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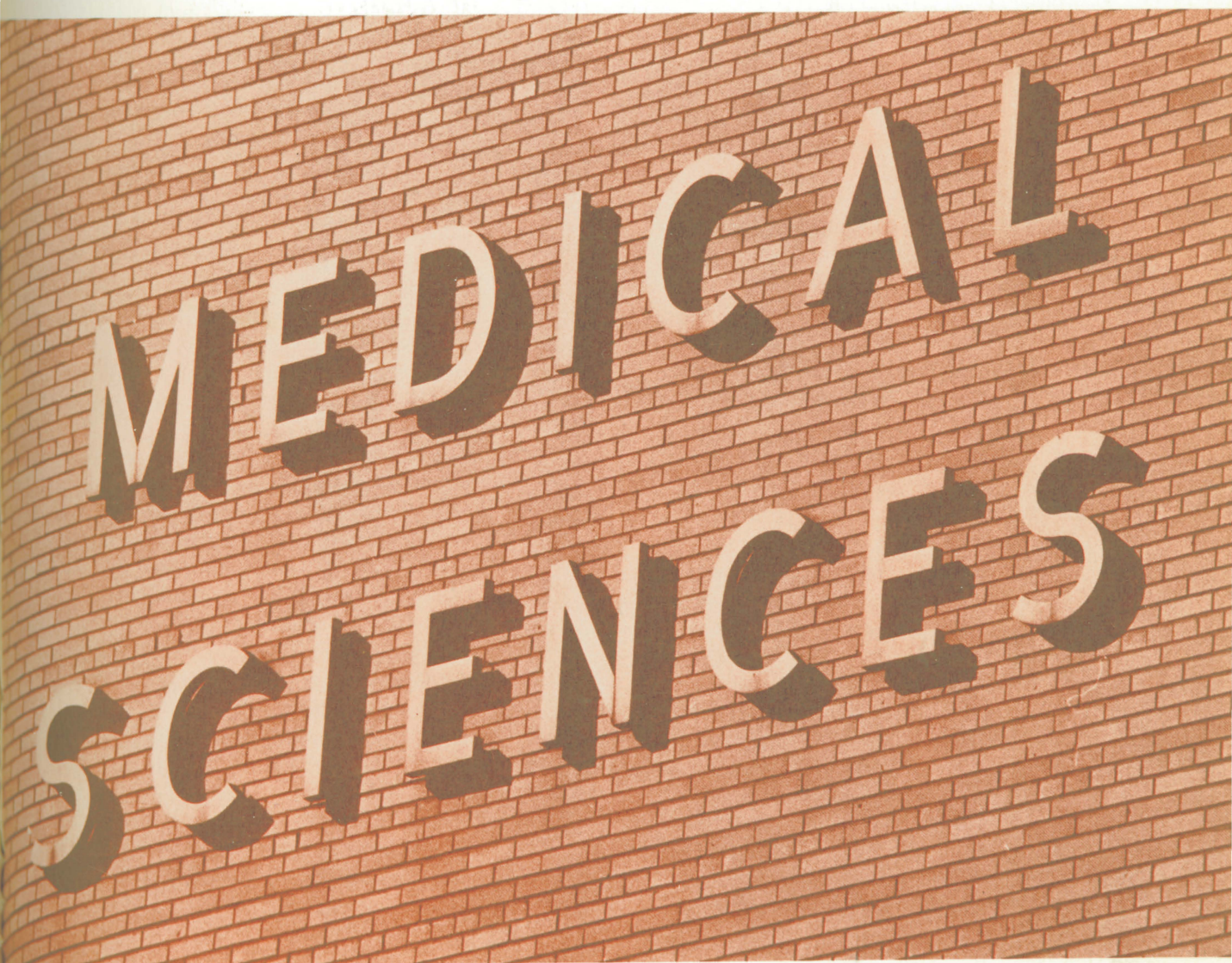
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WISCONSIN MEDICAL ALUMNI

# Quarterly

*Volume twelve, number four · Fall, 1972*





## WISCONSIN MEDICAL ALUMNI

### Quarterly

Vol. XII October 15, 1972 No. 4

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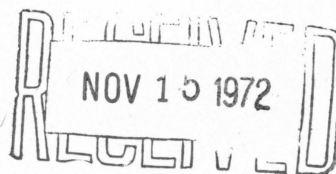
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## About the cover

Wisconsin medical alumni expecting the usual QUARTERLY cover artwork will note something amiss when this issue arrives. It's the first time in 17 issues that artwork hasn't graced our cover. Back in 1968 the last cover photo was a Lake Mendota sunset. Our current cover photo ties into a photo spread on pages 6-7 about Health Science Center signs and symbols we've hoped to use for some time. Why this issue? Our artist rather unexpectedly left Madison to get married.



# *Family Practice Training At Texas Tech University*

BY JOHN A. BUESSELER, M.D., '44

Texas Tech University School of Medicine at Lubbock is a brand new school which has grown out of the desperate need for health education and health care capabilities in the West Texas area.

Indicative of this need's urgency is the record rate at which our medical school has been developed. Only 23 months after arrival of the first full-time employee, the dean, we have developed operational teaching capabilities and enrolled our first classes of students, 36 freshmen and 25 juniors, on August 21, 1972.

In order to meet the health care and medical education needs of this area we chose to utilize temporary facilities at Texas Tech University and become operational before a permanent medical facility was constructed. Completion of the first phase of our permanent medical school building and the subsequent increase in enrollment to 100 first-year medical students in fall 1975 will represent a giant stride toward achieving our goals of excellence in education, research and health care.

Completion of second phase construction three years later will permit an increase in enrollment to 200 students per class.

## **An M.D. in Six Years**

Texas Tech University School of Medicine is unique in a number of ways. Besides our record

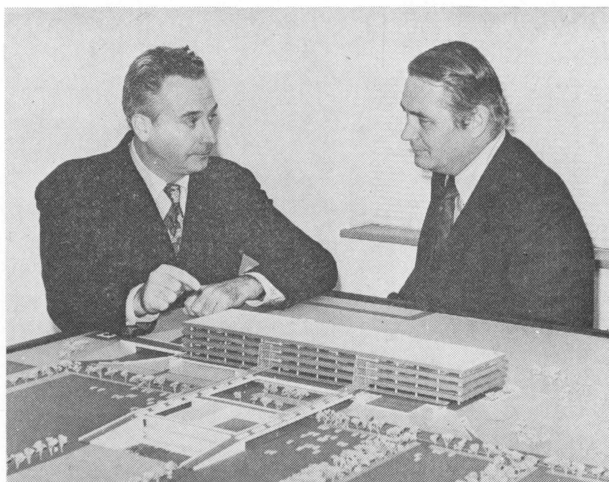
development time and beginning operation entirely in temporary facilities, the structure and focus of our curriculum differs from that of other medical schools.

The curriculum design is incorporated into a 12-month, trimester system with a three-year program leading to the M.D. degree. Simply stated, this will allow a student to become a physician six years after he graduates from high school.

The really unique facet of our approach to medical education, however, is the focus on family practice. Because of the physician shortage and need for better health care in our region we are oriented to the goal of increasing the number of graduates who will later function as primary care physicians. We therefore have structured the curriculum to reduce the occurrence of premature specialization on the student's part.

It is our contention that early specialization can be harmful because the student lacks the necessary base of experience and knowledge needed to make a specialty area choice. He may decide to concentrate in a particular medical specialty simply because some family member or someone he admires is such a specialist. This is hardly a healthy develop-





Dean John A. Buesseler, '44, (left) and Associate Master Planning Director Charles Freeburg discuss plans for Texas Tech's permanent medical facility. Construction is scheduled for 1974 with the Lubbock County Hospital District adding a 304-bed hospital adjacent to the medical facility.

ment early in a student's educational career. If his interests change and he later chooses family practice, he will find it difficult to adapt.

We do not downgrade specialty practice and there are no restrictions placed on the student who wants to specialize. We feel the curriculum that has been designed will restore proper balance in undergraduate medical education so that preparation for a career in family practice is not relegated to a minor role.

Aside from the dangers of premature specialization and our emphasis on family practice we also feel a comprehensive education in the broad spectrum of general medicine is the best preparation a student can acquire for either a career in family practice or in a medical specialty.

Texas Tech University School of Medicine's academic structure includes a department of family practice, which plays a large and vital role in our medical education process. The chairman is a pri-

(EDITOR'S NOTE: Doctor Buesseler, a member of the Class of 1944, is vice president for health affairs and dean of the new Texas Tech University School of Medicine in Lubbock. An administrator who received his specialty training in ophthalmology, he previously headed that service at the University of Missouri Medical Center, Columbia.)

mary care physician who has had extensive experience in comprehensive health care and maintenance, family health care and community medicine.

This department's basic goal is to emphasize to students the importance of family practice as a vital and integral part of patient care both in preventive medical programs and in whole-family treatment methods, in the context of the family and the community.

The department, in cooperation with other clinical disciplines, will have the responsibility for training medical students and their supportive personnel in the diagnosis and treatment of the common illnesses, recognition of rare diseases and in utilization of referral techniques for problem cases.

The family practice program will demonstrate health maintenance methods through early recognition of change from the norm, through anticipation of such changes by recognition of environmental problems and through the natural history of disease and will emphasize the importance of continuity of health care in producing optimal therapeutic results.

This is a clinical department which functions not only to teach and train "primary care physicians" but also to serve as a model for organizing the medical health care team. The department's research is in the search for more effective medical care delivery methods; its laboratories are such clinical settings as emergency rooms, ambulatory care centers, nursing homes, physicians' offices and community health care clinics of various types.

### Exposure Begins the First Week

Our curriculum repeatedly exposes the student to family practice. It begins in the first week of the first year with a course in crisis procedures taught by the family practice department. Here, students learn about the more common acute emergency conditions in a variety of settings, especially the hospital emergency room. The course stresses general recognition of these conditions and initial approaches to emergency situation management.

Students also get exposure to family practice on a continual basis through one of the more innovative aspects of our educational system, the tutorial team.

The tutorial team is an "educational family unit" consisting of 8-12 students and one physician-scholar as team leader. This mentor is an ombudsman, counselor and faculty member to whom the students relate informally. Many mentors will be family practice physicians. The tutorial team provides a medium from small group dynamics to aid in the co-

ete and personal development of medical students and prepare them for the rapidly changing role of the physician in society. Students remain in their tutorial teams throughout their medical education. The family practice curriculum is a blend of classroom study and active participation in the rendering of patient care in clinical environments. Senior students spend three months in family practice clinic. A four-week rural preceptorship program is part of their training.

by working with primary care physicians in their community practices students will be exposed to health care delivery in a real-world environment that can foster an orientation to a career in family practice. Many students will choose family practice careers and will remain to practice in the areas where they received their training.

In addition to the rural preceptorship program, our curriculum places students in a variety of clinical settings where they will be able to participate in family health care. In January 1973, we begin operation of an ambulatory patient care facility staffed by the school of medicine and additional facilities have been made available through affiliation agreements with a number of community hospitals and health care institutions in our outreach area.

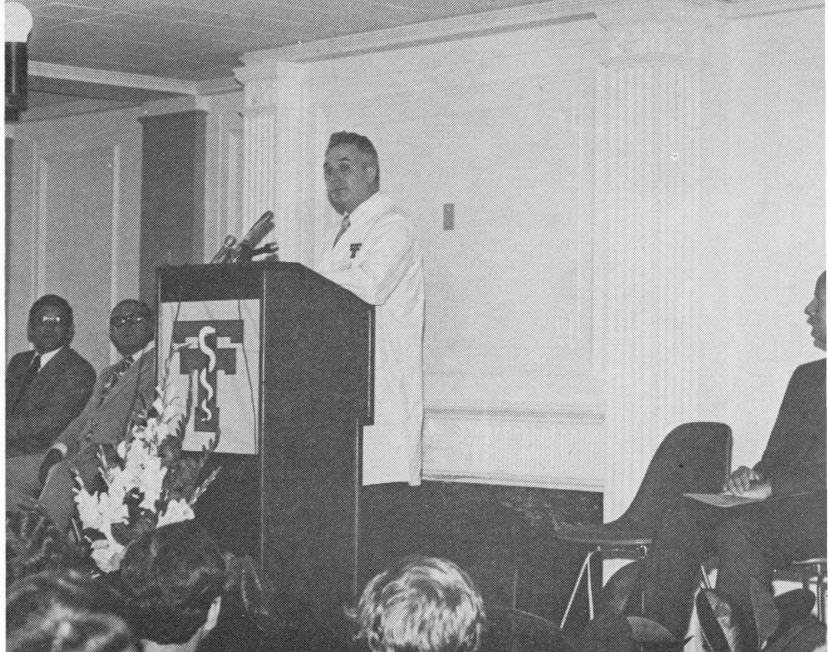
More affiliation agreements are currently under negotiation and we have seven area health education centers to be located throughout the outreach area. These centers will provide facilities for education and training of medical and allied health students as well as for continuing education programs for practicing physicians.

