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WISCONSIN MEDICAL ALUMNI

# Quarterly

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## WISCONSIN MEDICAL ALUMNI

### Quarterly

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## About the cover

When is a parachute not a parachute? Why, in the Spring when it's a mushroom, of course!

Artist Betsy Wentz is from Pennsylvania, where, like Wisconsin, mushrooms grow extremely well in the Spring. When she read Ron Shaw's manuscript about his experiences in the Airborne and glanced at the accompanying photos she came up with the cover for this issue—mushrooms. Or are they billowing white abstract parachutes falling from the sky?

The Hooker — You Get Extra Pay Each Month:

# 'Airborne' Also Means Jumping OUT of Planes

BY RONALD P. SHAW, M.D., '70  
Medical Corps, U.S. Army

On April 22 of my internship, Diane called me at Blodgett Memorial Hospital during lunch. We had received a letter from the President of the United States saying he wanted me to join the "big green machine." I had half-way expected such a letter from the Army because my Public Health Service application had been rejected and I had not tried for the Berry Plan.

Since I was already interested in flying, and realizing that many of the doctors going to Viet Nam had not had residency training, I stated on the initial questionnaire that I would be interested in flight surgery or the airborne. Orders came in July 1971 for Fort Bragg, N.C., and the 82nd Airborne Division, making my family and me quite happy about staying "stateside." What I hadn't known was that the word **airborne** didn't mean just flying around in airplanes as I had thought. It also meant leaving those airplanes very suddenly via parachute!

## .... And How to Salute

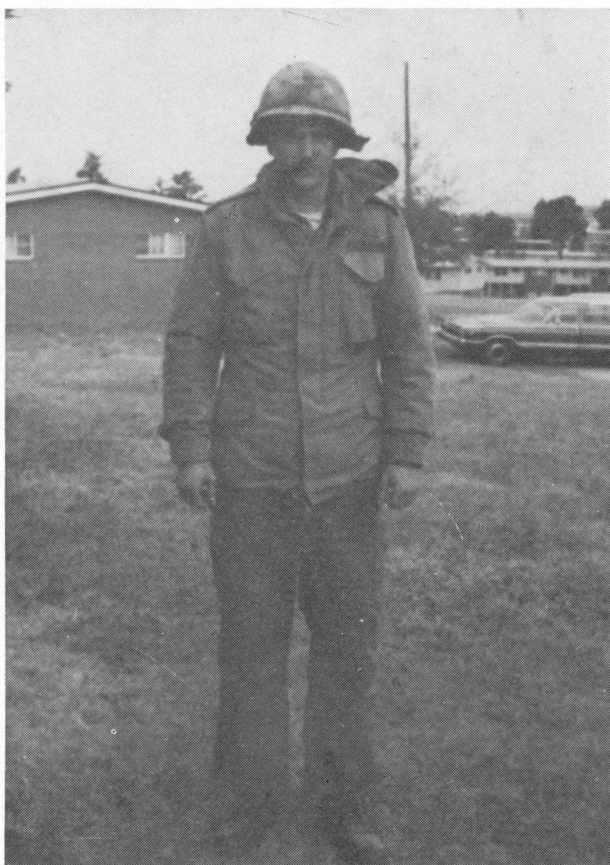
Before Ft. Bragg however, there was the trip to the army's Medical Field Service School at Fort

Sam Houston in San Antonio for five weeks of orientation. The medical courses included radioactive poisoning, debridement of a high velocity bullet wound and infectious diseases of the Far East. Not to be forgotten in the Army school was, of course, how to salute (and to whom) and how to march.

Almost immediately volunteers were requested for the airborne and flight surgeon schools. (Going Airborne and being a paratrooper is entirely voluntary and I could have had my orders changed.) Included in all lectures was a film on the Airborne showing G.I.s parachuting out of Air Force planes. Only then did I fully understand what I was getting myself into. "Parachuting is safer than driving a car," so they said. And, "because of the excellent training, landing injuries are very few."

While the thought of parachuting was rather exciting to me, my wife was trying her hardest not to die of shock. And it didn't help the situation at all by me being the only one in the class of 125 going airborne. They nicknamed me "Killer." The hooker was that you got extra pay each month





*Author Shaw was photographed just after he returned from a training exercise in the field. "I don't look much like a doctor here, do I?" he comments.*

because this has been designated hazardous duty. As a poor intern, that did it. We were off to Ft. Bragg!

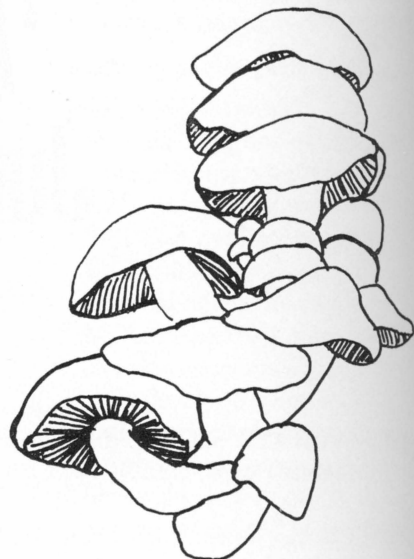
After it all sank into my head while still in Texas I immediately started running and doing calisthenics each day to get in shape so that parachute school, which was at Fort Benning, Ga., wouldn't be so tough.

The first things one sees at the Army's Ft. Benning jump school are the three 250-foot high jump towers. (They look more like 1,000 feet high.) The first day of school included the physical endurance test. This consisted of 22 pushups, six chinups, 80 3/4 knee bends in two minutes, and 20 situps with knees bent. Then there was the mile run in about 7 to 7½ minutes in formation with combat boots. After the 80 knee bends that mile seemed like four miles and I thought I was going to die. Somehow I made it to the end. The rest of the first week consisted of a daily morning three mile

run and calisthenics. Then there was learning parachute landing falls (PLF's) in sawdust pits and jumping out of the 34-foot tower to simulate opening shock.

### **Green Light Means 'Go'**

Our second week included dropping from those 250-foot high towers two times plus more 34-foot tower work to polish up on the technique of exiting from the airplane. We also learned the prejump commands inside the plane: "STAND-UP!" "HOOK-UP!" "CHECK EQUIPMENT!" Just prior to jump-



ing comes the command, "STAND IN THE DOOR!" When the green light goes on the jump master shouts, "GO!"

And out you go!

I was in the back of the plane the first time. As the jumpers ahead of me went out the door moved up in the line. The door loomed larger and larger and before I knew it, there I was looking down 1250 feet. My last thought as I went out the

---

*Ronald Shaw, 27, is a native of Plymouth and grew up in a western suburb of Chicago. He was senior class president at North Central College, Naperville, Ill., and received his BS in biology there in 1966. Medical student Shaw externed two summers at the Jackson Clinic and the VA Hospital in Madison. He was interning at Blodgett Memorial Hospital, Grand Rapids, Mich., when Uncle Sam called. After completing Army duty next year Ron plans to return to Madison with wife, Diane, and their two children and pursue a neurology residency.*

*Here you are after you've survived the jump. "This pretty much shows how it would be standing in the middle of a parachute drop zone during a heavy drop," writes Doctor Shaw. "But not all of our parachute jumps look like this."*



door was, "Geez, what if this damn thing doesn't open." (Every paratrooper does have a reserve parachute.)

I was only vaguely aware of the 120 m.p.h. winds and the dropping sensation. Then as I counted to four, the shock of the opening parachute hit me and I looked up to the most beautiful sight in the world . . . an open chute with no rips or twisted suspension lines. After that, I had no sensation of falling—just the sight of the beautiful country below.

The landing itself is about like jumping from eight or 10 feet, depending on the wind. We jumped five times during jump school and each time was like the first—undescribable. (Partly because I can't remember very much).

#### **Battalion Surgeon's Role**

Back at Ft. Bragg I was now one of the guys instead of a "dirty leg" (the name given to non-airborne G.I.s), and ready to take care of airborne troopers. My job in the airborne division involves G.I. sick call in the morning, helping run a dependent clinic in the afternoon and occasionally covering the Womack Army Hospital E.R., at night. The Army designated word for my position is "battalion surgeon."

Sick call is seeing colds, sore or injured joints, multiple cases of flu and a variety of complaints like headaches, backaches, etc. There is an occasional case of hepatitis. A big part of the job is deciding whether a G.I. can participate in the daily running and calisthenics and whether he is

physically able to parachute, because of either injury or illness. The dependent clinic sees pediatric problems, mainly cases of otitis media and URI's, does routine pap smears and sees a variety of other problems. We also cover parachute jumps whenever more than 300 GI's jump—to be on hand if there should be a serious injury.

Since the 82nd Airborne Division must remain combat ready at all times field training for each battalion (about 700 men) is done at least once every three months. The doctors of the 82nd (about 20 of us) go along, of course, to learn the fine art of living in a tent and handling medical problems away from the clean, well-lighted and fully equipped examining rooms of the dispensary. We also are an inconvenient distance from specialty consultations at the hospital.

Just to give a brief idea of where the 82nd has been recently: in 1965 it was called on short notice to the Dominican Republic during the revolution and then stayed for eight months. The 82nd was also rapidly mobilized to Viet Nam in 1968 at the start of the Tet offensive. Domestically, part of the division went to Washington, D.C., to help control anticipated riots last spring.

Since all of my gear and a small bag of assorted common medications is packed and ready to go at any time of the day or night to any part of the world, I now find myself more aware of world tensions and possible crises. However, with our fingers crossed, we hope that Ft. Bragg will be our home until August of 1973.



## Reminiscing About the 'Attic Medical School'

# When We Were Very Young

BY PAUL F. CLARK, Ph.D.  
EMERITUS PROFESSOR OF MEDICAL  
MICROBIOLOGY

"Rutabagas?" shouted the farmer as he drove slowly by the house on the corner of Garfield and Jefferson streets.

"No! Loevenhart!" replied Arthur Loevenhart's pretty young wife, a recent arrival from Chicago, knowing little of marketing terms or the semi-rural customs of Madison at that period — probably about 1914.

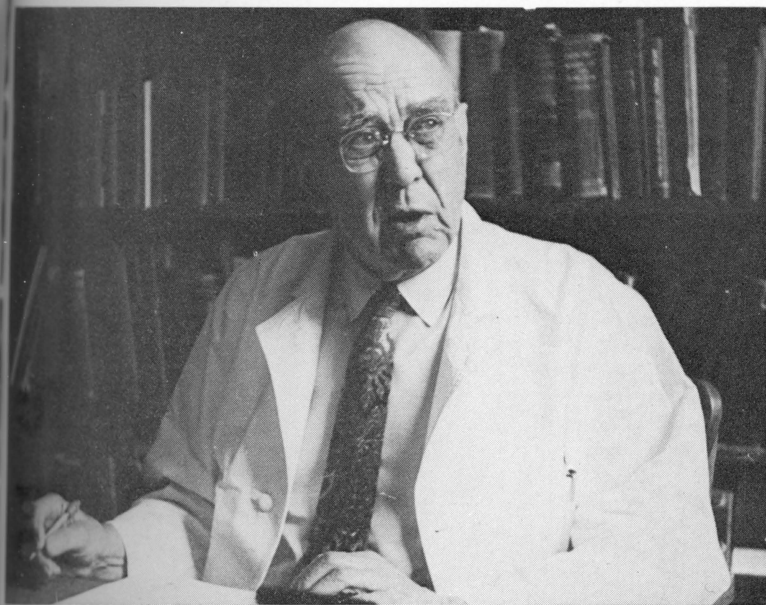
Arthur loved to tell that story and we were all so fond of them both that we cherished its delightful innocence. Dr. Bunting enjoyed referring to Dr. Arthur Solomon Loevenhart, our professor of pharmacology, as the Three Kings: King Arthur of Britain, King Solomon, the Great, and the Lion-hearted Richard.

He told remarkably pertinent humorous stories to enliven many occasions; he was the best raconteur I have ever known. If you are a bit depressed, read his "Wine of Cardui" story — a lawsuit brought by the A.M.A. cited on page 98, History of the U.W. Medical School.

The essence of the story was that Arthur, in order to have direct evidence, partook liberally of the "medicine" and could on his personal experience assert in court that the "medicine" had the intoxicating effect of ethyl alcohol. I believe the A.M.A. won the suit, chiefly on Arthur's evidence. Dr. Bunting's "gay" reminiscences of a return from

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(EDITOR'S NOTE: At the suggestion of Chauncey D. Leake, M.D., '23, San Francisco, Editor Mischa J. Lustok asked Professor Clark to contribute a few historical bits about our early days as a medical school. A product of Maine, Paul Franklin Clark received his Ph.D. from Brown in 1909. In 1914 he was hired as an associate professor by Dean C. R. Bardeen to teach medical bacteriology. He was a full professor in 1918, first chairman of the new department in 1935 and he retired in 1952. Author of numerous publications including a book "Alice in Virusland" (1938), his most well-known work is "The University of Wisconsin Medical School: A Chronicle, 1848-1948" (1967). Dr. Clark will be 90 in May.)



