't come to see 007, and I really don't give a damn what he says; I say I'm sick, and I would like to have you do something about it.”

Certainly we must utilize all the material we can get but we must never forget that the computer can't think—it can't feel, it can only add and subtract things to give you an answer which is good and of





inestimable value, but it can't feel what the patient is feeling. And I can just see a patient responding that way. We know that more than half the patients who come to a physician have no demonstrable organic disease. We know that before we put them into the computer. To me it is quite like the cartoon of the little boy who is being urged to eat his spinach by his mother and father who have obviously given it another name. And he says, "I say its spinach, and I say to hell with it."

And I can just see our patient say: "Well, I say I'm sick, and I say the hell with the computer."

But we must utilize all that we can to help learn more and more about each individual. I'm sure you all saw the little cartoon of the doctor's office with the computer that has parts spilling out of it. The repair man is saying to the doctor, "She sure is on the fritz! Do you think you could make your own diagnoses for about two days?" Of course, that's ridiculous, but it could happen.

Now some of my personal opinions: The prognosis of the medical school has been given to you so beautifully by Dr. Eichman, but to me what is going to be so important is the reapportionment of the 24 hours available to the student each day.

In my third year in medicine, which was just 50 years ago, we spent the first two weeks every day in medicine studying typhoid fever. Reading about it, hearing about it, and being quizzed about it. Can we ask our third year students now to spend two weeks studying typhoid? But it's a very good thing somebody knew about typhoid in Scotland just about a year ago, to really handle an epidemic in short order.

In a medical journal not long ago, I saw a report of three cases of congenital syphilis in babies admitted to a hospital in Baltimore and nobody of the early staff—interns, residents—nobody had the foggiest notion what was the matter with these little sniffing babies. One of the older men came along and said:

"For Heaven's sake, congenital syphilis; I haven't seen one for a long time." Just one look and he knew what it was.

A report recently appeared in a journal on a case of scurvy. And it gave the clinical history, and as I read that through, the first thing you'd think of was scurvy. Again, nobody thought of scurvy. They produced it by the way they fed that baby in the outpatient department at that hospital. But nobody thought of it until the x-rays came back and the radiologist said, "It's scurvy!"

A few weeks ago, I had a meeting with the third-year students in pediatrics (the faculty has been most gracious letting me come and visit with these boys) as to what the physician's responsibility is beyond just the selection of the correct antibiotics and the correct dosage. What is our responsibility, for example, when we know the child has an incurable disease and is going to go on downhill. Do we just say this has a fancy name and he's going to die before long? We have a tremendous responsibility to the retarded children, and to their families. And that is the sort of thing I try to bring to the third year students.

I started off by asking them what they'd seen. Well, a very intelligent young fellow said he had just seen a case of—I can't remember the name, but let's say it's rumpelstiltskin syndrome—and I looked a little startled.

I said, "I'm kind of new around here. Will you back up and tell me what is rumpelstiltskin syndrome?" He said, "Oh, it's really very interesting. It's . . ." He named off the congenital anomalies. I said, "My God, has a geneticist put those together." He said, "Oh, yes," and then he started in on the genetic jargon and I was more lost than ever.

We used to say "If you find one anomaly, look for others. There is liable to be a group of them." and that's about all we knew about it.

Can we say in our reapportionment of time for these students, "Let's get off this genetic jag and jargon, and let's get back to something basic, like syphilis and scurvy." That would sound as though I were advocating a return to some good old days. If anyone understands anything I've been saying as a plea for a return to the good old days, please forget it. I have no patience with that doctrine, because, don't forget, what we're griping about today may be what we're yearning for as the good old days, tomorrow. We can never go back, but we do have a heritage of certain things in the life of medicine that we must never lose sight of.

I would like to thank the Alumni Association most sincerely for what I think is a great honor and to affirm my conviction that the graduates of the University of Wisconsin Medical School will continue to be dedicated to the sifting and winnowing for which this university is so justly famous, and they will always continue to remember that the face of the patient is the most important of all of the many *Faces of Medicine*.

1965 Class Members Begin Internships

An old grad recently recalled his internship days: After graduating he began his internship in a distant state; he was young, single and a bit anxious. He had been in the strange new city only a few days when an older Wisconsin alumnus looked him up. There followed a dinner invitation, introduction to colleagues and other Wisconsinites and even an introduction to a young lady. His acclimation to the new city, the internship and the young lady made the beginning of the year much easier as most readers will understand.

This little anecdote is mentioned to remind alumni that they may be able to perform a similar act. Listed below are the 1965 Medical School graduates and their internship addresses. The list is arranged alphabetically by state.