### Orientation to Team Concept

The department is already developing plans for family practice residency program to be conducted at Texas Tech University School of Medicine, beginning in July 1973. Family practice residents will participate in primary health care in the ambulatory facilities at Lubbock, in area health education centers and in rural areas by rotation through the rural practices of selected clinical faculty in our outreach area.

In planning our curriculum we realized that a number of factors such as economic considerations and limitations on medical school enrollment make it essential to provide comprehensive health care to the population by means other than just producing more physicians.

One of our important goals, therefore, is to develop programs designed to orient medical students to



*Dr. Buesseler greets the first two classes of 61 medical students and guests at the Texas Tech School of Medicine's formal opening ceremonies on Aug. 21. Seated at right is Dr. Paul J. Sanazaro, associate deputy administrator of HEW's Health Sciences and Mental Health Administration, the keynote speaker.*

the team approach in health care delivery. We feel the development of teams composed of physicians and a broad spectrum of allied health personnel is crucial to the future in terms of developing the capability to provide adequate and high quality health care. In this regard, the family practice department will emphasize the team approach to health care along with community medicine.

We feel that allowing the members of the health care team to learn their diverse skills together as students increases their chances of functioning as an effective unit after graduation. Health care teams improve the quality care while extending the physician's capabilities to reach a larger number of patients than ever before.

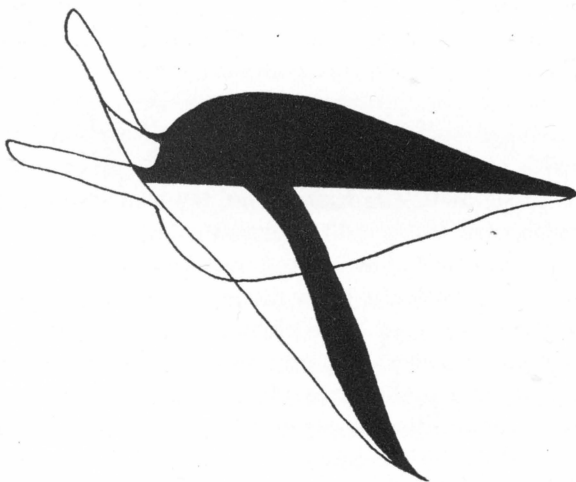
Texas Tech University School of Medicine has traveled the route from dream to plan to operational reality in a remarkably short time. Our accelerated rate of development far exceeds that of most new medical schools. Our success in meeting the health care needs of the medically deprived West Texas region will be largely a product of our unique focus on the production of highly skilled and knowledgeable family practitioners. We feel that an emphasis on family practice, its importance and its rewards for the physician is an important step toward solving the problem of health care needs, not only of our own West Texas area, but of the nation as well.



# Medical Ethics & Human Values An Educational Responsibility

BY LOWELL H. MAYS

New techniques in hardware and pharmacology have blessed and plagued medicine abundantly over the past several years. Because of new possibilities within medicine, new dilemmas are faced which heretofore had only hit the pages of science-fiction



novels. Now questions of the right to life, death, and even the right of suicide are begging for discussion.

Programs which are designed to address the ethical and human values questions are being developed in medical schools throughout the country at a rapid rate.

On July 1, 1972, UW's Department of History of Medicine, under its chairman, Dr. Guenter B. Risse, launched a new endeavor called the Program in Social and Human Medicine. This program is designed to season the medical student's experience by

identifying key ethical and human values questions which are faced by medicine today as the student travels through the four years of his basic medical training.

## To be Part of Present Curriculum

While there are some indigenous course experiences for which the program and department are responsible, the program's main thrust will ride tandem to present curriculum offerings and offer a seasoning so that the questions and dilemmas faced by medicine today are addressed throughout the health center and at many different levels. For example, as students rotate through obstetrics and gynecology, the issues of abortion, sterilization, high risk obstetrical cases and pre-natal genetic concerns will be discussed.

As the third year students rotate through pediatrics the questions of genetic engineering, manipulation and control will be discussed. Other types of issues that will occur within the curriculum's design are: transplantation of organs; human experimentation and informed consent; the rights of privacy

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(Editor's Note: Lowell H. Mays, Clinical Associate Professor of the History of Medicine, is the Director of the Program in Social and Human Medicine. Professor Mays, a theologian, also has a clinical appointment in the University Health Service. He has been on the faculty since September of 1970 and was a lecturer in the Program in Primary Care. On July 1, 1972, he joined the faculty full-time to direct this new program of the Medical School.)

confidentiality; and the question of the physician's own understanding of his role in light of the exertion of his self-concept.

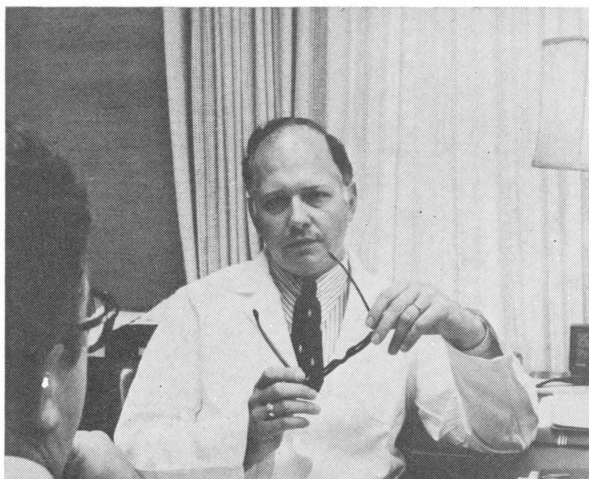
The program will also be encouraging serious scholarship and research. Some of the research areas will involve ethical quandaries faced in the use of psychotherapeutic drugs, the extent to which the mentally retarded must be subjected to experimentation and the development of some criteria by which ethical decisions can be effectively made.

The presence of such a program in a modern medical curriculum could serve as an indictment of practitioners who were trained without the benefit of such an educational opportunity. This should not be the case, as these individuals cannot be considered irrelevant; they are probably making the decisions and are facing some of the challenges quite well. It is the hope of the faculty, however, that, with the guarantee of this kind of educational opportunity, such decisions could be made with even a greater degree of ease and maybe better decisions can be made.

#### Med I's To Hear Scheduled Lectures

First year medical students at the University of Wisconsin will be exposed to the Program in Social and Human Medicine through individual lectures which will take place within some departments; i.e., within psychiatry, they will hear a lecture on the question of imposing one's values on a patient. Opportunities will also be available for first year students to take electives offered by the program.

Most of the teaching will be done in the clinical rounds on the floors. Ethical rounds will be held at regular intervals within specified experiences. Some very practical kinds of contributions will be made in the presence of this program. I was present this fall when the first year students met their cadaver gross anatomy for the first time. Similar kinds of experiences will be guaranteed as they witness death, perform their first pelvic, and are faced with serious trauma.



*Professor Lowell H. Mays pauses as he explains the new program in social and human medicine at the UW Center for Health Sciences.*

Another great opportunity for the students will be to view man from an interdisciplinary context. For centuries theologians have had pertinent views of man and have related these views to theological constructs. Behavioral science has developed theories over the past two decades which have strongly influenced the practice of medicine.

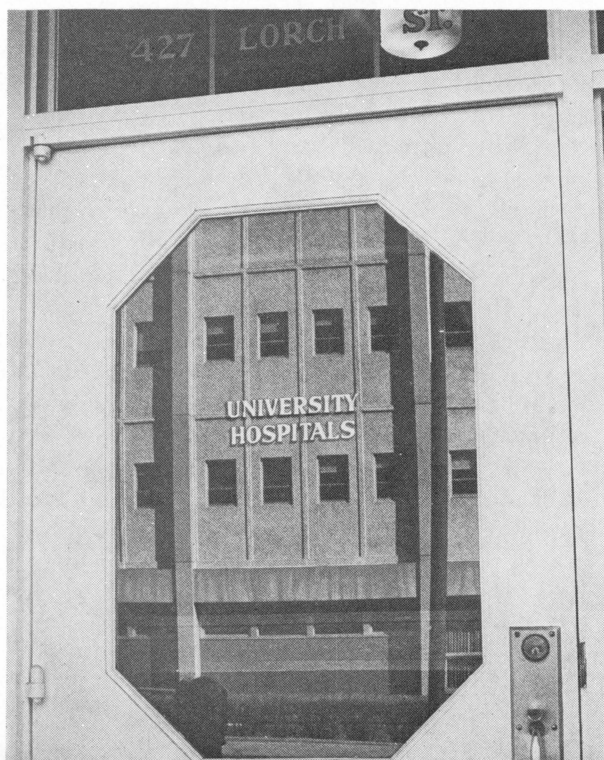
The Program in Social and Human Medicine will be an interface bringing many disciplines together and putting them at the disposal of medical education. The program will expand eventually to include disciplines such as philosophy, law and sociology.

Recently I overheard my two sons (ages 6 and 4) discussing their father's profession in their room. The younger one said to the older, "Daddy teaches doctors how to be doctors." The older one replied, "No Daddy teaches doctors how to be better doctors." There may be wisdom in what young David said in reply to his brother, but I also hope there is accuracy.





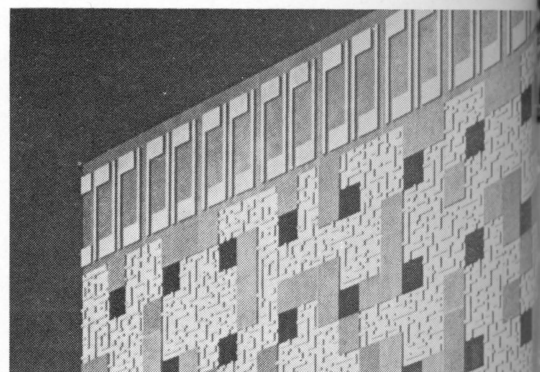
*This poured concrete caduceus is located above a west door of S.M.I., high above the line of sight. Photographer Gary Schulz had to stand between the Middleton Medical Library and the Infirmary to shoot it with a telephoto lens.*



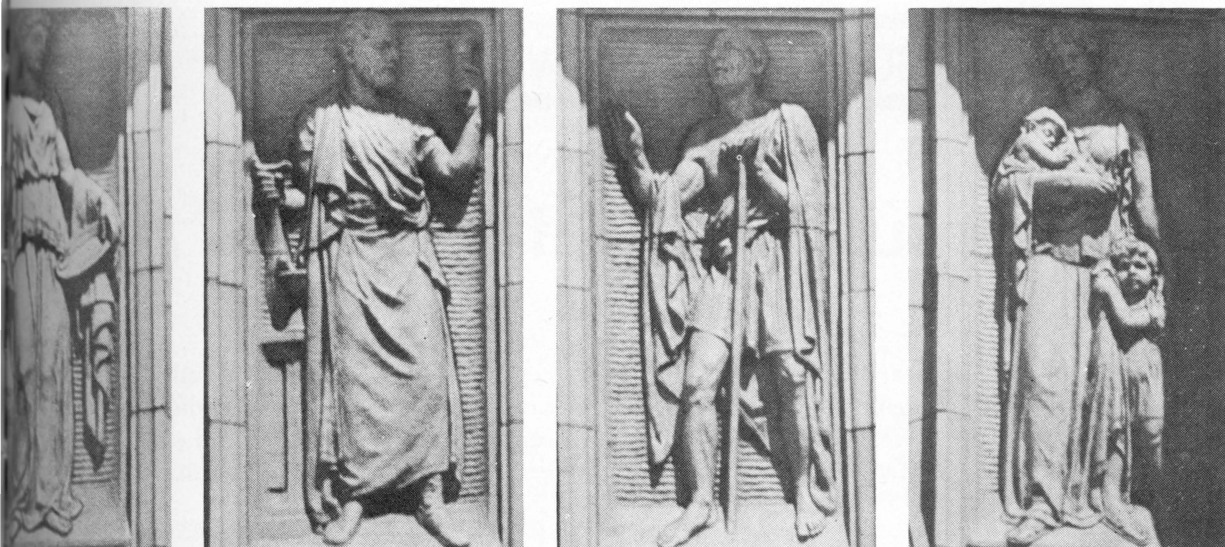
# Our Signs And Symbols

The UW Center for Health Sciences has numerous signs and symbols that either identify or add small bits of beauty to its buildings. Signs, like the one on our cover, are often cleancut and shiny and the most visible (like they're supposed to be).

Less obvious are the dozens of pieces of artwork placed primarily on the older Center buildings by long-forgotten architects for often long forgotten or obscure reasons. Pictured here are a few of them. Can you recall others?