*Emeritus Professor Paul F. Clark*

a murder trial with Dr. Loevenhart cited also on page 98 will give you many chuckles.

Dr. Loevenhart was full of ideas; one rarely left his office-laboratory without a whirl of thoughts. I remember that he proposed a special journal for publication of our failures, if the experiments were carefully carried out. Another item that merits a note in these days of affluence is the fact that Arthur was the first of the medical faculty to own an automobile — an early Ford. But this extensive purchase was made possible only by sharing the costs with Leonard Ingersoll (Professor of Physics). They took turns in exploring the surrounding areas on week-ends; not infrequently, we were guests in the new car.

To the great misfortune of all Dr. Loevenhart died prematurely at the age of 51. He had, however, had time to train a goodly number of fine younger successors and with his group had added significantly to our understanding of the use of arsenicals in the treatment of experimental syphilis.

His widow, Minnie Loevenhart, was for a number of years in effective charge of the distribution desk in our growing medical library. She was so gentle, that we feared that the students and others might run over her. But not so. She met all their fairy-tales with gracious firmness.

Dr. Charles R. Bardeen was appointed professor and chairman of the Department of Anatomy in 1904, the Half Century Jubilee of our University, and in 1907 dean of the proposed medical school. With his somewhat rough and frequently disheveled appearance and his direct informal approach, many stories have grown up around our highly effective first dean, the "brain" of the school. (Dr. Joseph Evans, at that time, head of Student Health, was designated the "heart" of the school.)

Through the especially gracious hospitality of Mrs. (Althea) Bardeen and the personal interest of Dr. Bardeen in the members of his small growing faculty, their home became the social center of the school.

Mrs. Bardeen called on Mrs. Clark the day after we arrived in Madison and invited us to dinner the next evening. After the excellent dinner with good conversation we were gathered in the living room and Mrs. Clark was startled to observe a large hole in the knee of Dr. Bardeen's trousers.

That gives an instance of his complete lack of interest in clothes. But in all the important affairs of the school he was continually and effectively active. Neither the dean nor anyone else had any doubt where authority lay. That was true also in the College of Agriculture with Harry L. Russell as Dean. That was the general attitude of the period.



## Fourth Year Curriculum Experience at Wisconsin

By Donald R. Korst, M.D., '48, Assistant Dean,  
and Isabelle Peterson, Registrar

Curriculum changes in the University of Wisconsin Medical School made several years ago created an elective fourth year curriculum. The first class to enter the fourth year part of the new curriculum was the class of 1971. These students had progressed through a basic science first year, an integrated multiple disciplinary basic science and clinical second year, a third year of clinical clerkships and then into the fourth year of electives.

The present class of 1972 made its selection of electives last spring, and the results of course selection has been analyzed for this report.

There are 95 students in the class and they are required to take course work in 32 weeks. A credit in the fourth year is roughly one week of an approved clinical clerkship type of experience, although they may elect credits in basic science or in specially designed courses such as clinical pharmacology or electrocardiography.

Most students took more than the average number of courses for credit; the class average being 36 credits with a range of 32 to 43 credits. There were 26 students who took only the minimum required number of credit hours. However, one must keep in mind that many courses taken as clerkships or externships during the students' free time are not necessarily counted for credit. No final examination is given but all students are required to take Part II of the National Boards and

to make satisfactory performance on all services taken for credit.

### Ten Took Two Preceptorships

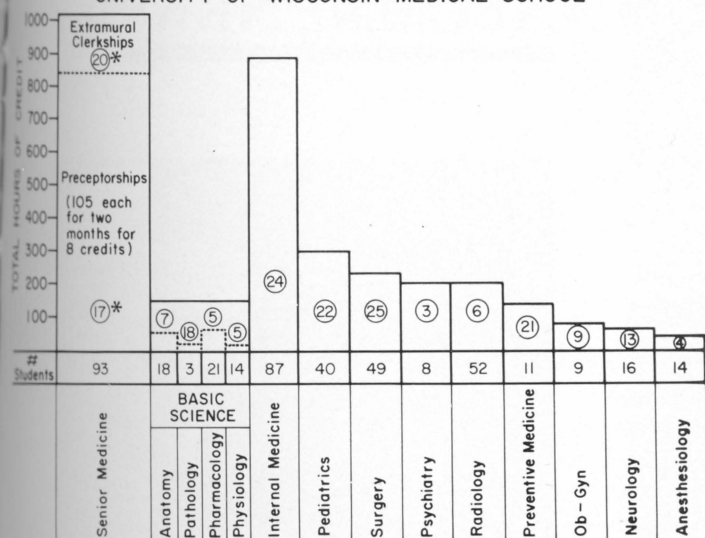
Most students in the class take anywhere from four to 12 weeks of free time electives. Within the fourth year curriculum a preceptorship is the only remaining requirement. This is a two month clinical clerkship at one of 17 approved preceptorships in Wisconsin. Ten students elected to take an additional preceptorship.

Twenty students took clerkships for credit at approved institutions outside the Medical Center or affiliated hospitals in Madison. A student may elect a senior course for credit at another medical center as long as it is approved by another medical school for their own students for credit purposes.

Extramural clerkships included other medical centers, the National Institutes of Health and several clerkship experiences in England. These particular electives were classified as senior general medicine and represented the largest number of total hours credit for the class, being somewhat better than 1,000 hours total.

There were 52 enrollments in basic science courses such as anatomy (surgical anatomy), pathology (autopsy pathology), pharmacology (therapeutics and clinical pharmacology) and physiology (electrolytes and acid-base balance). The most popular single subject elected was the clinical

# FOURTH YEAR CURRICULUM UNIVERSITY OF WISCONSIN MEDICAL SCHOOL



ANALYSIS OF CREDITS EARNED BY THE 95 STUDENTS IN THE CLASS OF 1972 BASED ON ABOUT ONE CREDIT PER WEEK OF ELECTIVE COURSE. THERE ARE 32 CREDITS REQUIRED AND STUDENTS AVERAGED 36 CREDITS WITH A RANGE OF 32 TO 43 CREDITS. THERE WERE 26 STUDENTS WHO TOOK 32 CREDITS. COURSES TAKEN AS CLERKSHIPS OR EXTERNSHIPS ON FREE TIME ARE NOT COUNTED FOR CREDIT. MOST STUDENTS COMPLETED 4 TO 12 WEEKS OF FREE TIME ELECTIVES.

○\* NUMBER OF COURSES OFFERED BY EACH DEPARTMENT OR PROGRAM.

OTHER COURSES LISTED INCLUDE GENETICS⑦, NEUROPHYSIOLOGY⑧, MED. MICRO③, PHYSIOL. CHEM② AND REHAB. MED., COMPUTER SCIENCE, CONTINUING EDUCATION, ONCOLOGY, AND PHYSICS.

clerkship in internal medicine which offers 24 possible electives to students. A total of 87 students spent almost 900 credit hours in this specialty. Pediatrics and general surgery were next with 40 or more students selecting one of about 22-25 of the courses offered in those subjects.

## Pilot Psychiatry Program is Separate

This was followed by eight students who took a total of 200 hours in three psychiatry electives. It should be noted that in psychiatry there were six students who elected a solid track of psychiatry as part of a pilot project of a 6-year program in psychiatry where the student at the end of three years of medical school begins his three-year post-graduate training in psychiatry.

Other electives popular with students were radiology, preventive medicine, obstetrics and gynecology, neurology and anesthesiology. Other courses listed that were taken by several students were genetics, neuro-physiology, medical microbiology, physiological chemistry, rehabilitation medicine, computer science, continuing education, clinical oncology and medical physics.

The faculty's initial concerns in an elective curriculum were that students would not design a program that was well-rounded and that would adequately prepare them at the time of graduation as a general physician. On an average it would appear from this year's experience that students do elect a fairly well-rounded experience.

They have a fair amount of general medicine in the preceptorship and clerkships along with

general surgery and pediatrics. It was the faculty's hope that more students would use free time to elect basic sciences and we believe it is important to point out that a significant portion of the class continued to do this in the second year of the elective experience.

## Seniors Can Select from Over 200 Electives

At present the fourth year students have some 200 or more electives to choose from in this final year. The students seem generally pleased with the opportunity to have some selection in their program and it has allowed many of them to sample various subjects in order to help them make up their mind for their direction in post-graduate training. It is also important to note that 95% or more are going beyond the internship in post-graduate training and that the great majority of students are electing a straight internship experience which gives them credit towards a specialty post-graduate program.

In medicine, pediatrics, general surgery and many other specialties the straight internship now may be counted as a first year towards board credit training. Family practice programs are usually two to three years in length and begin as a straight track in the internship.

Therefore, it has become important that the fourth year of the curriculum allow the student to do much as the young physician used to do in a rotating internship where he is able to sample various services in order to help him decide his future interests in the practice of medicine.



## ALUMNI NEWS

### W. J. Urben to Receive Alumni Citation

The man who made Wisconsin's Mendota State Hospital into one of the most outstanding institutions of its type will receive our association's 15th Alumni Citation on May 26.

As superintendent of Mendota, Walter J. Urben, '30, for 21 years brought widespread improvements to facilities, patient care and treatment to the 673-bed state mental hospital. When he took over in 1948 only four or five physicians were available to treat over 800 patients in a single, large structure just northeast of Madison. Today, the 100-year-old facility has been replaced by modern patient buildings and a medical staff of 31 treats 670 patients.

Under Dr. Urben's leadership the hospital has become a training facility for psychiatrists, nurses, social workers, theology students and other professionals, many of them from our University. Mendota also was one of the first mental institutions in the country to open its doors to the community and to the participation of volunteers in its programs.

Doctor Urben retired in March 1970 and resides with his wife in a charming home on the east side of the Madison suburb of Shorewood Hills. They're just a short distance from the new Medical Center site on UW's west campus. The Urbens are the parents of four boys.

Though hampered somewhat by failing eyesight, Dr. Urben is still active as an examiner for Dane County, as a utilization board member for two local nursing homes and just recently went on a leave of absence from the VA Hospital at Tomah, Wisc., where he served as a consultant for several days per month.

A native of Monticello, southwest of Madison in Green County, Dr. Urben served his internship at Ancker Hospital in St. Paul after graduating from the UW Medical School in 1930. He then went to Ohio where he worked in state and private mental hospitals for nine years.



Walter J. Urben, M.D., '30

Returning to Wisconsin in 1940, Dr. Urben became a staff physician at Mendota State Hospital. He left in 1943 to become director of the state Division of Mental Hygiene. He resigned that position in 1948 to return to Mendota as superintendent.

Dr. Urben is a life fellow of the American Psychiatric Association. He is a member of the Wisconsin Psychiatric and the Milwaukee Neuro Psychiatric Societies and the county, state and American medical societies.

Dr. Urben joins the following other recipients: Drs. William H. Oatway, Jr., '26, in 1971; K. K. Chen, '27, in 1970; Stuart C. Cullen, '33, in 1968; Fred J. Hodges, '17, and Paul C. Hodges, '19, in 1968; Elmer I. Severinghaus, '21, in 1967; Frederick W. Madison, '24, in 1966; Robin C. Buerke, '17, in 1965; Roy Hertz, '39, in 1964; John L. Parks, '33, in 1963; Henry W. Brosin, '33, in 1962; Milton Senn, '27, in 1961; Richard W. TeLinde, '20, in 1960 and Leland S. McKittrick, '18, in 1959.

## Emeritus Faculty Recipient is Dr. Meyer

He was described by a local newspaper in a recent "Know Your Madisonian" feature as a physician who has retired twice in the past seven years and who is still working. But our 1972 Emeritus Faculty Award recipient is known to thousands of UW medical alumni for his compassion, his teaching, his peerless clinical judgement, his keen diagnostic talents . . . his flower in the lapel.

Dr. Ovid O. Meyer, '26, will be remembered for many other things because his contributions to medicine and accomplishments at Wisconsin have carved a place for him in the memories of his students, his colleagues and his patients. Dr. Meyer will be the 13th recipient of the Association's Emeritus Faculty Award at Alumni Day ceremonies on May 26.

At age 71, Dr. Meyer currently is a consultant in research and education at the Madison VA Hospital, where he has been a consultant since 1958. He still makes his rounds, still teaches and shows little evidence of slowing down.

Emeritus Professor of Medicine Meyer retired from the Medical School faculty last June after 40 years, 19 of it as chairman of medicine. "Ovid Meyer is internationally known for his research in hematology. He is recognized as an expert on lymph node diseases and is a world authority on the use of anti-coagulants," said Dr. Robert F. Schilling, '43, also a former chairman of the department.

Under Dr. Meyer's chairmanship, the department of medicine grew in size and quality. Programs in cardiovascular disease, hematology, pulmonary disease, endocrinology, psycho-physiology, gastroenterology, laboratory medicine, computers and nephrology were added or developed.