Before the list, however, is the text of a statement made to alumni at the Alumni Day banquet May 21 by Dr. Norman Jensen, president of the graduating class. The occasion was the presentation to Dr. Jensen of the Association's Gold Medal Award to the senior class. Dr. Jensen responded:

"It is not easy, nor is it always expedient for one to attempt to express the representative feeling of a group such as ours, which although we have much in common, contains as much variation in ideas and expression as our world itself. Therefore, in an attempt to speak for everyone and at the possible expense of speaking for no one, I will proceed.

"It is our sacred privilege this evening to acknowledge and celebrate our commencement. More spe-

cifically, we are about to become alumni of one of the great medical schools in our country. This pronouncement suggests to us several honors and responsibilities.

"We are honored by our degree from a truly great school with a fine faculty and, very recently, the very fortunate acquisition of a new dean. (Incidentally, the class of '65 holds the current record for most years without a permanent dean.)

"We are honored by the prospects of becoming one of you, our predecessors, the individually distinguished alumni. We sincerely look forward to future associations.

"Our responsibilities include those we take for granted in the Oath of Hippocrates plus, I think, the responsibility of continuing to be part of our school!—to see that it continues to grow in a healthy way and to produce good doctors. I would appeal to us to enthusiastically support our school and alumni association and to allow ourselves a great deal of personal pride on being a part of them.

"The word *alumnus* in Latin means "a foster child; a pupil; or to nourish." We are about to become foster children of a family without parents wherein the older must teach the younger and wherein each one bears some of the responsibility for the success or the failure of the family.

"On this note we should like to accept this Gold Medal Award with deepest humility and gratitude, hopeful that we can teach our successors as well as you have taught all of us."

The list of interns follows:

ARIZONA

Daniel J. Schroeder Jr.
Maricopa County General Hospital
Phoenix, 85009

Gerald H. Schroeder
Maricopa County General Hospital
Phoenix, 85009

CALIFORNIA

James A. Anderson
Riverside County General Hospital
Riverside, 92503

Stephen C. Aron
Los Angeles County Hospital, Unit II
Los Angeles, 90033

Howard S. Baker
San Francisco General Hospital
San Francisco, 94110

Gerald C. Barnes
San Joaquin General Hospital
Stockton, 95201

Don L. Bradke
Riverside County General Hospital
Riverside, 92503

Michael A. Davis
Santa Clara County Hospital
San Jose, 95128

John W. Doty
San Joaquin General Hospital
Stockton, 95201

John E. Eisele
Children's Hospital of the East Bay
Oakland, 94609

Melvyn L. Grossman
Santa Clara County Hospital
San Jose, 95128

Jon M. Hanifin
San Francisco General Hospital
San Francisco, 94110

Joseph H. Herzberg
Kaiser Foundation Hospital
San Francisco, 94115

Charles V. Ihle
St. Mary's Hospital
San Francisco, 94117

David M. Levis
Cedars of Lebanon Hospital
Los Angeles, 90029

John E. Pawsat
Orange County General Hospital
Orange, 92668

John R. Shaw
St. Luke's Hospital
San Francisco, 94110

Joel J. Teplinsky
Herrick Memorial Hospital
Berkeley, 94704

CANAL ZONE

George G. Hodge
Gorgas Hospital
Canal Zone 00101

COLORADO

Francis G. Thurman
Presbyterian Hospital
Denver, 80218

Jerome C. Vergamini
St. Joseph's Hospital
Denver, 80218

FLORIDA

Robert C. Anderson
Mound Park Hospital
St. Petersburg, 33701

Philip J. Vogt
U. S. Naval Hospital
U. S. Naval Air Station
Jacksonville, 32214

Thomas J. Week
Lakeland General Hospital
Lakeland, 33801

ILLINOIS

Everett A. Beguin
Rockford Memorial Hospital
Rockford, 61108
Thad C. Hagen
Evanston Hospital
Evanston, 60201
Gretajo Northrop
Presbyterian - St. Luke's Hospital
Chicago, 60612
Robert H. Rosenberg
Cook County Hospital
Chicago, 60612
Bruce E. Shirer
Rockford Memorial Hospital
Rockford, 61108
Priscilla M. Swanson
Illinois Masonic Hospital
Chicago, 60614