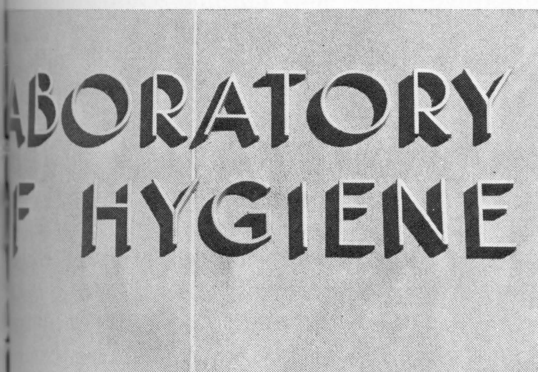
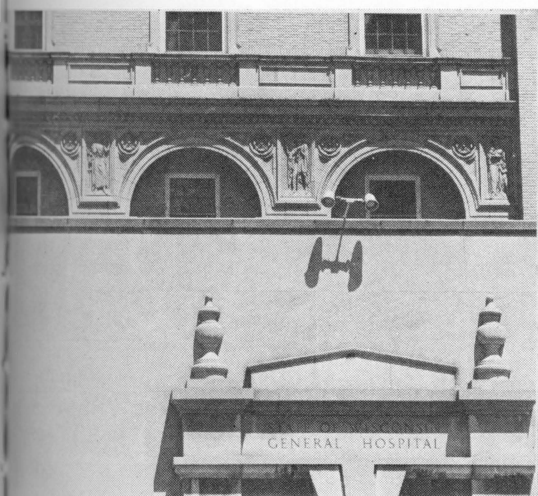


(Above left) Modern stainless steel letters on brick identify the Bardeen Medical Laboratories and also provide nesting places for sparrows (twigs hang out beneath the "B" in "Laboratories"). (Above) The design along the top border of McArdle Laboratories is an abstract conception of the astrological symbol for a crab in reverse. (Left) 427 Lorch Street is part of University Hospitals and houses the Department of Psychiatry. Lettering on the octagon-shaped window of a door on the building's west side is highlighted by a reflection of the Medical Genetics Building across the street.



Alumni at Madison before 1950 will recall the Victorian arches of old Wisconsin General Hospital's entrance. The columns are now hidden by a new lobby but the arches and four cast figures between them are still visible between UW Hospitals' third and fourth floors (see photo below, left). Investigation failed to

come up with proper identification but the second figure from the left appears to be Hippocrates and the third a man begging aid. Another form of Center sign also is shown in the photo at below left: "State of Wisconsin General Hospital" carved in stone above the main entrance.



(Above) Appropriate symbols for UW's Children's Hospital are the four poured concrete plaques in the form of a boy's head situated high on the building's east wall.

(Left) Another form of sign . . . cast stainless steel lettering on poured concrete walls . . . appears at the Hygiene Lab entrance.



## MEDICAL SCHOOL NEWS

# W. Campus Site Gets Federal Aid

University of Wisconsin and Medical Center officials received word in September that their application for a federal grant to assist constructing Phase I-A of the new Center for Health Sciences had been approved. A total \$10,780,000 has been reserved for the project on a west campus site adjoining the Madison VA Hospital.

The grant, which will be administered by the National Institutes of Health under the Health Professions Educational Act, will allow the UW Medical School to increase the size of its incoming freshman class from the present 130 to 200 students. Along with \$21 million in state funds which have been previously approved, the money will finance the relocation of many clinical operations at University Hospitals to the new site.

Plans for the new Medical Center which formerly included Phases I through IV have been modified into Phases 1A, B and C. It is hoped that funding will soon be approved for Phases B and C so they can be started next year and completed along with Phase 1A. Still required to complete the entire project are funds from a federal nurse training act (UW's application has been approved) to move the School of Nursing and some State of Wisconsin appropriations in the next biennium. The completed project has an \$80 million price tag.

A current timetable based on the recent funding could make it possible to open bids for the project in December of this year. Hopefully, ground could be broken for the new facility as early as January, 1973. With that starting time, Phase 1A would be scheduled for completion by June, 1976.

With the completion of Phases 1A, B and C, most hospital and Medical School clinical operations will be located at the new site, while basic science activities will remain at the existing site. Phase 1A will include a 325-bed hospital which will house:

Care of children, including all pediatric patients; circulatory care, including cardiovascular medicine and cardiovascular surgery; renal care, including

nephrology, urology and transplants; pulmonary care, including pulmonary medicine and pulmonary surgery; gastroenterology; and endocrinology. General medical and general surgical patients will also



*Color slides of the new proposed Center for Health Sciences helped illustrate Acting Dean Henry Pitof's "State of the Union Message" to alumni May 26.*

be located in the new hospital. Outpatient clinics for these services will be housed at the new site and related clinical research will also be located at the new Center.

Supportive facilities at the new site include diagnostic radiology, clinical labs, pharmacy, food service, physical therapy, ECG, EEG, respiratory therapy, surgical pathology, plant services, and materials management (central services). Most of these services will also continue at the existing site and in some cases the new site operation will be a satellite service.

Also to be located at the new medical center in Phase 1A is an Instructional materials production center which will produce audio-visual materials for all the units of the Center for Health Sciences. Teaching facilities and a reading room for nursing and medical students will be at the new site.

## **Middleton Library Role to Increase**

"Not only is the Middleton Medical Library staying intact but its role will be expanded in the current planning of the UW Center for Health Sciences," said Acting Dean Henry C. Pitot at a recent alumni association board meeting. The library will continue to be an important resource in the training of UW medical students, who, after 1976 will continue to receive their first two years of basic science, laboratory and "book" work at the current site. It also will play an important role in the new experimental Independent Study Program, which highlights self-learning.

Current plans for the Middleton Library include adding electronics and computer methodology to make the resource even more valuable. Facilities at the west campus site will be a satellite to the Middleton Library.

The Dean pointed out that modernizing and expanding the Middleton Library are one of the top projects in the UW-Madison's budget for 1973-74. Plans include the remodeling of the library's third floor so that the new electronic library capabilities linking ours to all other medical libraries in the Midwest can be effected.

faculty pay lot across the street and a portion of another lot 1½ blocks away.

Parking spaces in the original lot immediately to the west of UW Hospitals were widened and a new ticket system installed. Drivers now automatically receive a ticket upon entering and pay an attendant when leaving, according to UW Hospitals Superintendent James W. Varnum.

New signs arose on University Avenue in early September to direct patients and visitors to whichever of two lots had available parking space. In the rare occasion that both were full, drivers were sent to the reserve lot 1½ blocks away from the hospital.

Also involved in the new change was a ticket validation system designed to reserve the lots strictly for patient and visitor use. Physicians on the clinical staff were assigned spaces in a lot across the street from the Hospital and emergency room patients will continue to receive immediate free parking near the ER in the rear of the hospitals, Varnum said.

One reason for the expansion is to take care of parking demands from the UW Hospitals' ever increasing outpatient clinic volume, according to the superintendent.

## **FPP Opens Clinic in Verona**

A new medical clinic, The Verona Family Practice Clinic, opened in July as a result of that community five miles southwest of Madison being selected by the UW Family Practice Program as the location for its model rural clinic. Two family physicians staff the clinic: Dr. Roger B. Caldwell, clinical assistant professor of family medicine at UW, and Dr. Richard B. Larson, '70, a third-year family practice resident.

## **Double UWH Patient Parking Spaces**

Relief for the long-standing patient and visitor parking problem at University of Wisconsin Hospitals was effected this past summer. A series of changes begun in July simplified their parking and in September more than doubled the space available for patient and visitor cars. Actions included opening to the patients and their visitors of a staff-

## Rusch Heads New Cancer Center

Regents of the University of Wisconsin System Sept. 8 approved appointment of Dr. Harold P. Rusch, '33, as director of the new Wisconsin Clinical Cancer Center at the UW-Madison Center for Health Sciences. An internationally-known research authority and member of Pres. Nixon's National Cancer Advisory Board, Dr. Rusch has been director of the McArdle Memorial Laboratory for Cancer Research in Madison since 1946.

As director of the new clinical cancer program Dr. Rusch will head a multidisciplinary effort which will bring together all aspects of dealing with the disease. The major areas include care of patients, the teaching of professionals who treat cancer patients, and research in detecting the disease and curing it.

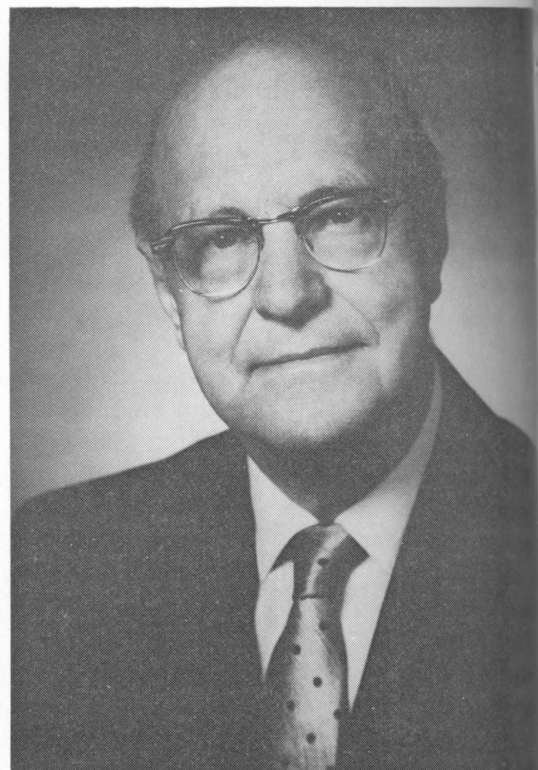
UW Vice Chancellor Irving Shain noted: "It is logical that an eminent leader in the field, such as Dr. Rusch, be asked to direct this step forward in Wisconsin's attack on cancer. He has played a major role in developing the University's program into one of the finest in the nation."

Dr. Rusch was born in Merrill, was graduated from Wausau High School, and received his B.A. and M.D. degrees from UW-Madison. He interned at UW Hospitals and taught physiology at the University for a year before becoming a Jonathon Bowman Memorial Fellow. During this time he visited a number of leading cancer institutes in this country and Europe.

Appointed assistant professor and chairman of oncology at Wisconsin in 1941, Dr. Rusch initiated the cancer research program at McArdle Laboratory, and was named director five years later.

His research interests have centered on cancer-causing agents and factors influencing carcinogenesis, specifically study of the biochemistry of growth and differentiation in *Physarum polycephalum*. He has published over 100 research articles on the general subject of cancer.

Some of his national activities have included chairmanship of the recent National Cancer Institute committee which planned the basic direction of cancer research in the United States, membership on the National Advisory Cancer Council, Pres. Kennedy's Committee on Heart Disease and Cancer, and the Board of Directors of the American Cancer Society. In 1954 he was president of the American



*Harold P. Rusch, M.D., '33*

Association for Cancer Research and from 1950-1965 was editor-in-chief of the journal, "Cancer Research." He also is a member of the American Society for Experimental Pathology.

## Cripps is New Dermatology Chief

Derek J. Cripps, M.D., a professor of medicine has been named chief of dermatology at University Hospitals. He replaces Dr. Sture A.M. Johnson who is retiring from that position after 25 years. Dr. Johnson will remain on the dermatology staff at University Hospitals continuing his clinical practice and teaching activities.

A native of Great Britain, Dr. Cripps received his medical degree from the University of London in 1953 and took a residency in dermatology at the University of Michigan. He has been on the dermatology staff at Madison since 1965. Dr. Cripps is also involved in medical research on skin sensitivity to sunlight.



## **Drs. Crummy, Miller Head Departments**

Appointments to two acting chairmanships were announced by Dr. Pitot in late September. Dr. Andrew B. Crummy, Res. '58-61, will be acting chairman of radiology and Dr. Elizabeth C. Miller will serve as acting director of McArdle Laboratories for Cancer Research.

Dr. Crummy will head radiology at the Center while Dr. John H. Juhl, Res. '46-49, is on a six month leave of absence as visiting professor of radiology at the Charles Drew Post Graduate Medical School in the Wilmington-Watts area of Los Angeles. An M.D. graduate at Boston University, Dr. Crummy joined the UW medical faculty in 1963 and was promoted to full professor last July.

Dr. Miller succeeds Dr. Harold P. Rusch, '33, who was named director of the new Wisconsin Clinical Cancer Center at UW earlier this month. She also was appointed acting chairman of the department of experimental oncology.

A noted cancer researcher, Dr. Miller and her husband, James, also a professor of oncology, received the prestigious Bertner Foundation Award in 1971. A researcher at UW since the mid-1940's, Dr. Miller received her Ph.D. in 1945. Her main research area has been the field of chemical carcinogenesis.

## **New Pediatric Eye Clinic at UWH**

A new pediatric clinic designed to meet the special needs of children with eye problems opened in June at the children's units of University Hospitals, Madison. "The difference between our eye clinic and an adult eye clinic is in approach," said Dr. Thomas D. France, pediatric ophthalmologist and head of the new program. "It is necessary to use special techniques to examine the eyes of infants and children. We work on the premise that often a child responds better to treatment and surgery if he is treated at an early age," he said. The clinic sees children

with such eye problems as congenital cataracts, congenital glaucoma, impaired vision as a result of accidents or other trauma, and eye problems caused by other diseases of the body.

With special techniques the physician can measure a child's visual acuity even though the child cannot talk or read an eye chart. Children as young as three weeks can be examined and surgery can be performed on six month-olds. Miss Dale Blanche, a certified orthoptist, works with children who have strabismus, that is, muscle problems, or amblyopia, low vision. Through therapy designed to retrain the brain to use both eyes together, the child learns to use his eyes correctly again.

## **Dr. Reynolds Joins Faculty**

Arrival of Dr. Ernest W. Reynolds as director of the clinical cardiology section of medicine at University Hospitals in April will give that section greatly increased capabilities.