Included among his many honors and accomplishments is being recipient of the rare "Fest-



*Ovid O. Meyer, M.D., '26*

schrift" edition of the **Wisconsin Medical Journal** in May of last year. Only five other physicians have been so honored in the journal's 69 year history.

But to many he is best known for the fresh flower in the lapel of his white lab coat.

Upon Dr. Meyer's retirement at UW, announcement was made of over \$130,000 in pledges towards a Dr. Ovid O. Meyer Clinical Teaching Chair in the UW Department of Medicine.

A native of Stevens Point, Dr. Meyer grew up in Central Wisconsin, received his B.S. from UW and spent his first two years of medical school in Madison before earning his M.D. from Columbia. He returned to Madison for his internship and residency and after a short time at Harvard returned to UW for good in 1932.

He was promoted to professor and chairman of medicine in 1944.

"My greatest pleasure is doing what I do," Dr. Meyer is quoted as saying. "If I had to do it over again I'd do largely exactly what I have done. I've been so happy and been treated so well by so many people."

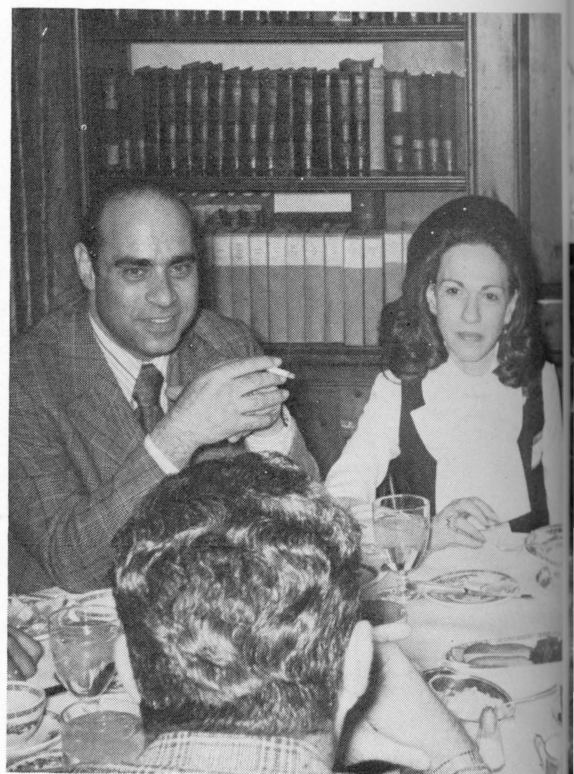
# We Met In Milwaukee On Feb. 4



The well below-zero early February temperatures in Milwaukee didn't deter some 50 Wisconsin medical alumni, their spouses and guests from enjoying a mid-winter get-together on February 4. Featured speakers were new acting dean Henry C. Pitot and Wisconsin football coach John Jardine. Both are shown here (above) talking with Milwaukee alumnus Dr. Earle J. Rotter, '42.



Many old friends got together (left) before dinner at the University Club overlooking Milwaukee ice-covered harbor. Among the guests were preceptees serving in Milwaukee (lower left) and spouses







## Our Midwinter Alumni Gathering

Coach Jardine brought along "Wisconsin Football Highlights — 1971" and presented the medical alumni with a premiere showing. Up from Racine for the dinner were Dr. and Mrs. Frank J. Scheible, '44 (above).

Milwaukee and Madison colleagues and friends got together (upper right and right) for both social and "shop talk".

(Below) Coach Jardine seems to have captured the interest of his head tablemates President John R. Petersen, '54, and Director Loron F. Thurwachter, '45. Dr. Thurwachter was in charge of arrangements for the dinner and program.



## May 26 Alumni Day Plans Progress

Alumni who plan to attend the Association's 17th annual Alumni Day in Madison on May 26 can expect a full, interesting Friday for themselves and their spouses. Here's a preliminary rundown on activities that are planned:

An innovation begun last year, a series of specialty clinics which the alumnus may attend for a one-hour period, was so popular that it will again be held from 9-9:50 a.m. Prior to this, registration and the traditional pastry and coffee will begin the all day Friday program.

The formal program will begin at 10 a.m. with President John R. Petersen welcoming the alumni and will give his annual report. Acting Dean Henry C. Pitot will then present the traditional "State of the School" message. New faculty members will be introduced to the alumni and a number of major presentations will be made.

The annual business meeting and election of officers will complete the morning. A president-elect and three directors will be named.

An excellent luncheon will be held for alumni and their spouses at the brand new (opened last Fall) University of Wisconsin Union South, just two blocks south of the Center for Health Sciences.

The afternoon program also will be held at the Union South. An exciting seminar on the latest in medical communications will be enjoyed by both alumni and spouses. Participants will include Associate Dean Thomas C. Meyer, director of post-graduate medical education; Miss Virginia Holtz, librarian at the Middleton Medical Library; and a representative from the UW Medical School Silver Anniversary Class of 1947.

Evening festivities at the Park Motor Inn, downtown on Capitol Square, will begin at 6 p.m. with cocktails. There will be the usual special seating for returning classes whose years end in "2" or "7". Most of these classes have planned reunions before or after the Friday evening banquet.

UW-Madison Vice Chancellor Irving Shain will present the 1972 Alumni Citation to Dr. Walter J. Urban, '30, and Emeritus Professor Ovid O. Meyer, '26, will receive the Emeritus Faculty Award. The seniors will be inducted into the Wisconsin Medical Alumni Association, Dr. Louis C. Bernhardt, '63, will be installed as president and some outstanding entertainment will complete the evening.

Class representatives will meet with President Petersen and Acting Dean Pitot for lunch on Thursday noon, May 25, and will meet the entire afternoon. All class representatives are urged to attend the session on Thursday.

## Former President Benkendorf Dies

Services were held March 13 in Green Bay for Dr. Charles Benkendorf, Res. '55-58, past president of our Association, who died after a coronary. Dr. Benkendorf was 49. He had suffered a heart attack last Fall.

Dr. Benkendorf was president of the Association in 1969. Chief of the radiology service at St. Vincent's Hospital at the time of his death, Dr. Benkendorf was a native of Milwaukee, and was graduated from Carroll College, Waukesha, and the Marquette University Medical School in 1946. After practicing for six years in Monticello, Wis., he came to Madison to serve a radiology residency at UW Hospitals.

A former assistant clinical professor in radiology at Wisconsin, Dr. Benkendorf also was a past president of the Wisconsin Radiological Society. He was a member of the North American Radiological Society and a fellow of the American College of Radiology.

He is survived by a wife, a son and two daughters.

## New Middleton Book Due in November

Emeritus Dean William S. Middleton's new book will be off the presses in November but former students and colleagues attending Alumni Day in May will be able to place pre-publication orders.

The 300-page hardbound book, entitled "Tangible and Intangible Values in Modern Medicine," is being printed by the University of Wisconsin Press. It is a collection of Dr. Middleton's essays on various non-

technical values and historical events. There will be illustrations in several areas and tentative plans have the book selling in the vicinity of \$15. Alumni will receive promotional material on the book at a later date.

## Nine Classes Hold Alumni Day Reunions

Most of the nine Wisconsin Medical School classes whose years end in "2" or "7" are planning reunions over the Alumni Day weekend in May. Tentative plans that were known before the Spring QUARTERLY went to press include:

**CLASS OF 1927**—Class representative Carroll W. Osgood, Wauwatosa, is planning a dinner for Thursday evening, May 25, if there is interest in a formal 45th reunion.

**CLASS OF 1932**—Porter Blanchard of Cedarburg is class representative and he has not divulged any plans as of press time. He is being assisted by Herman Shapiro of Madison.

**CLASS OF 1937**—An informal gathering on Saturday, May 27, is planned by Helen A. Dickie and John W. Dolittle at Dr. Dickie's west side Madison home. It'll be a noon luncheon or picnic, depending upon the weather, plus an afternoon of reminiscing.

**CLASS OF 1942**—Class Representative G. Stanley Custer of Marshfield has not released plans for their 30th reunion.

**CLASS OF 1947**—Sigurd E. Sivertson, Madison, is class representative and he's being assisted by Richard Anderson, Jim McIntosh, Royal Rotter, Carl Schmidt and Judy Walton. The 25th anniversary get-together is set for the Ramada Inn, Saturday, May 27. Social hour at 6:30, dinner at 8 p.m. Guests will be Drs. Middleton, Mortensen, Dickie and Meyer.

**CLASS OF 1952**—The Ivy Inn near the campus will be the site of a reunion on Thursday, May 25. Festivities will begin at 5 p.m. with dinner at 7 p.m., according to Joe Freeman, Wausau, class representative. Guest will be Dr. Seymour Halleck, chairman of psychiatry.

**CLASS OF 1957**—Thursday, May 25, at 7 p.m. will be the time for the 15-year reunion of this class. It'll be held at the Hoffman House West, according to Class Representative Wilbert Wiviott, Milwaukee, and Ronald Olson, Madison.

**CLASS OF 1962**—A reunion will be held on Thurs-

day, May 25, according to Chairman Marcus Cohen, Madison. Assisting him are Kathryn Nichol, Madison, and Clark Olsen, Minneapolis.

**CLASS OF 1967** — Class Representative Bernie Kampschroer, Milwaukee, is being assisted by Rolf S. Lulloff, Madison. There will be a social hour at a special meeting room in the Park Motor Inn before the Alumni Day banquet, May 26.

## Parents of Students Receive 'Quarterly'

Parents of medical students at UW are receiving in their first issues of the QUARTERLY this month as part of a special subscription program authorized by the Association's Board earlier this year. The parents have been offered subscriptions to the QUARTERLY for \$5 per year.

Parents of Med. I's and Med. II's were sent the first letter, coupon and a sample copy during March. Junior and senior classes were covered as extra quantities of the magazine became available. The first subscription was received from a man who has every reason to be interested in happenings at the UW Medical School: Dr. Clarence E. Kozarek of Tomah, Wis., is a 1945 Minnesota grad, but sons John A. and Richard A. are Med. I's and Med. III's, respectively, at Madison.

## National Cancer Board Post to Rusch

Dr. Harold P. Rusch, '33, professor of oncology and director of the McArdle Cancer Research Laboratories at UW, was one of 18 members named by President Nixon to the National Cancer Advisory Board on March 7. The board was created last year to advise the National Cancer Institute's director on new programs.

The new board supersedes the National Advisory Cancer Council, but eight members of that body will serve as additional members of the new board until their terms expire. Dr. Rusch was among those appointed to two year terms.



## Board Hears of New Middleton Book

Selection of the 1972 Medical Alumni and Emeritus Faculty citations, a successful interim annual giving campaign report, a change in the Annual Giving Honor Roll format, 1972 Alumni Day plans and a new William S. Middleton book — these were highlights of the Association's Board of Directors meeting on Feb. 4, 1972, in Milwaukee.

A previous mail ballot had selected the 1972 Medical Alumni and the Emeritus Faculty Citation recipients (see accompanying stories). The Alumni Citation candidate will require medical faculty approval. Executive Secretary Ralph Hawley reported that as of today, 356 contributors had given \$32,584 to the Annual Giving Campaign, \$9,700 more than at the same time last year. Campaign Chairman Dr. Richard Wasserburger has requested each class representative to prepare letters to colleagues and this normally stimulates a giving upsurge.

The Board agreed to change the next Annual Giving Honor Roll format to include names of life members and dues payers to the Association. Concerning dues, Mr. Hawley said that as of today a total of 1,297 medical alumni had paid \$18,365 in dues, exceeding the entire preceeding prior year's total.

In addition, 297 alumni have chosen the life membership option and \$35,000 in life membership funds are invested through the UW Foundation with only the income available for Association operating expenses. By the close of the fiscal year — June 30 — approximately \$50,000 should be invested in life membership funds.

Attendance for the annual retreat/seminar to Martinique Feb. 19-26 is near the optimal limit with a firm 22 couples registered with another three possible. "Problems in Human Sexuality" is the seminar theme and budget projections indicate a \$500-\$1,000 excess in receipts over expenses.

President Peterson suggested the Board defer filling the vacant director position until the annual election since the year is three-quarters past. The Board concurred. It was voted that a nominating committee comprised of President Peterson and Past-president Wasserburger present a slate of candidates to replace Directors Shapiro and Thurwachter (three years) and President-elect Bernhardt (1 year) and to name a president-elect. The slate

will be presented at the April 21 board meeting in Madison.

The University of Wisconsin Press will publish Dr. Middleton's "Tangible and Intangible Values in Modern Medicine and Reflections on Sunday Medical Matters" as a hard-cover book. The Association's Board voted to subsidize publication costs, which would be recaptured from sales of the work. Board members were anxious to have publicity available so that pre-publication orders could be accepted by Alumni Day in May.