IOWA

Ronald K. Panke
Iowa Lutheran Hospital
Des Moines, 50316

MARYLAND

Patrick J. Dowling
Johns Hopkins Hospital
Baltimore, 21205

MASSACHUSETTS

David L. Camenga
New England Medical Center Hospitals
Boston, 02111
Thomas C. Cesario
Boston City Hospital
Boston, 02118
William B. Davies
Boston City Hospital
Boston, 02118
Kathleen A. Hable
St. Elizabeth's Hospital
Boston, 02135
John T. Harrington, Jr.
Massachusetts General Hospital
Boston, 02114
Reese E. James
U. S. Naval Hospital
Chelsea, 02150
Norman M. Jensen
Harvard Medical Service
Boston City Hospital
Boston, 02118

MICHIGAN

John R. Olson
University of Michigan Medical Center
Ann Arbor, 48104

MINNESOTA

Clifford J. Blum
St. Mary's Hospital
Duluth, 55805
Thomas J. Carlson
St. Mary's Hospital
Duluth, 55805
Raymond C. Flaa
St. Mary's Hospital
Duluth, 55805
Janet R. Hoveland
Ancker Hospital
St. Paul, 55102
Douglas B. Ketcham
Ancker Hospital
St. Paul, 55102

Donald M. Muth
Ancker Hospital
St. Paul, 55102
Loren A. Smeby
Hennepin County General Hospital
Minneapolis, 55415
Thomas R. Stevens
Hennepin County General Hospital
Minneapolis, 55415
Delano E. Zimmerman
Hennepin County General Hospital
Minneapolis, 55415

NEW HAMPSHIRE

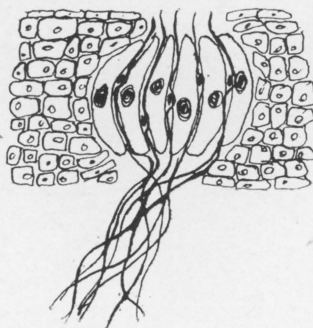
Gregory G. Holthusen
Mary Hitchcock Memorial Hospital
Hanover, 03755

NEW JERSEY

Alexander S. Hegedus
Newark City Hospital
Newark,

NEW YORK

Richard P. Buedingen
U. S. Naval Hospital
St. Albans, 11425
William F. Teller
Bellevue Hospital, 1st. Surgical Div.
New York, 10016



OHIO

James C. Hanson
Cincinnati General Hospital
Cincinnati, 45229
Robert F. Matzke
Akron General Hospital
Akron, 44307
Larry D. Schoenrock
Cincinnati General Hospital
Cincinnati, 45229

PENNSYLVANIA

Robert G. Ellis
U. S. Naval Hospital
Philadelphia, 19145
Louis C. Fischer
U. S. Naval Hospital
Philadelphia, 19145
Irwin Greenspan
Philadelphia General Hospital
Philadelphia, 19104
Robert T. Obma
Philadelphia General Hospital
Philadelphia, 19104
Henry J. C. Schwartz
Philadelphia General Hospital
Philadelphia, 19104

Gerald A. Mundschau
St. Mary's Hospital
Duluth, 55805

SOUTH DAKOTA

Neal A. Melby
McKenna Hospital
Sioux Falls, 57105

VIRGINIA

John R. Milbrath
Medical College of Virginia -
Hospital Division
Richmond, 23219
Arthur G. Norris
Medical College of Virginia -
Hospital Division
Richmond, 23219

WASHINGTON

David L. Boyd
King County Hospital
Seattle, 98104
John W. Chandler, Jr.
Children's Orthopedic Hospital
and Medical Center
Seattle, 98105
John P. Daniels
Sacred Heart Hospital
Spokane, 99204
John N. Drye
Sacred Heart Hospital
Spokane, 99204
Robert C. Dutton
King County Hospital
Seattle, 98104
Byron E. Johnson
Deaconess Hospital
Spokane, 99204

WISCONSIN

Russell E. Anderson
St. Joseph's Hospital
Milwaukee, 53210
Alfred J. Coron
Columbia Hospital
Milwaukee, 53211
James L. Esswein
St. Joseph's Hospital
Marshfield, 54449
Larry Malewiski
Mount Sinai Hospital
Milwaukee, 53233
Allen S. Plotkin
Mount Sinai Hospital
Milwaukee, 53233
Philip F. Powondra
St. Joseph's Hospital
Milwaukee, 53210
Douglas A. Reasa
Milwaukee County General Hospital
Milwaukee, 53226
Stephen F. Wagner
St. Joseph's Hospital
Marshfield, 54449
Harvey M. Wichmann
Mount Sinai Hospital
Milwaukee, 53233
Jeffrey W. Wilson
St. Joseph's Hospital
Milwaukee, 53210
David H. Zarwell
St. Joseph's Hospital
Marshfield, 54449

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