Dr. Reynolds, who succeeds the late Dr. Charles Crumpton as director, previously was professor of internal medicine (heart section) at the University of Michigan. In addition to his clinical work and administration of the section, the new director will teach medical students and house officers and pursue his research interests.



Dr. Reynolds received his M.D. from the University of Oklahoma. A diplomate of the American Board of Internal Medicine, Dr. Reynolds served a cardiology and physiology fellowship before joining Michigan's medical school. He was at Michigan for 20 years and his activity included directorship for three years of the state's Kellogg comprehensive coronary care project. Dr. Reynolds currently is chairman of the National Institute of Health's Cardiovascular "A" Study Section.

## Diabetic Retinopathy Program Begun

Patients have been enrolled at University of Wisconsin Hospitals as part of a nationwide cooperative research study to evaluate new methods of treating diabetic retinopathy, the progressive disorder of the blood vessels of the retina stemming from diabetes and a leading cause of blindness in this country.

Supported by grants from the Department of Health, Education and Welfare's (HEW) National Eye Institute, a component of the National Institutes of Health, the 10-year, \$5-7 million study will eventually involve over 1,800 patients at 16 clinical centers across the country.

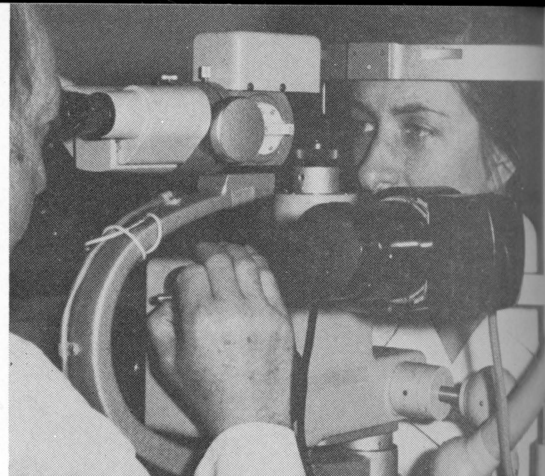
Dr. Matthew D. Davis, Res. '51-55, professor and chairman of ophthalmology at the UW Center for Health Sciences, is serving as chairman of the executive committee of clinical investigators directing the study. Dr. Davis has long been interested in diabetic retinopathy. Dr. Davis is director of the center at University Hospitals which will evaluate retinal photographs taken of patients at each of the participating universities.

University Hospitals also will serve as one of the 16 clinical centers at which the eyes of persons with diabetes will be examined and treated. Other ophthalmology faculty members participating in the project are Drs. Frank L. Myers, Res. '64-67; George H. Bresnick; Guillermo de Venecia, Res. '56-59; and James A. Harris. UW Hospitals participation in the program this year is supported by \$114,181 in National Eye Institute grants.

The mechanism underlying diabetic retinopathy is unknown, but the condition seems to involve progressive impairment of the retinal circulation. The chief immediate causes of blindness from diabetic retinopathy are bleeding into the vitreous (the clear jelly-like fluid which fills the posterior three-fourths of the eye), scar tissue formation, and detachment of the retina.

All of these conditions are usually preceded by growth of newly formed blood vessels along the internal surface of the retina. It is from these vessels that hemorrhages into the vitreous occur and it is at the sites of new vessels that scar tissue forms. Subsequent shrinkage of the scar tissue and of the vitreous, to which the new vessels adhere, is the immediate cause of retinal detachment.

The cooperative study's primary objective is to determine whether photocoagulation helps preserve



*Participants in the Cooperative Diabetic Retinopathy Study are being treated with either the argon laser, xenon arc or with a combination of the two. The top photo shows a model receiving an argon laser treatment (a fine but intense blue-green beam of light). The bottom photo shows treatment with white light from the xenon arc photocoagulator.*

vision in patients with diabetic retinopathy. In this therapy an intense beam of light is directed into the eye and focused on a tiny spot in the retina. Light is absorbed by the retina and converted to heat, causing minute burns.

In some cases the light applications are made directly over the patches of new vessels in an attempt to coagulate and occlude them, while in others the applications are scattered in a checkerboard pattern over large areas of the retina in the hope there will be an indirect beneficial effect on untreated areas of the retina.

Although photocoagulation has been used extensively in the treatment of diabetic retinopathy in recent years, its true value has not been clearly documented. Furthermore, the several available

methods of photocoagulation have not been tested against each other.

For this reason patients in the NEI-supported study will be randomly divided into three groups. One group will be treated with white light from the xenon arc photocoagulator, a second group with the argon laser, which generates a fine but intensely brilliant blue-green beam of light, and a third group with a combination of these two methods.

Initially only one eye of each patient will be treated, while the other is followed as a control. Only if photocoagulation is proved beneficial will treatment of the second eye be considered. Knowledge gained from the study would be used to select the method most likely to help that eye.

Initially every patient will be given an extensive eye examination and a comprehensive medical examination. Photographs of the retina will also be taken before treatment to provide objective evidence of the presence of diabetic retinopathy and to classify the stage of the disease. Follow-up photographs will be taken to assess the effect of treatment. Each patient will be followed for five years, during which time he will have several follow-up examinations.

## A Unique Gyn Cancer Program

Physicians at UW Hospitals have developed a treatment program unique in Wisconsin for patients with cancer of the female genital tract. Using an interdisciplinary approach, the service combines efforts of specialists in multiple fields including computers, to offer patients the most effective care for their individual needs. Gynecologic malignancy patients entering the hospital are seen by a gynecologist, a radiotherapist, and a chemotherapist. These specialists confirm the diagnosis and decide on a specific treatment plan.

UW physicians treating genital tract tumors use protocols developed from extensive information in a computerized data base. William F. Carr, director of the Gynecologic Computer Section, noted that

the data base "is an invaluable source of information for determining effectiveness of a specific treatment program and long-term results."

Information on each patient, including the site and stage of malignancy, description of treatment and the patient's response and progress, is filed into the computer system. Physicians working with the patient later have immediate access to this information using a remote computer terminal on the nursing unit. Computer section personnel maintain the data base and keep a complete follow-up record on each patient during her life.

The ongoing program initially was funded by the Wisconsin Regional Medical Program and developed under the direction of Dr. Ben M. Peckham, '41, chairman of GYN-OB at University Hospitals.

Approximately 1,200 women are seen as inpatients or outpatients yearly in the department's Gynecologic Oncology Division, headed by Dr. Dolores A. Buchler. "The advantage of our team approach," Dr. Buchler explained, "is selection of the most appropriate therapy for each patient based on recent developments in the field of oncology."

Many patients admitted to the Gynecologic Oncology Division require intracavitary radiation as part of their treatment. There is a special operating room located in the hospital's Radio-therapy Center where radium is surgically inserted. Adjoining it is the radium bank where radioactive sources are kept.

Using an afterload technique, physicians select the appropriate applicator and insert it into the patient. Placement films are then taken. After determining that the applicator is properly placed for treatment of the malignancy, the physician obtains radium from the adjoining radium bank and loads the applicator.

"If the amount of radium needs to be altered, it can be done in the patient's room, since an afterload applicator has been used," Dr. Buchler said. "If preload applicators were used, it would necessitate removing the applicator and later returning the patient to the operating room to replace the radium."

The length of time radium is left in the patient depends on the treatment plan, which may also include surgery, chemotherapy, and/or external radiation.

In an extensive follow-up program, patients treated at University Hospitals for malignancy of the female genital tract are seen on a regular basis in the Gynecologic Tumor Outpatient Clinic.



## 9 Start UW Health Admin. Course

Registration of nine graduate students at the University of Wisconsin last month marked the beginning of the Medical and Business Schools' new program in health administration. The nine will embark upon a 2-year series of courses that will lead to a School of Business M.A. with special emphasis on administration of medical institutions.

Director of the program is Rockwell I. Schulz, a member of the Medical School's Department of Preventive Medicine faculty and recent recipient of the first Ph.D. in hospital and health services administration awarded by Wisconsin. Dr. Schulz also has practical experience as administrator of the Pember Nuzum Clinic in Janesville, administrator of Manitowoc Memorial Hospital, Management Consultant with Booz-Allen and Hamilton, Assistant Dean of Tulane Medical School and Associate Dean of University of Texas Southwestern Medical School.

The program will help to expand Medical School activities and offerings. New elective courses are being planned to be offered to medical students such as in health law. An administrative medicine program is being developed to provide training for increasing numbers of physicians who find themselves in administrative roles in group practices, hospitals, health maintenance organizations, medical schools and so forth.

Although the Program has not been publicized, a number of physicians have already applied. One medical student has been admitted to a combined degree program in medicine and health administration. A search is being conducted for a new faculty member qualified as a clinician and with experience in research in the delivery of health services to develop and head this program.

Schulz said that the purpose of the UW program is to train administrators "to establish a team approach to running medical organizations. Both doctors and professional administrators have a lot at stake in controlling the rising cost of medical care," he adds.

Part of the UW program, funded by the National Institute of Health with a \$363,000 grant, includes practical field work for students, observing and working in health service organizations. All Madison hospitals, the Department of Health and Social Services, planning council and other state institutions and agencies are cooperating in the program.

The program is not in violation of the University's current moratorium on introduction of new courses or curriculum changes. Vice Chancellor Irving Shapiro explained that "it is the result of the normal evolution of the School of Business master's degree program. The Hospital and Health Services Administration program is a realignment of present courses for people who want to specialize in this type of administration.

## Navajos Hear of Wisconsin Medicine

The popular Wisconsin "March of Medicine" radio series, featuring H. Kent Tenney, M.D., emeritus clinical professor of pediatrics, is now being heard in Navajo as well as English. Scripts for the program are being sent to a Navajo radio station in Ramah, N.M., where they are aired by Navajo announcers who translate as they read.

The New Mexico station learned about "March of Medicine" through WHA, the University of Wisconsin station which broadcasts the program in cooperation with the State Medical Society. (The fact that Dr. Tenney has some Indian ancestors has nothing to do with it, the Society says!)

"March of Medicine" has been on the air since 1945 and is now carried weekly by 35 Wisconsin radio stations. Dr. Tenney is in his 13th year with the program. He followed Dr. Robert C. Parkin, M.D.

## Remember the Medical School in your will . . . . .

Thoughtful bequests have done much to enrich the Middleton Medical Library and the History of Medicine Department, provide student financial aid, further research and establish name professorships.

Helpful advice concerning estate planning, the advantages of "deferred gift" options and opportunities to perpetuate the name of a loved one through a lasting memorial gift or bequest is available from:

**The University of Wisconsin Foundation  
P.O. Box 5025, Madison 53705**

## Nicaragua Hurricane Relief Role Told

A little over a year ago — September 9, 1971, to be exact — Hurricane Edith struck the northeastern coast of Nicaragua, the Central American country which is Wisconsin's "sister state". Eight days later Hurricane Irene hit Southern Nicaragua with high winds and torrents of water resulting in the overflowing of many swollen rivers. The role played by the University of Wisconsin in this disaster was recognized this Summer when the faculty member who was most directly involved received a decoration in the name of the Nicaraguan people.

After the disaster occurred last Fall Wisconsin Governor Patrick Lucey requested from then Medical School Dean Peter Eichman the services of Dr. Ned Wallace, assistant professor of preventive medicine and postgraduate medicine, to work full time for several weeks on the relief program.

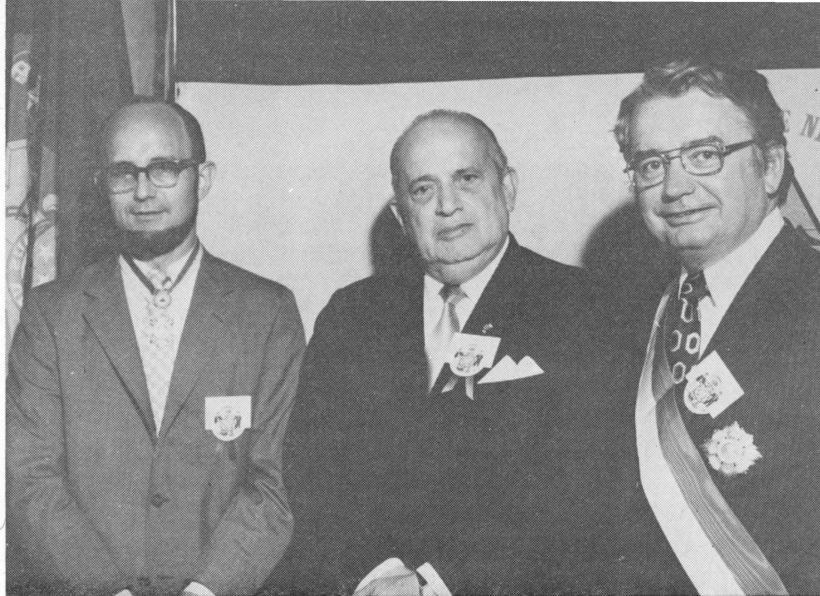
Dr. Wallace, director of UW's Office of International Health Affairs, was no stranger to the Central American country. He had worked for many years in a small hospital in the region in which the disaster occurred. (See Summer 1971 issue of the *QUARTERLY*). Disaster assistance consisted of planning for medical relief efforts, acquiring medicine vaccine, coordinating transportation, supervising distribution of supplies and working with national doctors in rehabilitation planning.