Dr. Bernhardt, who was absent due to a back injury, stated through Mr. Hawley that he had received a number of thoughtful responses to a letter that solicited suggestions concerning a long term Association project. He listed a wide range from assisting continuing education to name professorships and developing an alumni-faculty-student meeting room. President Peterson said he was convinced that the Association can maintain its viability only if it has a commitment to a major, relevant and attainable goal. It was the feeling of some present that any commitment must be in addition to the Annual Giving Program, not in lieu of it. Dr. Bernhardt's committee — Drs. Bender, Thurwachter, Sivertson plus faculty and alumni on an ad hoc basis — will take up the suggestions shortly.

Associate Dean Thomas Meyer was appointed co-chairman of the afternoon Alumni Day program. Dr. Meyer will conduct a seminar on medical communications and topics will include use of programmed instruction, new educational technology and methodology, how the physician can keep abreast of new developments, communications with referring physicians and others. The other co-chairman will be a practicing physician, to provide a participant's viewpoint. Dean Pitot will assume overall responsibility for Alumni Day Program details, utilizing staff resources of the Association and the School.

Dean Pitot asked the Board's opinion concerning publishing a Medical School annual report supported by Annual Giving Funds to avoid much bureaucratic red tape. The Board unanimously approved the proposal saying Alumni Giving Funds were unrestricted support for use as determined by the Dean. Other activities included voting the associate editor a \$600 stipend and discussion of communication problems between University Hospitals and referring physicians.

The next meeting was scheduled for Friday evening, April 21, in Madison.

## ALUMNI CAPSULES

A 1948 alumnus, **Dr. Digby Seymour**, Knoxville, Tenn., is a noted author on history of the Civil War and recently was appointed to a five year term on the Tennessee Historical Commission by Governor Winfield Dunn.

□

Since leaving private practice in Lake Mills, Wis., **Dr. Roland R. Liebenow**, '48, has become a medical director at Northwestern Mutual Life Insurance Co. in Milwaukee. He also is busy as board president of the Marquardt Manor Nursing Home in Watertown, as unofficial team physician at Lake Mills High School, became a diplomate of the American Board of Family Practice and was certified for the AMA Recognition Award.

□

**Dr. Susanna Forbes Buchanan**, '67, has moved from Berkeley, Calif., to Eastern Illinois University, Charleston, with her husband and is in part-time general medicine-pediatrics-geriatrics with a local GP.

□

Ophthalmologist **Dr. Karl P. Grill**, '56, has joined the La Crosse Clinic staff, La Crosse, Wis., after a residency at the Mayo Clinic and a three month post graduate course at the Guinness Ophthalmic Clinic in Kaduna, Nigeria.

□

President-elect of the Wisconsin Society of Obstetricians and Gynecologists is **Dr. Herbert W. Sandmire**, '53, Green Bay. He will take over as president in October.

**Dr. Jules D. Levin**, '38, was named president-elect of the Medical Society of Milwaukee County and **Dr. Barney B. Becker**, '43, was elected secretary-treasurer. A neurosurgeon, Dr. Levin is also an associate clinical professor at the Medical College of Wisconsin.

□

**Dr. Marvin N. Golper**, '44, Kokomo, Ind., in February was presented an honorary life membership in the Indiana Division of the American Cancer Society at a division board meeting. It



*Marvin N. Golper, M.D.*

was conferred because of his long and outstanding service to cancer control.

□

After his January 1 retirement, **Dr. Laurence L. Fitchett**, '31, moved from Milford, Del., to a new home in Port Charlotte, Fla., in March. Dr. Fitchett was a general practitioner in Milford for 39 years.

**Dr. James F. McIntosh**, '47, a urologist, has been named chief of staff at Madison General Hospital for 1972. The medical staff also elected **Dr. C. Robert Jackson**, Res. '57-61, vice chief of staff and **Dr. Glen J. Stuesser**, '53, as trustee to the Dane County Medical Society.

Six of the seven new section chiefs are UW medical alumni: **Dr. Darwin D. Waters**, '44, anesthesia; **Dr. J. Kent Tweeten**, '42, family practice; **Dr. Marvin M. Zolot**, Res. '60-62, internal medicine; **Dr. Charles L. Jahn**, '61, pediatrics; **Dr. Rudolph W. Link**, Res. '60-63, psychiatry; and **Dr. Edward Boldon, Jr.**, '49, surgery.

□

**Dr. Robert Turell**, '28, New York City, has been named editor of the newly formed **Mount Sinai Spectrum**, an alumni publication.

□

Former health officer in La Crosse, Wis., **Dr. Leo G. Joseph**, '54, recently resigned as medical director of Hillview Home to accept a position as a geriatric oriented internist at the California State Hospital in Camarillo. He was health officer from 1966-70.

□

Two alumni recently returned to Wisconsin to practice. **Dr. Thomas K. Resan**, '70, joined Lakeland Medical Associates in Minocqua and **Dr. Peter S. Karofsky, Int.-Res.** '66-68, joined the Jackson Clinic's pediatric department in Madison.

□

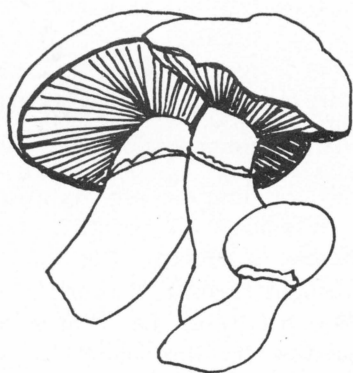
After completing eight years of U.S. Air Force service, most recently at the USAF Academy, **Dr. Edward M. Hollander**, '62, has entered into the practice of ophthalmology in Greensboro, N.C.

Dr. Stanley Johnsen, '63, has been appointed assistant professor of neurology and of neurology in pediatrics at the Medical College of Wisconsin in Milwaukee. He is specialty board certified in pediatrics.

Also new at the Medical College of Wisconsin, Milwaukee, is Dr. Donald H. Reigel, '63, who has been named an assistant professor of neurosurgery. He is a recipient of the state medical society's William S. Middleton award for research by a resident.

Now a resident in radiology at the University of Washington is Dr. John A. Boyes, '69. He moved from the Milwaukee area last July.

Board certification of several alumni has been received. Dr. Henry C. Rahr, '58, Green Bay, has been named a charter diplomate of the American Board



of Family Practice. Drs. Richard S. Ostenso, '54, Eau Claire, Uriel R. Limjoco, Res. '62-67, Menomonee Falls, and Mark C. Kiselow, '62, Milwaukee, have been inducted as fellows by the American College of Surgeons. A new member of the American College of Physicians is Dr.

Martin Janis, 'Res. '66-68, Madison.

Army Colonel Robert J. Bradley, '45, recently left the post of director at the Coco Solo Hospital, Cristobal, Canal Zone. Dr. Bradley now is army surgeon to the National Guard Bureau at the Pentagon in Washington.

Dr. Conrad L. Andringa, '63, in January was named to a four year term on the Madison Board of Health by Mayor William Dyke.

Recently elected president of the medical staff at Holy Family Hospital, Manitowoc, Wis., was Dr. Robert C. Puestow, '45.

An alumnus in Michigan, Dr. Roland R. Benson, Res. '41-44, of Grand Rapids, has been appointed counsellor for the state of Michigan by the Radiological Society of North America.

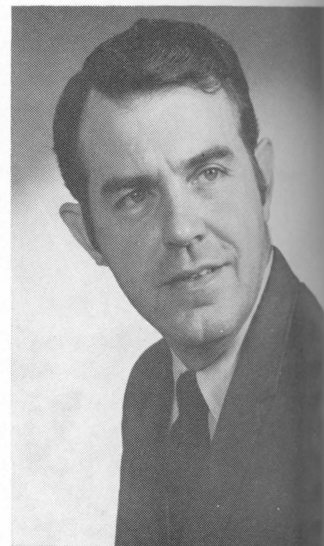
Dr. Henry M. Suckle, Res. '42-46, Madison neurosurgeon, recently was elected to the Royal Society of Medicine in London.

Dr. John P. Daniels, '65, has become clinical director of Norton Sound Health Corp., Nome, Alaska, a private organization of Eskimos delegated by the Alaskan Federation of Natives. He will train health aides in the villages of the Nome-Kotzebue area.

The Veterans Administration Hospital in Ann Arbor, Mich., is the new address for Dr. Martin H. Welch, '61. He moved in March from the University of

Oklahoma Medical Center in Oklahoma City.

Recently elected president of the Marshfield Clinic, Marshfield, Wis., by the organization's board of directors was David J. Ottensmeyer, '59, a neurological



David J. Ottensmeyer, M.D.

surgeon. Dr. Ottensmeyer was on the UW faculty before going to Marshfield and currently serves as a clinical instructor in surgery.

Dr. John B. Wear, Jr., professor of surgery and chairman of urology at Wisconsin, took a two month leave beginning April 15 to serve aboard the hospital ship "Hope".

A recent addition to the staff of the Beaumont Clinic in Green Bay was Dr. Craig L. Anderson, '66. He served an internship and residency in Rochester, N.Y., and was an Air Force physician in California before returning to Wisconsin.





*John A. Koepke, M.D.*

Dr. John A. Koepke, '56, has been appointed professor and vice chairman of pathology at the University of Iowa. Author of "Guide to Clinical Laboratory Diagnosis", Dr. Koepke will be working in clinical pathology and previously had been in private practice.

□

Dr. Edward B. McCabe, Int.-Res. '67-70, after completing Public Health Service duty in Cincinnati, will return in July to a position in the Jackson Clinic pediatric department in Madison. He also will work in the learning disabilities clinic at UW Hospitals, which he helped establish as a resident there.

□

Elected to his fourth term as chief of staff at St. Mary's Medical Center, Madison, was psychiatrist Dr. Max Smith, '44. Re-elected vice chief for the second time was Dr. Richard J. Botham, '52. Three alumni were elected to head various services at the center: Drs. Earl T. Kaske, '39, representative to the Dane

County Medical Society; Ronald W. Olson, '57, OB-Gyn; and Stanley Miezio, '60, psychiatry.

□

Ceremonies in Shawano, Wis., recently honored Dr. Roger C. Cantwell, '20, for his 50 years of medical practice in the area. A recipient of the local chamber of commerce's Distinguished Citizen Award, Dr. Cantwell is one of the founders of the Cantwell-Peterson Clinic.

□

Dr. Ovid O. Meyer, '26, consultant in research and education at the Madison VA Hospital, recently was featured in the "Know Your Madisonian" section of a local newspaper. Dr. Meyer retired as professor of medicine at UW last June after 40 years of teaching and treating. The emeritus professor still makes rounds, teaches and is active.



Recently appointed chief of medical services at the VA Hospital Upstate Medical Center in Syracuse, N.Y., was Dr. Myron Miller, Int.-Res. '59-63. A consultant to NASA and active in the moon flight program and the planned space shuttle program, Dr. Miller is an associate professor of medicine in the Upstate Medical Center's endocrinology division.

## Necrology

We regretfully report the following alumni deaths:

Dr. Louis W. Allard, '11, in Billings, Mont.

Dr. Erling O. Ravn, '15, Merrill, Wisc., in 1969.

Dr. Hartwick M. Stang, '19, Eau Claire, Wisc., Nov. 29, 1971.

Dr. Frederick R. Fischer, '20, in Spokane, Wash.

Dr. James H. Murphy, '22, in Oshkosh, Wisc., Jan. 9, 1972.

Dr. Harold M. F. Behneman, '25, in San Diego, Calif.

Dr. Otto E. Benell, '25, in Britt, Minn.

Dr. Oscar M. Elkins, '30, Venice, Calif., Feb. 23, 1972.

Dr. Samuel J. Leibenson, '33, in Oshkosh, Wisc., Jan. 30, 1972.

Dr. William M. Corbett, Jr., former intern, in Columbia, S.C.

Dr. George B. Hildebrand, '40, in Neenah, Wisc., March 23, 1972.

Dr. Donald M. Willison, '41, in Eau Claire, Wisc.

Dr. Henry A. Szujewski, '44, Chicago, Jan. 28, 1969.

Dr. Charles Benkendorf, Res. '55-58, president of our association in 1969, in Green Bay, Wisc., March 11, 1972.

Dr. David B. Wentworth, Int.-Res. '67-69, in Olympic Valley, Calif.

Dr. Michael F. P. Nightingale, '68, in Madison, Feb. 13, 1972.

*Bicycles, Bare Feet, Beards and Bras Have an Impact:*

# *'Spock Generation' Hangups Listed by UW Health Medics*

The American university student — his lifestyle, hangups and health — are pretty well reflected in cases seen daily by most university health service physicians. What they are at the University of Wisconsin-Madison and how they've changed received the attention of a January *Milwaukee Journal* Sunday "Insight" feature and later was picked up as the lead article in *Time* Magazine's Feb. 7 issue.