These services necessitated several trips to Nicaragua beginning September 22, 1971, to assess the extent of damage, evaluate medical needs, plan distribution and coordinate Wisconsin-Nicaragua medical relief efforts. Dr. Wallace was accompanied on the first trip by Robert Dunn of the Governor's staff.

Since the hurricane disaster area was part of the region in which the University of Wisconsin conducts its International Community Medicine elective, those UW medical students and house staff who were in the area were able to provide meaningful service. They were directed and supervised by the UW Faculty Coordinator who was serving as consultant to the Nicaragua Ministry of Health for medical disaster relief.

Our students since the hurricane have provided medical care to hundreds of patients who directly or indirectly suffered from the disaster.

The UW program in Nicaragua will continue in the future with expansion in a number of activities.



*Nicaragua said "gracias" to the people of Wisconsin for their hurricane relief efforts when Ambassador Guillermo Sevilla Secasa (center) bestowed the Great Cross of Reuben Dario upon Gov. Patrick J. Lucey (right) in August. The ambassador also decorated Dr. Ned Wallace (left), director of UW's Office of International Health Affairs.*

These include the assistance for and implementing a model health delivery system; nutrition and health education. Wisconsin medical students will be working within the UW Community Medicine Project. Planning for these efforts were completed when the dean of the Nicaraguan Medical School visited Madison in August.

## UWH Opens Pain Referral Center

A pain referral center has been established at University of Wisconsin Hospitals in Madison as a new service available to all physicians. The new clinic is made up of specialists from various medical disciplines to evaluate and treat patients experiencing chronic pain with underlying pathology. To be held every Tuesday afternoon, it is a part of a continuing expansion of clinical facilities offered by University Hospitals.

The clinic will serve as a referral center for patients with organic disease. Although it is recognized that all pain has associated psychological problems and clinic doctors are prepared to cope with these, primarily those patients with known pathology should be referred.

## ALUMNI CAPSULES

**Dr. Ben M. Peckham, '41**, OB-Gyn chairman at UW, was the featured speaker at Madison General Hospital's annual meeting in March. He described the UW Hospitals-Madison General OB-Gyn merger, saying the unique arrangement may become a model in sensible utilization of facilities in the 6-state Midwest area.

Recently returned from his third trip to Vietnam as a Volunteer Physician, an AMA program, is **Dr. Victor S. Falk, '39**, Edgerton, Wisc. On his way back he stopped at several South Pacific islands, including Guadalcanal, where he'd been stationed 30 years before.

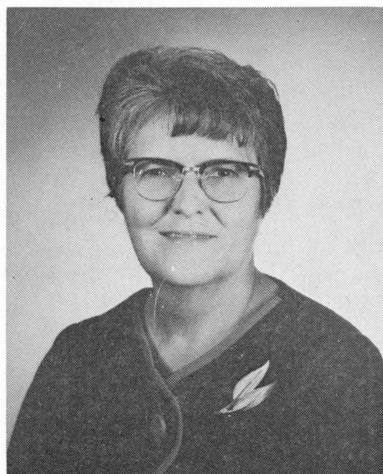
**Victor Levin, M.D., '66**, completed his neurology residency at Massachusetts General Hospital and joined the U. of California (San Francisco) faculty with research appointments in the neurology department and school of pharmacy plus a clinical appointment in neurology.

**Dr. George F. Drasin, '67**, has been elected chief resident at UW Hospitals for 1972-73. A radiology resident, he interned at San Joaquin General Hospital, Stockton, Calif., before returning to Madison. Two former '70-'71 interns, **Drs. Michael Bukstein and Mark Schrager**, are assistant chief resident and secretary-treasurer, respectively, of the house staff association.

Three alumni in Wausau are providing continuous 24-hour on-

site physician coverage at a regional emergency medical center opened July 1 at Wausau Hospital North. **Drs. George R. Hammes, '37, Arthur W. Hoessel, '43, and Richard C. Shannon, '41**, gave up practice to provide the coverage. The center consolidates ERs in the city's two hospitals.

Migrant Health Director is the current title of **Dr. Elizabeth R. Baldwin, '34**, La Belle, Fla., who directs clinics in two counties. First woman doctor appointed to



*Elizabeth R. Baldwin, M.D.*

the Wisconsin State Board of Health and first woman M.D. at the Marshfield Clinic, Dr. Baldwin also practiced in Chicago before moving to Florida.

**Dr. Richard A. Geline, '62**, since July 1971 has been in private orthopedic practice in Chicago. He spent the winter of 1970-71 in Vale, Colo., setting broken legs and skiing.

**Maj. Darryl R. Stern, '67**, (and psychiatry '71) is deputy hospital commander and chief of profes-

sional services at the Dover Air Force Hospital, Del. Currently beginning his second year of military obligation, he also has mental health clinic duties.

Appointment of **Dr. Irvin Becker, '47**, chief of staff at Mount Sinai Hospital, Milwaukee, as clinical professor of medicine at the Medical College of Wisconsin has been announced by Dean Gerald A. Kerrigan.

**LCDR William B. McHugh, '70**, presently has been serving on the carrier, USS Kittyhawk, on sea between China and Vietnam.

**Dr. Bernard L. Marquardt, '66**, in August joined the Medford (Ore.) Clinic, a multi-specialty clinic of primary care physicians after completing his pediatric residency at the U of Oregon Medical School.

Cleveland, O., is the new address of **Dr. Kenneth G. Reed, '63**, who in July joined the faculty of Case-Western Reserve University as associate professor and director of the ambulatory pediatric research unit. He also is assistant professor of community health.

**Dr. George D. Slater, Medical Intern '70-71**, presently is doing two years as a Navy medical officer at the Kaneohe Marine Air Station, Hawaii.

Milwaukee thoracic surgeon **Raymond R. Watson, M.D., '41**, has been chosen president-elect of the 294-member medical staff at St. Joseph's Hospital. He also is associate clinical professor at the Medical College of Wisconsin.



Recently named director of inpatient services at the Kenny Rehabilitation Institute in Minneapolis was **Dr. Keith B. Sperling, '66**. Since interning in Denver, Dr. Sperling served in the Navy at the Twin Cities for two years and spent three years as a resident in physical medicine and rehabilitation at the University of Minnesota.

After practicing in Boscobel, Wisc., for 42 years, **Dr. Ernest F. Freymiller, '22**, this spring announced his retirement.

**Dr. Mary E. Kohl, '47**, is a child psychiatrist at the Des Moines (Ia.) Child Guidance Center.

A '68 alumnus, **Dr. Robert W. Graebner**, is a neurologist at Ft. Gordon, Ga., and assistant professor at the Medical College of Georgia, Augusta.

**Dr. Vaughn Demergian, '52**, Madison, this spring was honored by the Greater Madison Chamber of Commerce at its Police Recognition Luncheon for his treatment of city and county policemen injured in street riot duty and for the training of officers in the handling of accident victims. Dr. Demergian is a specialist in plastic and reconstructive surgery.

**Dr. Franklin O. Meister, '31**, recently retired as chief of the neurology division of the Veterans Administration Central Office in Washington and has moved to Irvine, Calif. He has no medical practice plans except as a clinical faculty member at the U. of California there.

Former Green Bay (Wisc.) internist **Dr. Don Lee Bradke, '65**,

in July moved to New Orleans, where he will engage in private practice and teach at the Tulane and LSU medical schools.

**Dr. A. Frederick Rasmussen, Jr., '44**, associate dean of the



(L to r) Drs. Keith B. Sperling, '66; Melvin W. Stuessy, '37; and George P. Bogumill, '59.

UCLA Medical School, is serving as a special consultant to the National Institute of Allergy and Infectious Diseases. He is a specialist in virology and joined the UCLA faculty in 1952.

The "Outstanding Citizen Award" was presented by the Green County UW Alumni to **Dr. Melvin W. Stuessy, '37**, Brodhead, Wisc. In practice for 34 years, he recently retired from the school board after serving 27 years, most as president.

Staff psychiatrist at the Topeka, Kas., Veterans Administration Hospital is the destination of **Dr. Kenneth P. Bertelson, '64**, after graduating in general psychiatry from the Menninger Foundation in that city.

Four alumni were re-elected in June to the State Medical Society of Wisconsin's Commission, which directs the society's WPS Blue Shield Plan and other health care programs. They are Drs.

**E. M. Dessloch, '35**, Prairie du Chien, chairman; **Robert Krohn, '27**, Black River Falls, vice chairman; **Robert A. Sievert, '60**, Madison, assistant treasurer; and **D. N. Goldstein, '38**, Kenosha, delegate to the National Assn. of

Blue Shield Plans.

**Col George P. Bogumill, '59**, is at Walter Reed General Hospital following three years as director for the orthopedic pathology course at the Armed Forces Institute of Pathology, Washington. While there he frequently saw Dr. Murray Angevine. He serves as anatomy consultant to the National Naval Medical Center and assistant clinical professor at George Washington U. Med. School.

**Dr. John E. Koepsell, '47**, is practicing cardiology at the Rockford (Ill.) Clinic. His professional interests include development of the stratified coronary care system in Rockford and the Rockford School of Medicine.

Subject of a Madison **Capital Times** sports column on golf recently was **Dr. Gloria E. Sarto, '58**, associate professor of OB-Gyn at Wisconsin. With an expected premature set of triplets

(her first) on her mind, Dr. Sarto shot an 87 in the city women's golf tournament, the first time she had ever broken the score of 90 for 18 holes.

□

After duty as chief of the base mental health clinic at Hickam AFB, Hawaii, for two years, **Dr. Bruce R. Holzman, Res. '66-70**, in August joined the child psychiatry faculty of the Wm. S. Hall Psychiatric Institute, Columbia, S.C.

□

**William A. Scheftner, M.D., '68**, after two years in the Army in July began a residency at the Illinois State Psychiatric Institute, Chicago.

□

A lapel insignia denoting meritorious service for 25 years as a consultant in ophthalmology, was recently presented to **Dr. Erwin E. Grossmann, '35**, Milwaukee, by the Veterans Administration Hospital in suburban Wood, Wisc.

□

**Dr. Ronald L. Smits, '64**, recently moved his dermatology practice from Pasadena to the new Verdugo Hills Professional Building in Glendale, Calif.

□

After serving residencies in general and child psychiatry at Wisconsin, **Dr. David H. Zarwell, '65**, has become associated with the LaCrosse (Wisc.) County Guidance Clinic.

□

Another psychiatrist, **Dr. David W. Cline, '62**, is assistant professor at the University of Minnesota, Minneapolis.

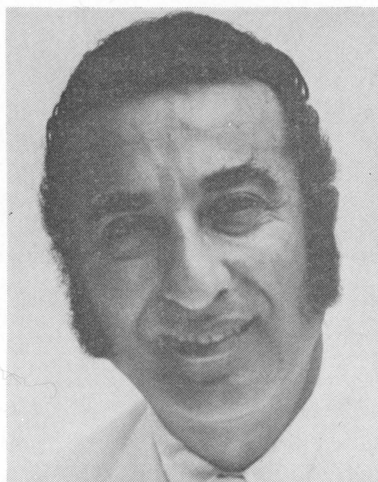
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Medical Alumni Recipient **Dr. Stuart C. Cullen, '33**, dean of the University of California Medical School in San Francisco, pre-

sented the 1972 Rovenstine Memorial Lecture at the American Society of Anesthesiologists annual meeting in October.

□

**Dr. Alan S. Lieberthal, '49**, Milwaukee, recently was certified by the American Board of Nuclear Medicine as a specialist in all aspects of the diagnostic,



*Alan S. Lieberthal, M.D.*

therapeutic and medical research uses of radioactive materials.

□

**Dr. Joseph C. DiRaimondo, Int.-Res. '66-70**, has entered orthopedic surgery practice in Manitowoc, Wisc., after duty with the U.S. Navy.

□

New staff endocrinologist at the Army's Letterman General Hospital, San Francisco, is **Maj. Hunter Heath, III, Int.-Res. '68-70**, who recently finished a two-year fellowship at Walter Reed in Washington, D.C.

□

The August 1972 issue of *The Surgical Clinics of North America* is devoted to 27 papers on the function and diseases of the anorectocolonic tube and was edited by **Dr. Robert Turell, '28**, New York City. NBC television

will carry his research project on hemorrhoids (originally shown April 1971) again in five cities: 6:30-7 a.m. local time: New York City, Sept. 4; Los Angeles, Oct. 1; Chicago, Oct. 30; Washington, Nov. 27 and Cleveland, Dec. 1.

□

**Dr. Alan S. Bensman, '62**, now in private practice in Minneapolis but still operates the Meningomyelocele Clinic at the University of Minnesota.