"The Spock Generation Goes to College", a 3-page Sunday feature article, pointed out that such trends as bare feet, beards, bicycles, the pill, the braless look and motorcycles all have an impact on student health. The editor interviewed physicians and nurses at the UW-Madison and UW-Milwaukee health services and came up with these conclusions:

There has been a rather abrupt drop in drug visits,

The debauched fraternity drinking party seems to have followed the dodo into oblivion, and

Off-campus living appears to be producing some lively new bedfellows — lice.

Physicians interviewed at Madison were University Health Service Director J. D. Kabler, M.D., (Int.-Res. '50-57), Assistant Director Stevens W. Babcock, M.D. (Res. '59-63), and Clinical Instructor Sally Mendenhall, M.D.

"I believe that students are more medically aware — that they are better, more patient patients than they were a few years ago," said Dr. Babcock. His claim is substantiated if the increase in visits is any criteria. While UW-Madison's enrollment nearly doubled between 1960-70, UW Health

Service visits nearly tripled, from 31,579 to 84,000 per school year.

Trends in the outside world, such as the bicycle boom, are reflected on the campus. Bike injuries are distinctly up, says Dr. Kabler, because of increased use, "and the fact that a 10-speed bike can go faster." He is considering a special study on bicycle injuries. Dr. Mendenhall sees another product of two wheeled mobility — leg burns from motorcycle exhausts.

The barefoot or sandal look produces some stubbed toes and cut feet but, says Dr. Babcock, "you don't see the awful athlete's foot cases in summer, either." But when worn without socks, chemicals used in the tanning leather sandals are unleashed by perspiration and may cause allergic skin reaction.

Long hair and beards on male students may produce seborrhea and a red rash but the ailment is minor and easily treated. And the "no bra" look occasionally produces patients because of sore and even bruised breasts, Dr. Mendenhall points out.

Today's coed is considerably wiser about sex than in the past, says Dr. Mendenhall, who has been with the health service for 20 years. This year they seem to know more than they used to, they're a lot less naive and most are well informed about birth control methods, she adds. Director Kabler on a related subject points out that there is less VD on the UW campus than among the college age group as a whole.

And as for student drinking, campus doctors see fewer "acute, raving drunks" in the wake of weekend drinking sprees. One reason, Dr. Babcock says,

may be that fraternity drinking parties are going out of style. "I'm sure they sit around and smoke pot," he said, "but that produces a different kind of excitement."

Clinics at both UW-Madison and Milwaukee are getting fewer drug cases. "We have the notion that harder drugs are going out of style," Dr. Kabler says. "I think the drug scene has changed in the past year," added Dr. Mendenhall. "I've had half a dozen students say, in passing, that they're off all that stuff and that it was just a phase."

The student migration trend towards off-campus housing has brought irregular eating and un-invited guests. "In the last 3-4 years we've seen more lice on patients than ever before," Dr. Mendenhall said. "I don't know where they come from. It's not that the students are dirty—they bathe regularly." She suggested congested quarters in old buildings, old and dirty mattresses, high occupant turnover, skimpy housekeeping and "everyone seems to have a pet." Most common student complaints are upper respiratory infections, skin diseases, allergies, such infectious diseases as mononucleosis, minor athletic injuries, gastrointestinal ailments and emotional problems.

And, finally, university health service doctors also watch for fads. "We just watch the newspapers to see what kind of vogue is coming in next," explains Dr. Babcock.

## **Dr. Curreri is Asst. Vice Chancellor**

Appointment of Anthony R. Curreri, M.D., '33, chairman of surgery and director of clinical oncology, to the newly-created position of assistant vice chancellor for health sciences at UW-Madison, was approved by the Regents at their March meeting.

Dr. Curreri, a medical school faculty member since 1939, will have "wide-ranging responsibilities for coordination of development of the new Center for Health Sciences" in the west campus area, according to UW-Madison Vice Chancellor Irving Shain. "This will include program review and development and liaison with state and federal agencies involved in the new construction project."

The appointment fills an important leadership position in the Center for Health Sciences. A search



*Anthony R. Curreri, M.D., '33*

is continuing for a vice chancellor for health sciences, also a new position. Madison Campus Chancellor Edwin Young told the Regents he hoped the position could be filled "within two months."

Dr. Curreri will relinquish his chairmanship to devote full time to the new position. He will continue clinical teaching and practice as a professor of surgery.

The new vice chancellor received all of his degrees at Wisconsin and was a champion boxer during his undergraduate days. After receiving his M.D. in 1933, he interned at Columbia and Milwaukee Children's Hospitals in that city. A year in the general practice on primitive Isle Royal in Lake Superior, isolated from the world for seven winter months, followed. He returned to Madison for a three year surgery residency and after that stayed on as a faculty member.

He became a full professor in 1954, was director of the UW Hospitals cancer research hospital, chief of staff, and was named director of clinical oncology in 1963. He became chairman of surgery in 1968. A recognized leader and pioneer in cancer surgery, his professional activities and accomplishments cause superlatives to sound trite.



## Dr. Eichman Gets Federal Appointment

Former dean Peter L. Eichman has been granted a leave of absence from the University of Wisconsin to serve as deputy director of the Federal Bureau of Health Manpower Education. Dr. Eichman, professor of neurology and medicine, left for the Bethesda, Md., position in March.

The bureau, which is a component of H.E.W.'s National Institute of Health, supports the training of physicians and other health care professionals and conducts programs to increase the nation's health manpower pool. It is primarily a funding agency with a 1972 fiscal budget of \$650 million. Medical school expansion and development, institutional support and student aid are some of the bureau's activities.



In granting the leave without pay, UW President John C. Weaver said: "Dr. Eichman has given outstanding service to the system administration as a statewide coordinator of health affairs, as well as to the Madison campus as dean of the Medical School. We expect him to return; meantime, however, his good judgement and appreciation of the current problems in medical manpower will aid the nation. This is an extremely important undertaking, for the good health of the nation is at stake."

Dr. Eichman, a member of the UW staff since 1954, served as dean of the Medical School and director of the UW Medical Center from 1965 until last October when he resigned to join the central administration and return to his professorship in neurology, a field in which he made major contributions before moving into medical administration.

A Pennsylvania native and graduate of the Jefferson Medical College, Philadelphia, Dr. Eichman at age 39 was the youngest dean in the school's history when he was appointed in 1965.

Henry C. Pitot, M.D., Ph.D., serves the School as acting dean while a search and screen committee seeks a successor to Dr. Eichman.

## Fall Applicants Increase Over 25%

The Admissions Committee at the UW Medical School was unable to give an accurate picture of the Freshman class for next fall as the QUARTERLY went to press. We traditionally give a report to alumni at this time.

"We are about two weeks behind last year's schedule," said Assistant Dean James C. Pettersen, Ph.D., the committee chairman. One reason for this is an increase of over 25% in medical school applications. Pointing out that Wisconsin will be admitting mainly residents, Dr. Pettersen offered the following data to illustrate recent trends at Wisconsin:

### Wisconsin Medical School Applicants

Year of Application	Number of Residents	Number of Non-residents
1968-69	351	566
1969-70	368	479
1970-71	440	1,006
1971-72	583	1,459

### Applicants Accepted at Wisconsin

Year of App.	Residents	Non-residents	Sci. GPA	Sci. MCAT
1968-69	101	3	3.44	552
1969-70	112	1	3.42	566
1970-71	120	4	3.51	571
1971-72	*124	*0	*3.68	*615

\* = These are not final figures. The science GPA and science MCAT averages will probably adjust downward slightly.

"The above figures suggest that the resident applicant pool is expanding and that qualified applicants are available to fill an increase in positions, should the mechanisms to expand become realized," continued Admissions Chairman Pettersen. "Several options are presently being considered but the faculty is totally boxed in because of the shortage of space."

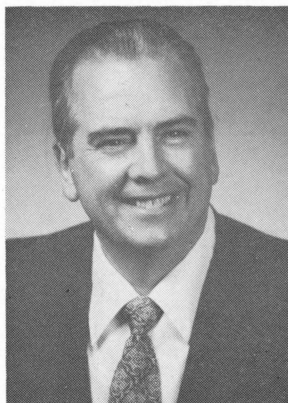
Dr. Pettersen continued. "If there is a message from the Admissions Committee this year, it is that

## New Asst. Vice Chancellor to Aid Center

Appointment of Professor Richard R. Hughes, associate director of the engineering experiment station at the UW-Madison campus, as assistant vice chancellor was announced in February. Although the title does not include the Health

Sciences Center, Dr. Hughes was appointed to forward the plans for the new west campus development, which includes Medical School, Nursing and UW Hospitals facilities.

A chemical engineer by profession, Dr. Hughes obtained all of his education from Massachusetts Institute of Technology. He received



his Sc.D. in 1949 and for 19 years was with the Shell Oil and Shell Development companies. He joined the UW faculty in 1968 as a professor of chemical engineering and associate director of the engineering experiment station.

The vice chancellorship will be a full-time job, but Dr. Hughes will continue to do some research and teaching. The appointment was effective March 1.

## Dr. Tom Meyer has AAMC Post

Associate Dean Thomas C. Meyer, M.D., has been appointed chairman of the Association of American Medical College's (AAMC) continuing education planning committee. The group, which held its first meeting in Chicago recently, seeks to define the role of the medical college organization in continuing education of physicians over the next 10-15 years. AAMC serves as a coordinating facility for the nation's 105 medical colleges.

many applicants whose credentials would in past years secure them positions must sweat it out with the realization that they may not meet the competition for places in this Fall's Freshman Class."

Thanks should be expressed to the committee members: Drs. Robert Benjamin, Maxine Bennett, Ben Curet, William Kiekhoefer, John Renner and Guenter Risse, and medical students Tom Van Dyk and Karen Lindsay, said Dr. Pettersen. "We have done our best and believe the Freshman class this Fall, when finally assembled, will be another good one."

## Dr. Whiffen is Acting Surgery Chief

Dr. James D. Whiffen, '55, has been appointed acting chairman of surgery while a search and screen committee seeks a permanent chairman. The chairmanship was left vacant when Dr. Anthony R. Curreri was named assistant vice chancellor of the Center for Health Sciences (see story elsewhere in this section).

Dr. Whiffen joined the faculty as an instructor in 1962 and became a full professor in 1971. A Wisconsin native, he grew up in Madison and received his B.S. from UW and his M.D. in 1955. After interning at Ohio State he returned to serve his residency at UW Hospitals, taking time out for military service. His major field is biomaterials and cardiovascular prostheses and support devices.

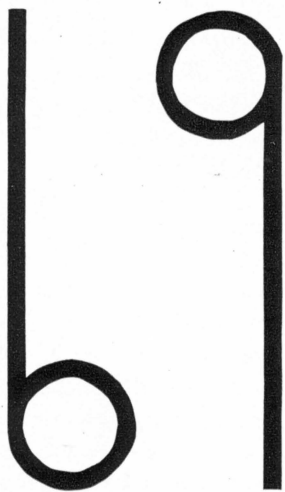
The 9-member search and screen committee under Associate Dean Richard Hong will seek candidates both inside and outside the UW faculty. Alumni on the search committee include Drs. Norman O. Becker, '43, Fond du Lac; John H. Greist, '55, assistant professor of psychiatry; Ward A. Olsen, '59, assistant professor of medicine; and Gloria Sarto, '58, associate professor of Gyn-OB.

## McArdle Hieroglyphics are Unraveled

There has long been speculation among Madisonians about the significance of the design on the facade of McArdle Laboratory for cancer research. Some people have guessed that the raised design covering most of the building is a kind of hieroglyphics.

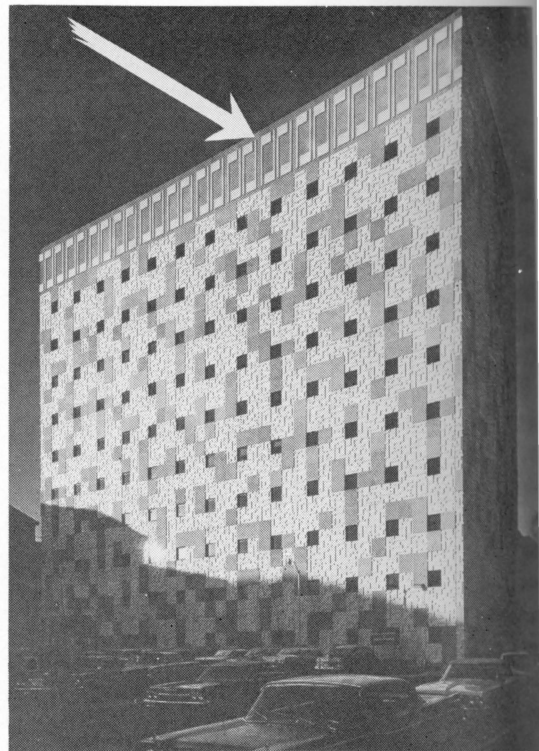
There is a meaning in the design, but only in a part of it, according to Roswell K. Boutwell, Ph.D., professor of oncology at McArdle. Dr. Boutwell explained that most of the design is meaningless and was created by the architect to break the monotony of a "plain box of a building" with small regularly spaced windows. Part of the building decoration, however, literally means "cancer." The design along the upper border of the building (see arrow) represents the crab which is the ancient symbol for cancer.

It seems that the astrological sign for the crab is sometimes drawn as two curved lines with a small circle at the end of each line (See diagram).



Those elongated lines with "flags" on the end along the top of McArdle are a somewhat abstract artist's conception of the symbol for the crab.

The Latin word for crab, of course, is "cancer," and it seems that the disease cancer was so named because the finger-like extensions of its growth reminded early physicians of a crab. The term "cancer" was used to describe the disease by Hippocrates and other early medical writers. Galen (probably describing breast cancer) explained why a cancerous growth was named for a crab: "Just as a crab's feet extend from every part of its body,



*The design along the top border of the McArdle Laboratories for Cancer Research is an artist's abstract conception of the reverse of the astrological symbol for a crab (see inset).*

so in this disease the veins are distended, forming similar figure."

Thus the crab is still used artistically to represent the disease cancer. It may take some imagination to find crabs in the elongated lines along the top of McArdle, but they're there.

## Name Dorm Units after Bunge, Carns

The memory of two outstanding female professors at the Center for Health Sciences was honored when UW Regents named Elizabeth Waters Hall dorm units after them in February. Women's dorm units will be named after the late Helen L. Bunge, Ph.D., dean of the Nursing School from 1959-70, and Marie L. Carns, M.D., '27, former director of UW women's physical education and a member of the Medical School faculty from 1929-45. Dr. Carns died in September 1969.



## Researcher Temin's Work is Cited

University of Wisconsin cancer researcher Prof. Howard M. Temin on March 8 received the Bertner Foundation Award at the 25th annual symposium on fundamental cancer research of the University of Texas' M.D. Anderson Hospital and Tumor Institute in Houston. He is the fourth faculty member at the Center's McArdle Laboratory for Cancer Research to be honored by the foundation.

Dr. Temin, who heads the viral oncology laboratory at McArdle, was cited for his contributions to basic cancer research. One of his greatest contributions to virology is the discovery of reverse transcriptase, an enzyme that appears to trigger the body's genetic chemicals, RNA and DNA. The enzyme serves as a catalyst for the RNA to manufacture DNA and thus reverse the normal flow of genetic information. This phenomenon may play a role in the transformation of a normal cell into a cancerous one.

Since Dr. Temin announced his work at the 10th International Cancer Congress in 1970 other researchers have detected the enzyme in all RNA viruses known to cause cancer in animals.

The Bertner Foundation Award is conferred annually upon a scientist who has made distinguished cancer research contributions. It honors the first director of the Anderson Hospital and Tumor Institute and first president of the Texas Medical Center in Houston.

Other McArdle researchers who have received the Bertner Award are: Dr. Van R. Potter, 1961, and Drs. Elizabeth and James Miller, 1971.

## New Psych Program Initiated at UWH

University Hospitals in February accepted its first patients in a new partial psychiatric hospitalization program designed to supplement the traditional inpatient/outpatient care also offered by the hospital.

"We developed this program because we believe that a large proportion, perhaps the majority, of

our patients who are hospitalized do not need to be if an alternative treatment program is available," said Seymour L. Halleck, M.D., chairman of psychiatry. "These patients may need more care or a different kind of care than is available in the traditional outpatient clinic."

To fill this need the department's staff developed the partial hospitalization program. Patients will spend from one to eight hours daily on the unit for varying lengths of time but will go home at night. Those who live too far from the hospital to commute will be able to stay in outpatient housing facilities.

Patients may be referred directly to the new program by their local physicians or from University Hospitals inpatient or outpatient departments. Any adult who needs intensive treatment but does not require 24-hour care may be referred to the program. Some of the specific services that will be offered are group interaction, modified milieu therapy, drug therapy, family therapy, occupational and recreational therapy.

"The program is designed to be flexible so that we may meet each patient's specific needs," said Dr. Halleck.

Upon entering the program, each patient will be evaluated and a treatment prescription will be recommended. That prescription will be reviewed daily by hospital staff (including psychiatric faculty, residents, medical students, nursing staff, and other professionals) and, when necessary, will be modified to meet the patient's changing needs.

"The main purpose of the partial hospitalization unit is to provide better psychiatric care for a wide variety of patients but at a cost which will be significantly less than the total cost of inpatient and outpatient care," said Dr. Halleck.

The rate for all patients will be \$10 per hour for hospital charges and \$2 per hour for professional fees. These charges are based upon a daily population of between 45 and 60 patients and may be revised when the program is fully operational.

"By offering a partial hospitalization program, we can more than double the number of psychiatric patients without increasing space," said LeRoy Fahle, University Hospitals assistant superintendent. Previously, only 21 patients could be treated on the unit when it was an inpatient facility. Through this program University Hospitals hopes to offer psychiatric patients a complete program that will provide an extra phase of care.

## Data Center Links State Cancer Care

A data collecting center at the University of Wisconsin that is gathering information by 27 physicians in the state treating leukemia and lymphoma patients could shortly provide important answers in the management and treatment of these cancers.

Purpose of the two-year-old project, according to Donald R. Korst, M.D., '48, associate professor of medicine at Wisconsin and one of the participants, is to overcome the problem of gathering a large base of statistics on the results of various types of leukemia and lymphoma treatment in as short a time as possible.

"New ways to treat leukemia and lymphoma often involve several types of drugs, longer hospital stays and closer monitoring by physicians and clinical laboratories. As new drugs and techniques are developed and used, we want to know if they are better than former types of treatment and how much better," Dr. Korst said.

Gathering the results of many doctors treating these cancers and coordinating them at a central site like the UW Center for Health Sciences will help to provide meaningful data much more rapidly, he added. And eventually this data, combined with material gathered from national cancer research publications, could provide the key to more effectively treat leukemia and lymphoma.

"This is why the Wisconsin Hematology Study Group was formed in 1969," said Dr. Korst. "Today we have 27 participating physicians in Madison, Milwaukee, Marshfield, La Crosse, Green Bay, Racine and Wood. Eight of them are at University of Wisconsin Hospitals."

Cooperating physicians send information about their leukemia and lymphoma cases, the types of treatment and the results to the study group's shared computer and statistical facilities in Madison. The group, headed this year by Lee L. Schloesser, M.D., Res. '52-'53, of Marshfield, meets several times annually to discuss progress, methodology and possible results.

Research support, such as that contributed to the program by the Oshkosh Area United Fund, is used strictly to keep the data center going, Dr. Korst pointed out. Participating physicians contribute their own time and expertise, pay their own postage and their own travel expenses to Wisconsin Hematology Study Group sessions, which often are held in con-

junction with other meetings such as the state medical society convention.

Ten of the group are UW alumni. The doctors are from Madison—Edwin Azen, Res. '58-'61; Edward Crowell, Jr., '66; Bernard Korbitz, '60; Dr. Kor Archie A. MacKinney, Res. '55-'59; Ovid O. Meyer, '26; and Robert F. Schilling, '43. Milwaukee—Nicholas Geimer, '63. Marshfield—Dr. Schloesser. Green Bay—John Randall, Int. '59-'60.

## State Memorial to Honor Dr. Stovall

A memorial to long-time UW Medical School faculty member William D. Stovall, M.D., will be put in place April 29 in Prairie du Chien, Wis. Dr. Stovall, who was director of the State Laboratory of Hygiene from 1915 to 1958 and chairman of preventive medicine, played a key role in establishing the Museum of Medical Progress in Prairie du Chien.

When Dr. Stovall died last November he was president-emeritus of the State Medical Society of Wisconsin's Charitable, Educational and Scientific Foundation which operates the museum. A plaque will be dedicated shortly after the opening day of the museum's 12th season, paying tribute to Dr. Stovall's efforts in restoring the old Fort Crawford military hospital and founding the Museum. It will be placed in Stovall Hall of Health, named after him when it was built in 1962 to house health exhibits.

Located at the site of historic Fort Crawford on the Mississippi River, the museum is a nationally registered landmark. The Fort dates back to 1822 and military displays from days of the Northwest Territory are side by side with examples of frontier medical instruments and Indian medicine.

## Antibiotic Overdosage Is Harmful to Some

Antibiotics have been one of the most useful drugs in the treatment of human diseases, but a study at the University of Wisconsin Medical School has revealed that overdosages of these drugs can have serious side-effects, some of which may lead to death in certain types of patients.

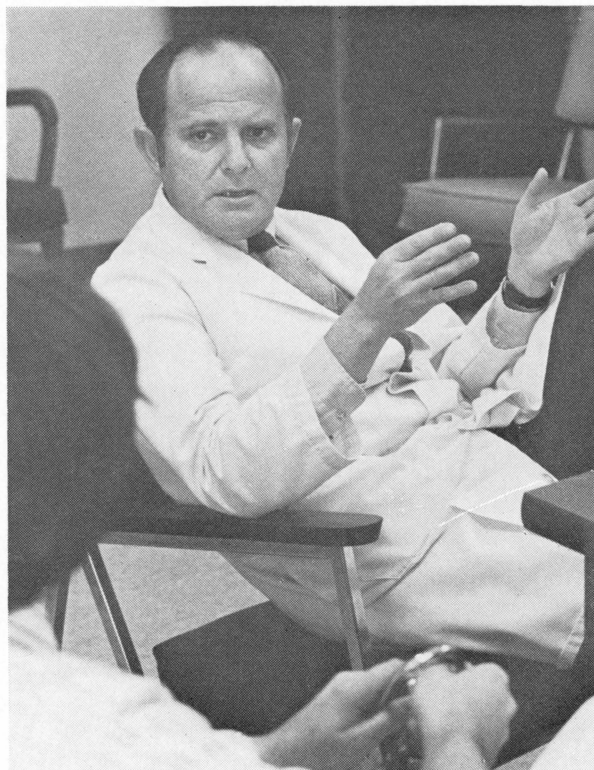
In the first comprehensive analysis of more than 30 different kinds of antibiotics, Calvin M. Kunin, M.D., professor of medicine at UW, found that if the patient is given an overdosage, the drugs will persist in the patient's blood. He says "if the patient has liver or kidney disease, his condition could be so complicated by the drugs that side-effects could result in death."

Dr. Kunin's main purpose in undertaking the study is to learn the behavior of antibiotics in order to provide physicians with "a rational basis for dosage schedules."

Among the drugs involved are, for instance, penicillin, tetracycline, streptomycin, and vancomycin. Some side-effects are convulsion, liver and kidney damage, deafness and neuromuscular blockade.

Dr. Kunin says overdosage primarily results from the fact that thorough studies had not been done on the drug's chemical components to establish the extent of their functional characteristics. He says the problem is complicated in urinary infections because reducing the dosages of some drugs to prevent the accumulation from causing toxic side-effects "may delay markedly the appearance of adequate therapeutic concentrations in the urine," thus worsening the patient's condition.

To solve this problem, he has compiled an elaborate table embodying the correct dosage for each drug, the appropriate intervals between dosages and the potential risk of toxicity if the dosages are exceeded. For example, in the severely uremic patient penicillin G can be taken at the intervals of eight to 10 hours, tetracycline three to four days, and vancomycin nine days. The appropriate amount of the



*Calvin M. Kunin, M.D., emphasizes a point in a discussion with a UW medical student.*

drugs to be taken in each instance has to be determined by a physician.

Dr. Kunin says careful prescription of these drugs by physicians in accordance with the table will ensure that "patients will receive adequate medication with minimal hazard of toxicity." Heart and kidney transplant patients are heavy users of the drugs and he hopes that his recommendations will help them. Dr. Kunin also believes the recommendations "will contribute to the elimination of some court suits against physicians" for prescribing overdosages.

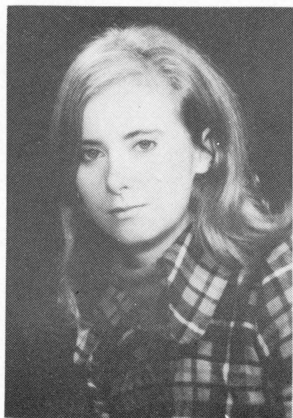
"A large variety of drugs are available for treatment of urinary infections," says Dr. Kunin, "but success or failure and toxicity depend on the ability to obtain enough drug in the urine to render it bacteria-free."

Other drugs will be included in future studies. Dr. Kunin feels "these studies are important because the denial of a potentially useful agent in a patient suffering from life-threatening infection may lead to death, whereas overdosages may result in severe toxic side-effects."



## Scot Lass is Really a Medical Student

When Miss Diana Girdwood, a medical student in Edinburgh, Scotland, had to select a place for her senior elective in clinical training, she chose the University of Wisconsin Medical School. Diana had heard about the University from some friends who had attended summer programs sponsored by the Medical School here, and she had talked with assistant dean Donald Korst, '48, while he was in Great Britain.