## Necrology

The following alumni deaths have been reported:

**Dr. Walter E. Green, '21**, Detroit, September 1965.

**Dr. Karl K. Borsack, '21**, Fond du Lac, Wisc. May 6, 1972.

**Dr. John M. Feeney, '24**, Excelsior, Minn., August 1970.

**Dr. Dana P. Stearns, '25**, Richmond, Va., in 1970.

**Dr. Walton C. Finn, '29**, Tucson, Ariz., in May 1971.

**Dr. Milo T. Erickson, '29**, Madison, Aug. 17, 1972.

**Dr. Harry Feldman, '31**, Ithaca, N.Y., in Silver Spring, Md., March 13, 1972.

**Dr. John L. Parks, '34**, Annapolis, Md., July 5, 1972.

**Dr. Alan M. Drummond, '31**, Washington, D.C.

**Dr. Milton H. Joyce, '40**, Inglewood, Calif.

**Dr. F. Keith Bradford**, former intern, in Houston, in 1971.

**Dr. John G. Verberkmoed**, Medical Res. '45-48, Roseburg, Ore., June 2, 1971.

## Retreat Set for Hawaii; Ethical Quandaries is Topic

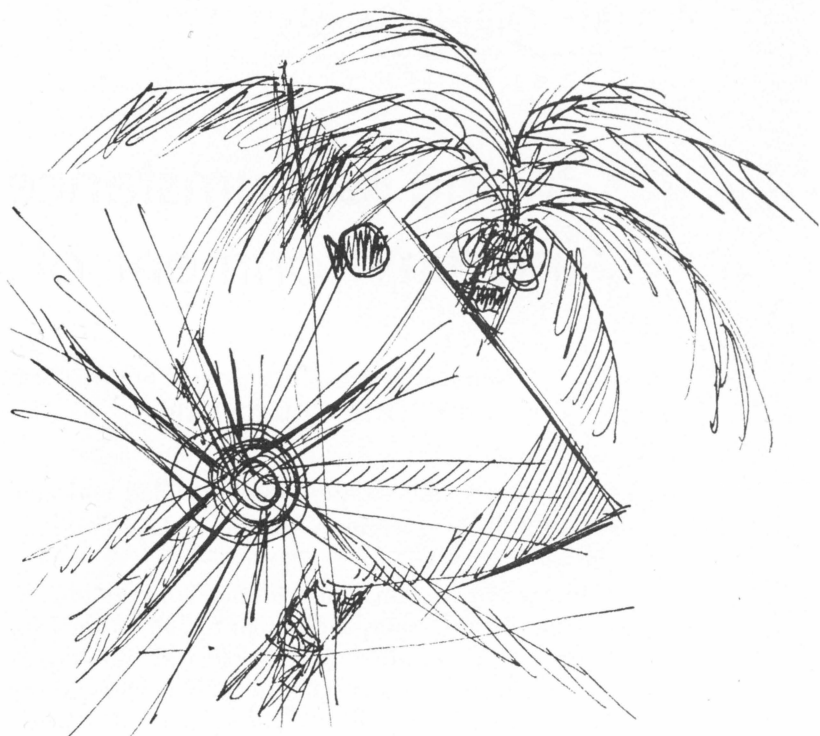
Ethical quandaries that face today's physician in his practice will be the general theme of the Seventh Annual Alumni/Faculty Retreat, Feb. 10-17, 1973. Site of the retreat will be at the Kainana Beach Hotel, a secluded first rate hotel at the foot of Diamond Head on Hawaii's main island of Oahu. The destination differs from that announced in late summer.)

Program chairman for the retreat is Dr. Gloria Sarto, '58, associate professor of Gyn-OB at Wisconsin. Some of the 21 topics to be covered will be "Ethical Quandries Faced in the ICU," "The Right to Die—The Right to Suicide," "Sterilization—Who Should Judge?" "Extraordinary Medical Care—The Cost, Decision, Problems."

Faculty members include Dr. Sarto; Dr. Louis C. Bernhardt, '63, asst. clinical professor of surgery; Prof. Lowell F. Mays, assoc. professor of medical history; and Dr. Arvin B. Weinstein, '44, professor of medicine. "Physician-Patient Ethical Conflicts," "Amniocentesis—Cost and Value Effectiveness," "Role of the MD and Patient in End Stage Diseases," "Resuscitation Efforts—Who, How, When and Why?" are other discussion topics.

Cost of the 1973 Alumni/Faculty Retreat will be \$1,134 for couples, \$1,184 per couple if the spouse takes part in the educational sessions, and \$699 for individuals. Including the spouses was most popular last year.

Participants will fly from Chicago to Hawaii, enjoy seven nights of hotel accommodations includ-



ing two meals per day, use of hotel facilities, a luau, a tour of Pearl Harbor. The hotel is a short distance from Honolulu, its shopping and other attractions. Transfers at the airport, hotel and return, tips and hotel service charges are included in the fee. Because of the time change, participants will arrive in Chicago Sunday morning, Feb. 18.)

Use the coupon below for reserving space or obtaining further information.

## Register Now—7th Alumni/Faculty Retreat

Name \_\_\_\_\_ Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip \_\_\_\_\_

For registration or further information return this form to: Wisconsin Medical Alumni Association, % Mr. Ralph Hawley, 333 N. Randall Ave., Madison, Wisconsin 53706.

\_\_\_\_\_ Registration

\_\_\_\_\_ Further Information

Enclosed is a check for \$\_\_\_\_\_ to cover:

\_\_\_\_\_ Couples Registration Fee (\$1,134)

\_\_\_\_\_ Individual Registration (\$699)

\_\_\_\_\_ Couples Registration Including  
Spouse's Education Fee (\$1,184)



## On the Circumstance And Environment of Practice

BY "THE SCRUTINEER"

"Quarto! Come to life," I commanded and continued to look piercingly at the little volume on the shelf.

I was once again alone in the hospital library, waiting for the emergency room to call — ideal for Quarto to come alive. A smile spread the corners of my mouth as I saw Quarto moving. Slowly the pages parted and that bulbous nose cautiously appeared. The wisp of hair was next, then the small luminous eyes blinked as though sleep was passing.

"Hrump!" Quarto snapped, "don't usually do this for anyone — no one, that is, except you." The binding gave a shudder and out popped knobby arms and legs.

He sprang from the shelf, landed spritely on the table and sauntered to his favorite ash tray. He looked at me with a cockiness new to his character.

"Well! I said, 'What new life has come into those old joints? You look as though a great event has come your way. Now don't tell me you had an affair with Nana?'"

He smiled kindly and said, "no, nothing as mundane as that. My joints are no longer grinding — threw the oil can away — my binding has been redone and I am once more a book of splendor."

"My God! You're right. Forgive me for not noticing. You look elegant. I was blinded by my own preoccupation."

"And what might that be?", he asked.

"Oh, its the influence of circumstance and environment on the practice of medicine", I replied.

"What's that you say, 'circumstance and environment?' those at the Radcliff Infirmary never spoke of that. What is it?"

"It's long been on my mind", I replied, "We in both practice and academic do it but never discuss it as such."

"You speak in riddles," Quarto grunted, "No one has ever exhaled such thoughts. My opinion of you is substantially shaken."

"Ha! Ha I've touched a subject which in all your seniority and wisdom has not been perceived by you. Quarto, listen to me. I need your considered opinion."

"Very well, my son. I am so little needed these days. Please go on," he said.

"Of all those things, knowledge, and skills, bearing on the delivery of health care none surpasses the impact of circumstance and environment in which the patient is seen", I began.

"My friend Osler, referring to the bedside would - - -"

"Wait! let me go on," I said. "We teach disease and disturbed physiology in medical school but the student is distressed with his thoughts. How much of that must I know, he says to himself."

"He should know it all, don't you agree? Quarto interjected.

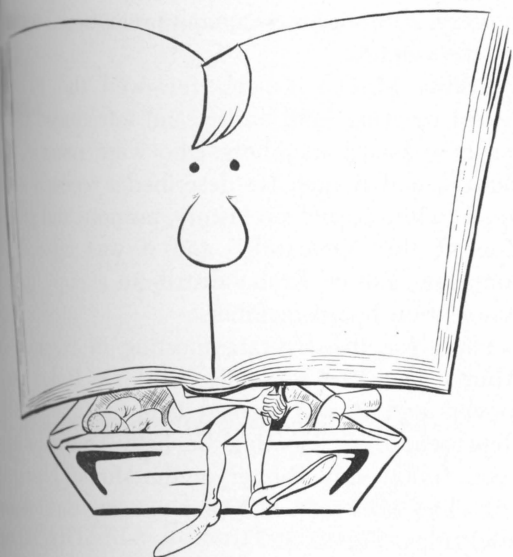
"Impossible!" I exclaimed "there is too much. He should learn how to approach a problem on the phone at 2 A.M. — or in the office with the waiting room full and he's an hour behind schedule. In these circumstances his aroused feelings will so jangle his wisdom that all the knowledge and skill his teachers imposed on him will be useless."

"You are in a state tonight," Quarto purred.

"You're right. I just fell victim to the booby trap. I told off an insufferable patient who insisted on

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*(Editor's Note: This is the third "Quarto" article in as many years, written by an alumnus who wishes to remain anonymous — or nearly so. The drawing is how UW Medical Illustrator Ed Hord perceives Mr. Quarto.)*



## Alumnus Warns of Burn Epidemic

A "silent epidemic" of burns in the United States is killing and crippling more people than polio did in 1954, its peak epidemic year, according to Dr. Duane L. Larson, '54, and two fellow Texas physicians. The three, in an editorial in a July issue of the *Journal of the American Medical Association*, called for a national drive to reduce burns "similar to that which was required to control poliomyelitis." The article was publized nationally by the Associated Press.

Dr. Larson, chief surgeon at the Burns Institute of Shriners Hospitals for Crippled Children in Galveston, and Drs. Sally Abston and Armond S. Goldman said, "It is evident that burn prevention should be of high priority in our society". All are faculty members at the University of Texas Medical Branch in Galveston.

National Safety Council statistics show that 6,700 persons died in flames and of burn injuries in 1970 and 250,000 suffered disabling injuries.

The three physicians note that a person burned over 50% of his body requires intensive hospital care for about four months at a cost of about \$36,000. Half of the patients so severely burned die, they added. The doctors studied 368 children treated at the Shriners Burns Institute between 1966-70. They indicted space heaters (usually gas), matches, outdoor fires, gas hot-water heaters and kitchen stoves, gasoline, barbeque starters, and paint thinners as causes.

A single governmental agency should spearhead a coordinated program to seek to reduce burn injuries and deaths, they feel. Suggested steps include: better design and regulation of open space heaters, hot-water heaters and kitchen stoves; education programs through the mass media, and government action to require manufacture of flame-retarded clothing.

being seen ahead of everyone else. She was one of those with a long list of complaints. Had she been seen under proper circumstance — enough time and in the office I know I could have done well for her. It was a phone call and I sluffed her off — it always upsets me."

"Poor boy," he said consolingly.

"So you see, we design our schedule, our offices, the hospital to create the optimum conditions for patient and doctor to meet", I said.

"And what of that woman you were so rude to?" Quarto asked.

"Guess she went elsewhere," I answered.

"That must sting your vanity," he replied.

"Just take noise, for example," I paired. "Even a little background noise — an air conditioner, noise from the corridor — may obscure that 3rd heart sound of ventricular failure. The doctor will miss it and the patient suffer needless breathlessness — unless the air conditioner is turned off or the door closed."

"Now that you have relieved yourself you must surely feel better — henceforth call me Sigmund Quarto," he smiled and went on.

"Perhaps the best you can do is to help develop the skill in students to make accurate observations, in a given circumstance and environment, so that they clearly identify the patient's problems and know how to go about solving them."

"Quarto, Quarto! How the long, long look perceives so well," I sighed and slumbered on.

## Board Hears of Retreat Change

Highlights of the Sept. 15 Association Board meeting included announcement that the federal grant to aid construction of the west campus site had been approved, that the site for the 1973 Alumni/Faculty Retreat had been changed to Hawaii and that work will begin on the Association's new major commitment to enhance the west campus center.

Acting Dean Henry Pitot announced the funding news, saying the University, with the \$10.7 million federal grant, now has \$46 million of the required \$80 million project. (See separate story in the "Medical School" section of this issue.) "We will go to bid in the next three weeks, construction should begin in December or January and the structure will be completed in early 1976," he said.

Dean Pitot also announced the appointment of Dr. Harold P. Rusch, '33, as director of the new Wisconsin Clinical Cancer Center (see story in the "Medical School News" section) and said the University would shortly apply for a \$6 million federal grant to aid the center.

In response to a question Dean Pitot emphasized that not only is the Middleton Medical Library remaining intact, it will be expanded and modernized. The alumni-built library will continue to aid medical students who are spending the first two basic science years in its shadows on the current site. On the drawing board are plans to remodel the third floor and expand the Middleton Library's resources to include electronic equipment so that library facilities on the new west campus site can serve as a satellite unit.

Site of the 1973 Alumni/Faculty Retreat has been changed to Hawaii in order to get better accommodations and prices. (A full page description on the Retreat is elsewhere in this issue.) Dr. Gloria Sarto, '58, is educational program chairman and the discussion theme will be "Ethical Dilemmas in Medicine". President Bernhardt will be a member of the faculty and his presence will help to tie in alumni association participation.

President Bernhardt announced that the Nov. 4 Fall Alumni Meeting held in conjunction to UW Homecoming will include a scientific program featuring Dr. William Caldwell, recently appointed chairman of radiation therapy at UW, and Dr. John Moylan, the traumatologist in the department of

surgery. Alumni are receiving promotional mailings for the meeting.

Editor Mischa Lustok reviewed the Editor's Board meeting held earlier and introduced two of his new board members who were present, Dr. Budzak and Reigel. He described a recently developed "white paper" on history, purpose and promotion of the "Quarterly" and it was agreed that Associate Editor Krahn distribute a copy to each Association board member.

Plans for the Upstate meeting in Neenah and Alumni Day 1973 were discussed. Dr. Helen Dick moved and it was agreed that the annual Class Representatives meeting be held Thursday afternoon, followed by dinner, on the Alumni Day weekend. The Milwaukee Winter meeting date was set for Friday, Feb. 2, 1973.

Dean Pitot was asked to consider appointing a committee which would set from the medical school standpoint what would be a proper concept for the Association's new major commitment. Dr. John Petersen urged that facilities for students be considered. An alumni-faculty committee also will be named to formulate step-by-step plans to launch the major commitment program.

It was announced that Hospitals Photographer Homer Montague recently retired after over 40 years of service. It was agreed to honor him with a proper gift certificate and continue to invite him back to our meetings.

## Association Presents \$12,000 in Gifts

Regents of The University of Wisconsin System on October 6 were presented a gift of \$12,050 from The University of Wisconsin Medical Association for support of five programs at the medical school. These programs and the amount were:

The Ralph Waters, M.D., Scholarship Fund, \$615; the Class of 1947 Trust Fund, \$2,900; the Dr. Vincent Russo Memorial Fund, \$355; the O.O. Meyer Clinical Teaching Fund, \$5,160; and the Lester W. Papp Visiting Professorship in Radiology, \$3,020. The Russo Memorial Fund was established last year by the late Dr. Russo's 1961 classmates to help a need-scholastically superior student to continue his medical education.



## 4 Alumni Added to Editorial Board

Three alumni were named to new positions on the QUARTERLY Editorial Board when President Bernhardt announced his appointments at the July 21 Alumni Association Directors meeting. Those appointed were Drs. Kathryn S. Budzak, '69, Madison; Donald R. Korst, '48, Madison; Richard D. Larson, '70, Madison and Donald H. Reigel, '63, Brookfield.

The four join five others who were reappointed: Drs. Mischa J. Lustok, Whitefish Bay, Editor; Garrett A. Cooper, '35, Madison; Einar R. Daniels, '34, Wauwatosa; Robert F. Schilling, '43, Madison and Donald S. Schuster, '51, Madison.

Dr. Budzak, a native of Racine, graduated from UW-M in 1962 and earned her medical degree in 1969. She interned at Madison General Hospital, 1969-70, and since then has been associated with Emergency Physicians of Madison, S.C., practicing in the emergency room at St. Mary's Hospital. Her husband, "Archie", is physical education chairman at Madison East High School and the couple has two daughters, age 13 and 10.

Dr. Budzak, who enjoys sewing for relaxation, is a member of the American College of Emergency Physicians and Sigma Sigma Sigma sorority.

Dr. Korst is assistant dean for educational administration at the Medical School and director of education in internal medicine at Madison General Hospital. A 1948 UW medical graduate, Dr. Korst is an internist and a specialist in hematology and nuclear medicine.

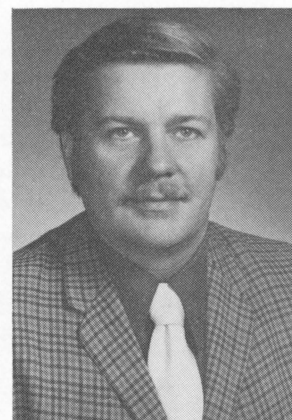
He practiced in Ann Arbor, Mich. for five years and served on the University of Michigan Medical School faculty before joining UW's department of medicine in 1965. A fellow in the American College of Physicians, he interned at the University of Pennsylvania, served his residency at UW Hospitals



*Kathryn Budzak, M.D., '69 Donald Korst, M.D., '48*

and also was a fellow in medicine and hematology at UW.

Editorial Board Member Larson is a third year resident in the University of Wisconsin's Family Practice Program where he is helping to operate



*Donald Reigel, M.D., '63 Richard Larson, M.D., '70*

its new community clinic in Verona, which he aided in establishing. A native of Pelican Rapids, Minn., he received his B.S. in 1959 from the University of Minnesota. After earning his M.D. at Wisconsin in June of 1970 Dr. Larson served a rotating internship at St. Lukes-Mercy Hospital, Cedar Rapids, Ia., returned to UW for his Family Practice Residency. After completion of this service he plans to practice in Wisconsin.

Dr. Reigel is assistant professor of neurosurgery at the Medical College of Wisconsin in Milwaukee. After receiving his B.S. and M.D. from Wisconsin, Dr. Reigel interned at Milwaukee County General. He then entered the Navy as a general medical officer. He served his residency in neurosurgery at Medical College of Wisconsin and joined its faculty early this year.

## Dr. John L. Parks, '34, Dies

Dr. John L. Parks, '34, vice president for medical affairs at George Washington University and our Association's fifth distinguished alumni award recipient, died at his Annapolis, Md., home on July 5, following a heart attack. He was 64.

A Muskogee, Okla., native, Dr. Parks was a UW athlete during undergraduate days and captained the 1929 football team. He received his B.A. and M.A. degrees at Wisconsin before earning his M.D. in 1934. After interning at Cincinnati General Hospital he returned to Madison for an OB-Gyn residency and later instructed medical pathology. Moving to Washington in 1938 he became full professor and chairman of OB-Gyn at George Washington in 1944, was named dean of the medical school there in 1957 and promoted to vice president a short time ago.

With a professor of pediatrics, Dr. Parks 20 years ago planned the George Washington University Hospital maternity ward, the first especially designed to facilitate the closer association of mothers and infants at the hospital. As medical school dean Dr. Parks in 1962 announced a new plan that permitted medical students to graduate in three instead of four years and major in a medical specialty.

Dr. Parks was elected president of the Association of American Medical Colleges in 1968, was a past president of National Board of Medical Examiners and headed the American Gynecological Society at the time of his death.

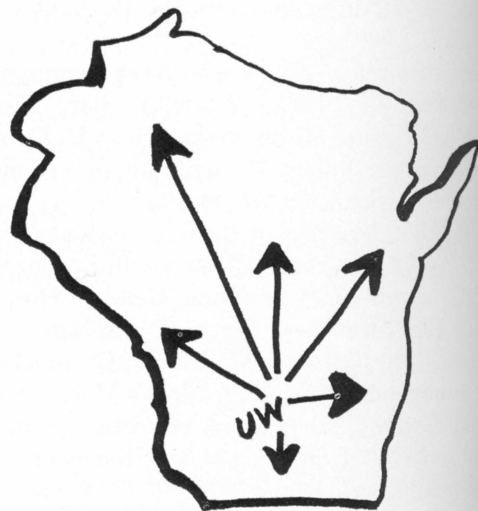
## Ellingstad Returns from Tanzania

A 1968 alumnus, Dr. Richard A. Ellingstad, has returned to Wisconsin after serving two years at the Nkoranga Lutheran Hospital in Tanzania, East Africa. Dr. Ellingstad, now a staff member at the Burlington Clinic, told a Racine newspaper that he had the idea of becoming a medical missionary since youth. This desire was strengthened in 1967, he is quoted as saying, during a 3-month preceptorship in southern Tanzania on a SKF fellowship.

The hospital is at a mission site 5,000 feet above sea level, where the weather is relatively cool despite its nearness to the equator. In addition to caring for inpatients, Dr. Ellingstad said he traveled to several dispensaries maintained in a 20 mile radius of the hospital.

Because of the altitude, Dr. Ellingstad says, there is little tropical disease other than malaria, such parasitic diseases as hookworm and tapeworm, and much pneumonia during the May to August rainy season at the cool altitudes. One of the most serious diseases he encountered, according to the interview, was whooping cough among the children.

During his first year at the hospital there were 95 inpatient whooping cough cases with five or six



deaths. After the UW alumnus initiated an immunization program, cases during the second year dropped to 15. During his stay, Dr. Ellingstad also set up child welfare clinics, including record-keeping and a nutritional program.

During both tours he was accompanied by his wife, a UW Nursing School graduate. A son was born in Burlington shortly before the second trip and accompanied his parents.

A native of Hudson, Dr. Ellingstad interned at King County Hospital, Seattle, after graduation and was at the same Burlington Clinic for six months before serving as a medical missionary in Tanzania. He returned to Burlington in May.

## The 1971 Interns in California

How members of UW Class of 1971 fared as interns in California the past year was surveyed by QUARTERLY Contributing Editor Dr. William H. Outway, Jr. Seven of the 16 replied to his query early this summer and here is what they said about their experiences:

Ron Culver, at San Jauquin General Hospital, Stockton — "Good clinical experience in an active small hospital; great climate". He is taking a pediatric residency at the same hospital. Scott Mubarak was at Mercy Hospital, San Diego — "An excellent internship in the ideal city; a pleasant and rewarding year." He continues in an orthopedic residency at the University Hospital of San Diego County.

Loren Larsen was at the San Diego Naval Hospital and found "good learning experience; unlimited pathology; climate excellent; good social chances but too little time and 60 golf courses in the area." He's not sold on socialized medicine, but is taking a residency in urology for 1973. John Hesselink interned at Highland General Hospital, Oakland — "Very pleased with the year, the responsibility and learning. The Bay area is fantastic, with everything available — entertainment, culture, beaches and mountains, but too many people, freeways and thieves." He returned to Madison for a pathology residency.

Michael Reder had a real dividend at UCLA affiliated Hospitals. He got to work at the V.A. Center, Wadsworth, and to rotate at the UCLA University Hospital and Harbor General Hospital — "good internship even in the process of reconstruction. West Los Angeles is one of the nicest areas in the country; it has everything." This year he takes general surgical training at Wadsworth followed by otolaryngology at the University of Minnesota.

Earl Zabel was at San Bernadino County General — "It is a good service, good staff, strong medical department and it functions like a private hospital. Living quarters are fine, Las Vegas is four hours away, and the staff makes it pleasant socially. There occasionally is a heavy patient load." Earl signed up for the Berry Plan to take military service at home, perhaps at Colorado Springs.

The Sacramento Medical Center provided Brad Munson with a busy and exciting year. Sacramento is "an overgrown suburb" and is near San

Francisco, Lake Tahoe, and Reno. His only beef: "On call every third night, at which old grads will laugh." Brad returned to UW to start a residency in radiology.

Gordon Rosenbrook finished his internship at Kaiser Foundation Hospital, San Francisco, and takes a residency there this year, followed possibly by Army service. He has had "an excellent cross-section of medicine, with more therapy than diagnosis (due to the Health Plan OPD). Teaching here stresses experience." San Francisco provides everything from food to fishing.

## Medical Alumni Meetings Dates are Set

While some of the exact meeting dates have not been nailed down, President Bernhardt announced chairmanships for the Association's general meetings for the 1972-73 year at the last Board meeting. Why not enter the firm dates on your calendar right now:

**Homecoming Meeting** — Saturday, Nov. 4 (Wisconsin vs. Iowa football game). Dr. Bernhardt will serve as program chairman with assistance from the Dean's staff.

**Upstate Meeting** — The Neenah-Menasha area will host this meeting and Board Member Roger I. Bender will serve as a co-chairman with a local alumni committee, including Dr. Paul N. Gohdes, '60, Neenah. The meeting date, probably March 9, 1973, will be left to the discretion of the planning committee.

**Milwaukee Winter Meeting** — Friday, Feb. 2, 1973, was selected. Board Member Hanno Mayer will serve as chairman with assistance from President-elect Loren Thurwachter.

**Alumni Day** — A combination of circumstances including an early end to the academic year and commencement on May 21 may necessitate a change in the traditional Friday Alumni Day in late May. The scheduling of Alumni Day on Saturday, May 18, which will coincide with Student Recognition Day (May 18) and graduation on Monday, May 21, will be proposed for approval.



## New Middleton Book is Very Popular

Over 300 alumni, faculty and friends of the UW Medical School had ordered pre-publication copies of Emeritus Dean William S. Middleton's new book as this issue of the QUARTERLY went to press. The book, "Values in Modern Medicine," includes 35 of the Dean's best non-clinical writings that he has presented to medical and lay audiences.

Scheduled from the printer in mid-November, the cloth-bound book contains 315 pages, several of them illustrations. Printing and distribution is sponsored by the Medical Alumni Assn. and the University of Wisconsin Press.