Arriving in Madison in February, Diana underwent two months of clinical training, working in general medicine under Dr. Korst and in hematology under Dr. Edwin Azen, associate professor of medicine. Her time here was divided between University Hospitals and Madison General Hospital.

Working on a teaching team which includes an intern, a resident, and two medical students, Diana interviewed and examined patients, wrote up patient histories, suggested diagnosis and treatment, and then compared notes with other members of the team who evaluated her findings.

Discussing medicine in Great Britain and in the United States, Diana said the major difference, of course, was the effect that National Health Services makes. She noted a concern among patients in this country about medical insurance and the ability to meet medical expenses — one which is virtually non-existent in her country.

Usually, Diana explained, a patient in Great Britain sees a general practitioner in his office for minor illnesses. If hospitalization is required, the patient then comes under the care of a hospital physician. "Just when the case becomes interesting," said Diana, "the patient must be turned over to a hospital physician." She says that this is a great source of frustration to general practitioners.

"Doctors as a whole in Great Britain are not as well paid as their U.S. counterparts," Diana said, "and they don't have the same social standing."

Describing medical techniques in the U.S. and Britain, medical student Girdwood feels they are

comparable and that standards of medical practice are virtually the same.

There are probably more women physicians in Great Britain, Diana estimated. She explained that many women physicians go into the School Health Service, which is state supported, and others go into pediatrics and anesthetics. Many are found in clinics where they specialize in family planning and gynecology, but very few remain in hospitals, she said. Diana estimated that approximately 25% of the students in her medical school class are women and about half of them are already married.

Very few British nurses have university degrees, Diana said, and she feels that U.S. nurses are better educated and have more responsibility for patient care in the clinical setting.

Instead of entering medical school after receiving a university bachelor's degree as in the U.S., Diana began medical school at age 17, immediately after high school. She is 23, and in her sixth and last year of medical school in Edinburgh. Her curriculum has included mostly science and medicine courses with almost none of the liberal arts courses which a prospective medical student in the United States would take as an undergraduate.

This is not Diana's first trip to the United States. She spent several months in Birmingham, Alabama, three years ago working in the field of food nutri-



tion. She finds Madison "a bit like Edinburgh" with a large university population and many cultural activities. She is currently taking a gourmet cooking course at the UW Student Union.

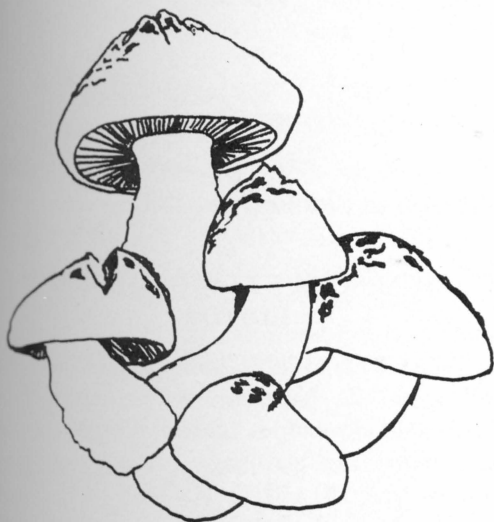
Shortly after returning to Scotland, she will take her final exams which will include written, oral, and clinical testing in general medicine, surgery, pediatrics, obstetrics and gynecology, clinical p-

thology and orthopedics. After passing these exams, she will receive her M.B., Ch.B. degrees, which mean bachelor of medicine and bachelor of surgery degree. After taking a holiday, she will return to Scotland to serve a one-year's internship after which Miss Girdwood would like to go into a pediatric specialty and become a hospital physician.

## 6 Alumni Appointed to FPP Faculty

Six alumni were among eleven Madison area physicians who were newly appointed to the clinical faculty in the family practice program at the UW Medical School by Acting Dean Henry C. Pitot in January.

Appointed assistant clinical professors were: Dr. Gerald J. Derus, '52, Monona; Drs. B. E. Stein, '61, and Walter L. Washburn, '49, of Madison; and



Dr. William T. Russell, '46, of Sun Prairie. Named clinical instructors were: Dr. Haldor P. G. Barnes, '66, Madison; and Dr. R. F. Korbitz, '62, Monona.

The physicians have participated over the past three years in development of the family practice program and continue to teach medical students and residents in the training programs. Those appointed assistant clinical professors are board certified by the American Board of Family Practice. They bring to eight the board certified faculty members, believed to be the largest number in any family practice teaching program in the nation.

The program is directed by Dr. John H. Renner and the assistant director is Dr. Richard Shropshire.

## Beyond Three Score and Ten

Two well-known Wisconsin medical educators were included in a recent **Medical World News** feature about distinguished physicians past age 80 who continue to be active. The two are Emeritus Dean William S. Middleton and Emeritus Professor of Anesthesiology Ralph M. Waters. Author of the Sept. 10, 1971, article was alumnus Chauncey D. Leake, '23, who at age 75 is emeritus professor of pharmacology at the University of California's medical school in San Francisco.

Dr. Leake says he didn't mean to make the listing comprehensive but pictured nine active MDs ranging in age from 80-92, named several others and listed 17 Nobel laureates in medicine and related fields who are still active. About Drs. Middleton and Waters he says:

"A famed dean, now emeritus, of the University of Wisconsin Medical School, 81-year-old Dr. Middleton has, over a long career, added to the medical knowledge in cardiovascular conditions, blood formation and lung diseases, while serving with equal distinction in administrative and teaching posts. Fittingly, the medical library at the university is named for him.

"Dr. Ralph Waters, who is 88, is living in Orlando, Fla., where he often writes a note of historical interest to anesthesiologists. His influence has been world-wide in setting the high standards that now characterize anesthetic practice, and he was one of the developers of cyclopropane as an inhalation anesthetic."

# Alumni Day Is May 26

*Have You Made  
Your Reservations?*

## COLUMNS AND EDITORIALS

### The Dean's Corner

BY HENRY C. PITOT, M.D., Ph.D.  
ACTING DEAN

**MADISON** — Since it has been only a little more than four months since assuming the duties of the Acting Dean, it is perhaps too early for me to be writing to you. However, these past four months have been rather eventful ones.



Dean Peter Eichman has, this month, assumed a position as deputy director of the Bureau of Health Manpower in Washington. Dr. Eichman's loss to us will be a significant gain for the administrative hierarchy in this most important section of HEW. I know that we all wish him the best in his new position.

The building program has required some rethinking which taxed the flexibility of the architectural plans, but which we believe will give us a much better chance of significant federal funding. We are quite hopeful that in the next edition of the *Alumni Quarterly* we will be able to give you a reasonable date for the initiation of construction of the new facility.

The Bureau of Health Manpower's capitation grants to be initiated this year will bring us some relief in faculty salaries and faculty recruitment, but space to allow for the continually increasing teaching commitments of both graduates and undergraduates, medical students and para-medical personnel, will not be significantly relieved until the advent of the new building.

Negotiations for the position of Vice Chancellor for Health Sciences are still actively continuing. There is every reason to believe that this position will be filled this year.

Planning within the School of Medicine is now proceeding with an eye to the future completion of the construction near the Madison Veterans Administration Hospital approximately four years from now. This planning involves a reorganization

of the clinical services and programs within the hospital, the academic future of the Family Medicine Program and alternative ways to increase the Medical School class. The latter involves new teaching methods, programmed learning and self-instruction with close student-faculty contact, and increased utilization of affiliated hospitals, both within Madison and throughout the state in order to increase the clinical teaching base of the Medical School.

As I indicated initially, virtually all of the topics that I have briefly mentioned are being actively pursued, and while none have been concluded as yet, many probably will be by the time you read this column. Thus, I hope you will bear with us as we continue to move our ponderous academic structure while also attempting to answer the education, research, and health care needs of the citizens of our state.

### A Lesson in Sinology

BY MISCHA J. LUSTOK, M.D., '35  
EDITOR

**MILWAUKEE** — The "in-thing" these days is to do Chinese. We have not yet acquiesced to the tailored splendor of a quilted cotton coat and baggy pants, but we have partaken of Peking (Mandarin?) duck and that should qualify us experts in the field of Sinology at least at par with the plethora of masters on the news media.

We are reminded of an old story. The source and author escapes our memory. We think it is worth telling.

Once upon a time, a Western traveler in China came on a scene that attracted his attention. Two Chinese men were engaged in a loud and frenzied argument right in the middle of a busy crowded street. They were obviously ignorant since they did not speak English and shouted their abuses at each other in the native tongue. Arms swinging, fists clenched, feet kicking they were flailing at each other with great energy but inaccurate aim and no contact. The shrill invective rose in crescendo



volume, the thrashing legs and thrusting arms fanning the air in futile violence—but no blow was struck.

The scene went on and on with no end in sight. Our Occidental tourist could contain his curiosity no longer and inquired of his guide and interpreter why this uncivilized and uncouth display did not come to a conclusion which one well directed blow could have promptly settled.

The question seemed to perplex his companion and the expression on his face suggested that the answer should be obvious, but apparently was not. In a condescending tone and an overt Chinese accent, he at last replied:

"Don't you know that the man who strikes the first blow admits that he has lost the argument?"

We think this story is worth telling.

## A Ms. Conception

BY BERNARD I. LIFSON, M.D., '49  
MIDWESTERN CORRESPONDENT

SKOKIE — The other day I was distributing mail in the Lifson household when I came upon an envelope addressed to "Ms. Clarice Lifson" from the American Occupational Therapy Association. I chided my wife about the misspelling of her married title when she informed me that this was the "in" designation of "liberated women". This stopped me cold. Why would she want to be liberated and how would this affect me?

After all, she has always had the respect of freedom. When I've been too busy to put up the storm windows (which is frequently) she has done the job. In fact I've complimented her on how cute she looks on a ladder.

Sunday mornings she has always driven our children and their friends to Sunday School and

picked them up, too, since I refused to deprive her of this enjoyment. I've never interfered with her contacting the plumber, roofer, carpenter or

driveway men when necessary. For returning items bought on an impulse or that proved inappropriate, as she predicted, Clarice has no equal. As we well know a practicing physician has little time for such activities so we spend a good portion of our married lives "training" our wives for these duties. This is freedom personified! (It is also a denial of man's cowardice.)

What was the message she was giving me? Had I missed something through my inattentiveness? Perhaps I ought to "cool it" awhile until I better understood what was going on.

Her being an O.T. had always been a source of pride. I remembered the good old days at Bradley. I had always boasted, when a resident in psychiatry, that some of my best friends were O.T.s. After all, I had taken Clarice out of the basement at Bradley, married her, and put her in a two-story home. How could this profession which always had been so close to me, turn on me?

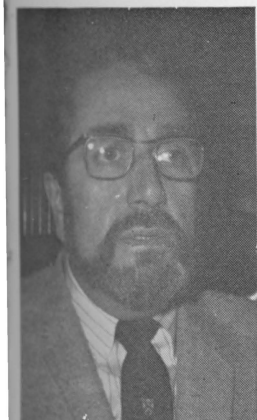
Finally, I decided on a battle strategy. I would make some concessions and stand firm on others. There would be no alluding to masculinity or femininity for this would only enhance her argument. I could refer to the facts that I was older, greyer, fatter and had some early arthritic changes. Since my memory is not as good as hers and I need more sleep than she, I always go to bed after we entertain friends while Clarice cleans up. This could be a strong argument.

My plan was now clear. I would confront her with all of this and she would have to agree. I returned to the kitchen which she was "tidying" for the third time and before I could say a word she looked at me in her own understanding way.

"I've been thinking of that mail", she said, "and I can't understand why women have to form an organization to feel complete and liberated. My identity is what I feel inside me. An external title doesn't change that."

I just smiled and joined her in wiping the pots and pans.

(Doctor Lifson welcomes assistance with this column from other Midwestern alumni. He may be reached at Suite 515, #Old Orchard Professional Building, Skokie, Ill. 60076.)



## Eastern News Topics

BY WILLIAM S. SUMMERS, M.D., '67  
EASTERN CORRESPONDENT

**NEW HAVEN** — In an attempt to escape some of the New England winter, I found myself in Southern California recently and also in the company of two Wisconsin friends. I was attending a meeting sponsored by NSF on simple cellular systems for the study of differentiation and development. Dr. Harold Rusch, '33, also was there and

recent work from his lab was presented. In addition to being chairman of the UW oncology department, Dr. Rusch is the leading authority on a remarkable experimental organism in which every nucleus undergoes mitosis simultaneously.

While in California I visited with Dr. and Mrs. Halvor Vermund.

He was formerly professor of radiotherapy at the UW Medical Center and is now one of two radiotherapists in Orange county. In addition to his clinical practice, Dr. Vermund is on the faculty of the new medical school at UC, Irvine, and has several students working with him in his lab there. He said that being in California is like being in a different country and upon returning to the snowy East I can see his point.

Dr. Leon Rosenberg, '57, maintains a busy schedule as professor of medicine and pediatrics at Yale, but I see him occasionally and hear of his work as chief of the medical genetics unit. Lee is running an active research group in addition to his administrative and clinical responsibilities. He tells me he is looking forward to a sabbatical leave this next year, but has not yet decided to which of several interesting places he will go.

Looking up from my glass at a wine tasting the other day, I saw Dr. Phil Guzelian, '67, doing the same. Phil is now a fellow in the liver study unit at Yale-New Haven Hospital. Prior to this year, he was at NIH for several years. He is doing a lab project with our local wine connoisseur and

whenever I go into their lab I find goblets and bottles in place of beakers and flasks.

Liver research . . . ? Cheers . . .

(Alumni "out East" may send their news to Dr. Summers at the Yale University Medical School, 333 Cedar St., New Haven, Conn. 06510.)

## Medicine — An Ego Trip?

BY EDWARD F. EHLINGER  
SENIOR CLASS PRESIDENT

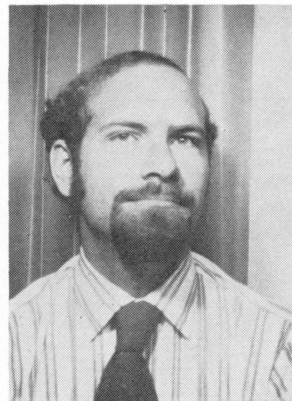
**MADISON** — Inherent in man's personality is the desire to conquer that which seems beyond his reach. Excited by the unknown and the challenge of uncovering its secrets, he is willing to pay any price to achieve these goals. Many other endeavors are abandoned because they fail to stimulate his fickle interests and all resources are rechanneled into more "exciting" areas. All of this is done in the name of "progress".

When too much emphasis is placed on one area, perspective is lost and the view of the total picture becomes blurred and unbalanced. Priorities become scrambled and impossible to arrange in a proper way. Order is lost and chaos develops.

Examples of this process are numerous throughout history but

the outer space conquests and the Vietnam war are the most recent and vivid. Billions of dollars are spent daily on these projects while a multitude of other problems go unresolved because of money or manpower shortages. Environment, cities, education, poverty, etc., are relegated in mass to a secondary position in national priorities.

Medicine, too, has fallen into this pattern; emphasis is placed on new and exciting fields while other areas are ignored. Like the nation our priorities have become disjointed and misplaced.



How much do we spend for renal dialysis and transplantation while children throughout the world are dying from preventable diseases because of inadequately financed vaccination programs? How many two pound babies are put on expensive respirators and monitors for extended periods while the majority of delivery room nurses lack adequate training in proper resuscitation techniques for newborns? How many cardiac catheterization labs and cardiac surgery teams are under-utilized while central cities and rural areas are pleading for any type of care?

Other examples could be cited but the point should be clear—medicine has been on a giant ego trip to prove its magnificence and power. Priorities have become confused and the exciting and the dramatic rather than the people's needs have captured the medical imagination.

Related to this is our lack of perserverance in utilizing the resources we already have. Frequently in the past certain discoveries made it possible to eradicate a problem. But often we have fallen short of our goal because our interest has dimmed and we have quickly shifted to some other area that struck our fancy at the moment. As a result, preventable illnesses aren't prevented, eradicable disorders aren't eradicated, and curable diseases aren't cured.

In recent years medicine has lost its perspective. Research and technology have been glorified and they've become ends in themselves. Obviously this idea must now be discarded if medicine is to return to its primary responsibility of caring for people. Frivolity and self glorifying displays must be abandoned. Priorities must be reordered and all the tools that medicine possesses must be utilized judiciously to bring the greatest amount of good to the most people.

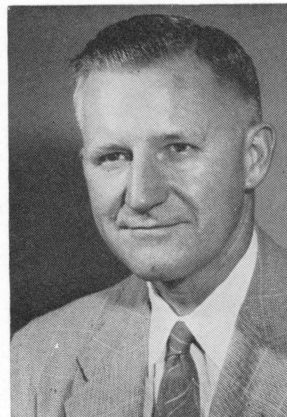
## Why Not a Gathering Place?

BY EINAR R. DANIELS, M.D., '34  
MEMBER, EDITORIAL BOARD

WAUWATOSA—Recently while at a post-graduate course at the University of Arizona in Tucson I was impressed by the fact that students had a place where they could gather and relax.

It seemed to me that this idea could be put to use at our own Medical School, perhaps as a much more extensive program and even large enough so that it might appeal to the Alumni Association as a continuing project.

Recognizing that there currently is a student lounge, it seems to me that an improved place where students can get together, sit



down and over a cup of coffee or light lunch talk not only to each other but to members of other classes, to faculty and even to alumni who might be around, would be extremely desirable! It might help to weld together all of the classes who in the past have not had an opportunity to get acquainted with each other.

I am thinking in terms of an installation, either as a part of the new medical school or if this is not forthcoming in the near future, a separate installation which could become a part of the current medical complex. In connection with such an installation, one would have to make provision for additional rooms perhaps, for meetings between, or by the various groups.

An extended use of such an installation might include the audio and visual aids which we currently use for medical education and their further availability for on-the-spot use even in between classes. In conjunction with such an installation one could have a medical bookstore to complete a Student-Alumni-Faculty Medical Center or Exchange which could be built, furnished and sustained by the Wisconsin Medical Alumni Association.

Since the William S. Middleton Medical Library was completed our medical alumni really have not had a project of sufficient magnitude to whet their appetites. It seems to me that something of this order might not only be unique but extremely useful not only as a means of socializing but as a means of improving medical education.



# California News Notes

BY WILLIAM H. OATWAY, JR., M.D., '26  
CALIFORNIA CORRESPONDENT

ALTADENA — Horace Getz, '33, Instructor in bacteriology with Dr. Paul Clark and Frances Holford at UW; then with Phipps Institute (Phila.); then medical director of Hastings Home (TB research), Altadena, Calif., for 17 years; then chief, TB Section, Health Division, State of Nevada, has completed 10 years of service in Sept. 1971, and retired. He looked around, went across town in Reno, and within days was part of the out-patient department of the VA Hospital. He and wife are well.



Speaking of Nevada, we see the notice to Californians that Dr. Fred Ansfield, '33, professor of clinical oncology at UW, speaks on various aspects of cancer in Las Vegas in mid-April. Too late now to offer him our secret system for roulette.

Speaking of betting, we wagered 3 to 1 that a letter would come from Chauncey D. ('Sarge') Leake, '23, of San Francisco, after our favorable comment on the 1971 Alumni-Faculty Day program and people in Madison. It came. Sarge has been everything, everywhere since his days at Wisconsin — pharmacologist, medical historian, editor, physiologist, researcher, great professor; St. Louis, V-P at U. of Texas, Ohio State, and back at U. Cal for the second time (Dept. of Pharmacology). While his wife, Betty, was auditing music last summer Sarge did what came naturally — gave a no-credit course in the history and philosophy of the health professions ("well attended, even by the janitors").

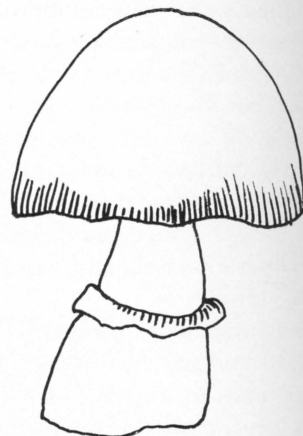
The Leakes see Dr. and Mrs. Homer Kesten of Inverness, Cal. (both UW '24), and the K. K. Chens of Indianapolis (UW '27), describer of ephedrine, and Alumni Award Winner in 1970, who have a winter-time apartment in San Francisco. The

Leakes celebrated their 40th wedding anniversary with a reception at the famed Bohemian Club in October.

Jerry Shaw, '28, of Santa Monica reports seen Bert J. Meyers, '45, a Gyn-OB partner in his class group; Paul Reinsch, '41, internist in Santa Monica for 30 years and father of 12; and Bob Skeels, '41, a Santa Monica endocrinologist. They all enjoyed the snapshots in the Summer Quarterly of Dr. Middleton, Ovid Meyer, Ed Gordon, and others.

The loss of Dr. Mable Masten in an auto accident last summer was a poignant tragedy, coming as it did after her U.W. Emeritus Faculty Award in May.

If any ex-Wisconsinite in California wants to see the film of UW faculty members taken about



1930, a 'West Coast Copy' is available in the custody of this correspondent, courtesy of Ralph Hawley, executive director of the Wisconsin Medical Alumni Assn.

The chest disease staff of the Los Angeles County Medical Center gave a dinner and award to a retiring member (as Dr. Middleton always says "modesty forbids mention of the name"). The odd angles were that the award was a photoengraving of a chest x-ray on a steel plaque; and the recipient tried to give a brief humorous speech, while the other guest (actor-director-comedian Jack Lemmon) spoke on ecology!

The next column will summarize the progress of the Wisconsin graduates who came to California for internships in June, 1971.

Correspondent Oatway may be contacted at 146 Monarch Bay, Laguna Niguel, Calif. 92677.

# 1971-72 Medical Alumni Giving\*

Class	No. in Class	No. of Contri.	Alumni Fund	AMA-ERF	Class Total	Last Year
Pre 1927	268	21	\$ 5,801	\$ 150	\$ 5,951	\$ 3,591
1927	41	11	526	20	546	270
1928	34	2	200	20	220	210
1929	66	9	245	245	490	195
1930	47	4	165	20	185	110
1931	59	8	310	35	345	1,200
1932	79	9	800	270	1,070	2,555
1933	67	22	1,060	240	1,300	785
1934	62	8	375	80	455	695
1935	77	13	975	20	995	810
1936	74	17	150	110	260	120
1937	69	8	485	60	545	515
1938	69	13	538	148	686	710
1939	70	16	790	105	895	805
1940	77	9	565	140	705	925
1941	70	2	100	20	120	375
1942	46	3	225	—	225	125
1943M	71	13	360	135	495	410
1943N	55	4	225	25	250	510
1944	62	11	230	180	410	360
1945	73	15	565	30	595	215
1946	70	10	320	55	375	211
1947	58	15	1,350	55	1,405	535
1948	55	9	685	90	775	445
1949	53	6	1,650	30	1,680	1,165
1950	71	8	120	65	185	710
1951	69	10	305	95	400	430
1952	67	10	395	75	470	145
1953	75	13	170	140	310	340
1954	78	13	370	105	475	540
1955	72	4	215	25	240	500
1956	75	7	225	103	328	335
1957	76	10	440	55	495	205
1958	76	8	150	145	295	340
1959	71	10	120	20	140	539
1960	71	9	170	180	350	335
1961	83	23	490	110	600	390
1962	85	4	105	10	115	125
1963	72	11	110	40	150	90
1964	80	6	130	10	140	80
1965	81	5	55	—	55	160
1966	86	5	65	10	75	110
1967	94	31	365	—	365	485
1968	96	16	230	—	230	125
1969	94	2	15	—	15	55
1970	95	4	55	—	55	50
1971	100	4	45	—	45	—
Former House Staff**						
Interns	2	2	\$ 20	—	\$ 20	\$ 35
Anesthesiology Residents	2	2	35	20	55	170
General Surgery Residents	—	—	—	—	—	65
Internal Medicine Residents	18	18	1,680	20	1,700	345
Neurological Surgery Res.	—	—	—	—	—	50
Neurology Residents	—	—	—	—	—	10
Ob-Gyn Residents	—	—	—	—	—	—
Ophthalmology Residents	2	2	10	25	35	180
Orthopedic Residents	1	1	20	—	20	760
Pediatrics Residents	—	—	—	—	—	—
Psychiatry Residents	2	2	5	50	55	—
Radiology Residents	2	2	45	—	45	830
Urology Residents	3	3	60	15	75	35
Faculty**	3	3	100	12	112	60
Former Faculty**	—	—	—	—	—	20
Preceptors**	1	1	100	—	100	100
Emeritus Faculty**	4	4	310	—	310	515
Others**	70	70	8,724	1,488	10,212	1,387
TOTAL	581	581	\$34,149	\$5,100	\$39,249	\$28,500

\*An interim report from July 1, 1971, to March 22, 1972

\*\*Non Alumni

**Wisconsin Medical Alumni Assn.**  
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Madison, Wisconsin 53706

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## ANY NEWS OR MOVES?

They say that 25% of us Americans move each year. This may or may not be true of UW Medical School alumni, but your association still wants to keep its records up to date. Therefore, if you've moved in the past few weeks or months, please let us know. And while you're at it...or even if you haven't moved...is there anything new and interesting in your life that you'd like to share with fellow alums? The form below is for your convenience. If you don't want to cut up your copy of the *Quarterly*, just send a letter. The address is: **Wisconsin Medical Alumni Association, 333 N. Randall Avenue, Madison, Wisconsin 53706.**

NAME \_\_\_\_\_ CLASS \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF MOVE \_\_\_\_\_ ANY NEWS? \_\_\_\_\_

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