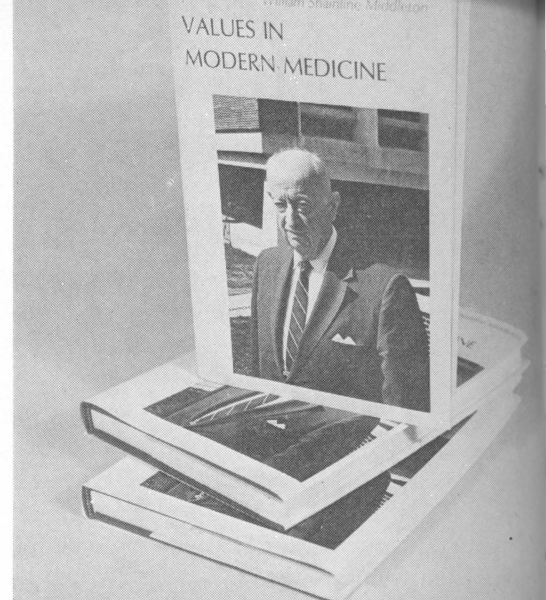
If you haven't already ordered a copy, use the coupon below.

## Homer Montague Chooses to Retire

After over 46 years at the UW-Madison as one of its top photographers Homer Montague finally made good his threat of early retirement.

Homer, friend and on a first-name basis with faculty and medical student alike, left University Hospitals photo darkroom for the last time on Sept. 8. He headed the UW Hospitals Photo Lab from shortly after its opening in 1924 until the present time.

Mr. Montague is known to hundreds of alumni as the man who took their individual and class photos when they were students. He also was unofficial advisor to students and faculty about to embark on



*The book itself may not be printed yet but the jackets are!! Here's how Emeritus Dean William S. Middleton's new book, "Values in Modern Medicine" will look when it is sent to pre-publication subscribers next month. Included is a 4-color photo taken of the Dean in front of the Middleton Medical Library May.*

trips and in need of advice on cameras and proper film. Over the years Homer also attended and photographed dozens of Wisconsin Medical Alumni gatherings.

In addition to his technical photography at the University Hospitals for clinicians and researchers, Homer was an expert motion picture photographer. For years he shot UW Badger football games. A 1954 educational color film, "Surgery of the Aged" with the late Dr. Erwin R. Schmidt, '16, of the UW faculty was first shown at the American College of Surgeons meeting and later received many honors.

The alumni association board has voted to also honor Mr. Montague and remind him that he's always welcome at our meetings.

## Reserve a Middleton Book

To: Secretary Ralph A. Hawley, Wisconsin Medical Alumni Assn., 333 N. Randall Ave., Madison, Wisc. 53706

Dear Mr. Hawley:

Please reserve \_\_\_\_\_ copy (ies) of Dr. William S. Middleton's new book, "Values in Modern Medicine." The book is closed is \$\_\_\_\_\_ (at \$11.50 per copy).

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

(Please make check payable to Wisconsin Medical Alumni Assn.)

## COLUMNS AND EDITORIALS

### The Dean's Corner

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

MADISON — Since Alumni Day in May several faculty actions have added to your school's efforts to meet the needs of the people of our state in health sciences without compromising the quality of teaching, service and research that is the hallmark of your Alma Mater.

Last June the faculty, after a number of discussions, took action in approving the initiation of an Independent Study Program in the Medical School which will allow us to add 30 medical students to the incoming class in late 1973 or early 1974. This program, the idea for which was initiated by Associate Dean Tom Meyer, is patterned

after a similar program which has been operative at Ohio State University for the past three years. A federal grant and a commitment on the part of the University of Wisconsin administration will completely support the program in addition to the present financial support of the School of Medicine, thereby not compromising any of our present programs.

A steering committee of members from each of the basic sciences and three clinical faculty began setting up the program in September. Faculty will be recruited during the next 12 months to teach students in the program.

A curriculum for the program, which involves a significant amount of self-teaching with the utilization of teaching aids, separate texts and self-examination will cover the first two years of medical school. Physical diagnosis and emergency care will be components of the training program, wherein the student will be essentially "allowed to go at his own pace". Faculty will act in a tutorial manner with

fewer lectures being given to the students and less laboratory exercises than in the present standard curriculum. Careful evaluation and monitoring of students' progress will be maintained at all times, both by the faculty and by educational assistants hired as part of the program.

The program's flexibility has several distinct advantages, such as the inclusion of special students, M.D.-Ph.D. candidates or the new Ph.D.-M.D. program initiated at the University of Miami. In addition, disadvantaged students placed into the program should have a considerably easier time because of its basic nature and the tutorial aspects. It is also hoped that the model of this program may be extended into other areas such as a physician's assistant program or in the "retraining" of physicians in practice.

In addition to the Independent Study Program, the faculty voted to formally initiate a program in support of minority and disadvantaged students. While the Medical School for some time has accepted minority students as special students and allowed them to expand their first and second years into three or more years, there was no formal supervision or advisor system for such students. The Medical School as a result of faculty action is now committed to add to its staff two members from minority groups whose responsibility will be in the area of this program, helping and advising such medical students.

Several other new programs have also been initiated during the last few months at the Medical School, some of which you will read about in this issue of the **Quarterly**. We hope that the two major areas of anticipation, the recruitment of a vice chancellor for health sciences and the final federal decisions on the building program will be culminated this fall semester. While we wait with anticipation for the conclusion of these efforts, we wish you all the very best in your own individual efforts and ask for your help in those of your Alma Mater.

## Why Louse It Up??

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

MILWAUKEE—I have a license to practice medicine in the State of Wisconsin. If I avoid committing a major crime, it is mine for the rest of my



natural life. It is good to know that illness, mental or physical disability, and even senility will not deny me this privilege. I have the right to treat patients for a fee, perform surgery, preside in the delivery room, prescribe and dispense drugs until I die. The best part of the deal is that once having graduated from medical school and sat-

isfied the licensing body, I have to do nothing more to keep this grant except to pay a few dollars each year for clerical costs of registration.

I did not earn this right easily. Of course I had to absorb the structured curriculum for an M.D. degree which provided me with a store of information ample to sustain me for the duration of the life-long license.

I learned the equivalent cat units of digitalis leaf and tincture. I even had some advance knowledge of a cardiac glucoside distilled from the be-still nut of Hawaii. I knew how to prepare a turpentine stupe to treat lobar pneumonia, and was aware of the potential of sulfanilamide which had a major disadvantage of requiring large intramuscular injections which when spilled would stain the hospital sheets crimson.

My own research led to a publication which clearly established the effectiveness of ultraviolet radiation of 2,537 angstrom in the treatment of extrapulmonary tuberculosis. This clinical knowledge was enhanced by a strong foundation in basic science where I had learned all the tubercities of the human skeleton, smoked the smoothest drum in physiology, drew magnificent pictures (in color) in pathology, expertly washed my hands in bacteriology, and collected my own urine specimens on a starvation diet (not an infrequent state of affairs in my college days) for study in depth in physiological chemistry.

Having learned all this and more, I successfully regurgitated all this material accumulated in four busy years and an internship (where I improved my penmanship and learned to remain immobile at the end of a retractor) to the examiners, and upon payment of the proper fee, was licensed to practice the healing art for life! I need not do more, I'm all set.

Thirty-seven years later the medical student has a much more sophisticated curriculum, but he, too, will receive his M.D. degree with the same incantation and in the same academic garb. The particular enfranchisement we enjoy shall also be his and he, too, will earn his life-long license to practice medicine for a fee. He need not be bothered with more studies, his reservoir like ours will always remain adequate to the legal requirement. If he maintains his annual registration, supported by a modest fee and stays out of jail, his license like ours remains inviolate.

He's got it made for life. It's a good deal. Why louse it up with continuing medical education?

## The New School Year

BY LOUIS C. BERNHARDT, M.D., '63  
PRESIDENT

MADISON—As this issue of the QUARTERLY goes to press the 1972-73 academic year has begun. Just four short months ago 94 medical students graduated and began their post-graduate training in all areas of specialty, scattering themselves across the mileage of this country.



With them went the frustration of the social upheaval of our times, the exhilarating satisfaction of their graduation and the unsureness of what lies beyond. They took a part of their teachers and the unique heritage that our medical school has provided. They received a great gift of life—an invaluable education, and I am

sure they are using it wisely.

But the Medical School did not wait for this academic year to begin. The present seniors began



later in June and a summer vacation was "not in the cards" for many hard-working faculty. Dr. James Pettersen, chairman of the Admissions Committee, spent many long, arduous hours making final preparation for and selection of the incoming freshmen.

Today's class of 130 contains children of 16 physicians or dentists; 19% are women (Mary Jo Freeman, daughter of past president Joe Freeman, class of '52 is among them). Each year students are smarter than we were measured by higher grade point average in undergraduate school, higher MCAT, and more honor students.

But this new generation has experienced increased exposure to the society, environment, and scientific innovations which will enable them to take better advantage of their upcoming education. These are hungry, questioning students in quest of answers which we are not always able to provide. We, too, must continue to learn, to climb, to broaden our field of knowledge just as the refinements in the field of medicine become more sophisticated and of greater scope. The teachers must be students, just as the students are so often teachers.

One prerogative of being President is writing this column. Enough of this philosophy (but at least my mother will be proud of me).

Thus far, requests for Dr. Middleton's new book, *Tangible and Intangible Values in Modern Medicine*, are going quite well and we hope that the advanced sale will continue to soar.

As this is written we have not received word from the Federal Government for the allocation of funds for the new Westside Building. I sincerely hope along with Acting Dean Pitot, Vice Chancellor Chain, and the entire faculty) that this news will be favorably reported in this issue of the **Quarterly**.

When this news arrives, we can happily inform you about the progress of our new major commitment — the Wisconsin Medical Alumni Education Center.

Lastly, but certainly not least, is the news of the annual Medical Alumni Retreat (see separate article in this issue). With direction from Dr. Tom Meyer and Ann Johnston of the postgraduate medical department, Dr. Gloria Sarto, '58, will lead a faculty contingent on the Alumni Retreat in Hawaii, February 10-18. Theme of the retreat this year is "Biomedical Ethics", a subject which will command the interests of physician and spouse. This enthusiastic undertaking will stimulate communication and combine scientific presentation with ethical problems in modern medical practice. (See you in Hawaii).

## News from the Northeast

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

NEW HAVEN — Bits of news for this column seem to appear in some really odd ways, to wit: I recently received a letter from Vince Dahl, '66, who is completing his pathology residency in Duluth. He and his family report that they like the area and

its outdoor recreational features. It comes to mind that my last encounter with the trout in Wisconsin's Wolf River was with Vince during a trip we made while still in medical school.

Anyway, it seems he heard a re-broadcast over WHA of a program on genetic engineering that I taped for a local station here in New



Haven, and he was moved to send me his reaction to the program.

Steve Stoddard's, '70, corresponding secretary (wife Sue) wrote recently. Steve is finishing his tour with the military in New Jersey and he is looking forward to a radiology residency.

Another military M.D. who is planning a radiology residency is Henry Chessin (Intern 1970-71). Henry got his M.D. at Yale and did his research thesis with your correspondent (who, I think, had some influence when he chose a Wisconsin internship). He has spent the past year in and about Viet Nam and will be in San Diego this year.

A former Wisconsin faculty member and alumna, Joan Paust, '67, recently moved to the Northeast region. Joan was an assistant professor of anesthesiology at Wisconsin for two years. During that period she spent three months on leave at Yale and has now taken an assistant clinical professorship there. She is the newly formed section of obstetrical anesthesia.

(Editor's Note — Correspondent Summers apologized on the note that accompanied his column. He was mountain climbing at Yellowstone and the Tetons when he wrote it in early September. He may be reached at the Yale Medical School, 333 Cedar St., New Haven, Conn. 06510.)

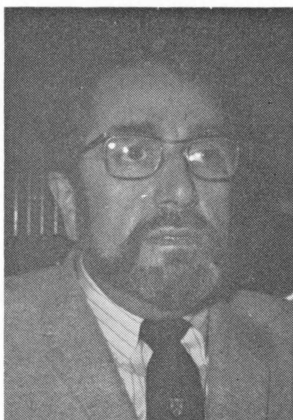
## Apologies Understood

Skokie, Ill.

Dear Editor Lustok:

I must apologize but I am unable to write an article for this issue of the "Quarterly".

Our eldest son left for the U. of Pennsylvania. I expected this to be a happy occasion, however just packing his trunk became a nightmare. I felt the job finished when Larry opened the trunk and removed the long underwear which he has never worn but his mother thought he might need. Then came the galoshes, woolen scarves, heavy lined pants and a piece of flannel with a jar of Vicks. This was to cover his chest in case he caught a cold.



Larry needed space for his football, basketball, mitt, soccer shoes, track suit, radio, typewriter, cassette recorder, digital clock, Green Bay Packer posters, hand warmers, etc. Once these filled his trunk, where could we pack sheets, pillow cases, socks, shirts and trousers?

I tried to convince Clarice we could always send the latter out in a week or two. She didn't seem to understand. We finally were packed. When the trunk was picked up by the express man Clarice reminded him to be sure the trunk arrived safely and on time. The man's response was beautiful: "Oh sure, Lady, at the point of destination we have mothers who hand deliver them to the dormitories."

Came Sunday and our whole family prepared to go to O'Hare Airport to see Larry off. You would think we were going to a wake. At boarding time Clarice questioned the sky marshals who were electronically checking passenger's handbags. When they reassured her that her son would fly directly to Philadelphia and not by way of Cuba she had to be further reassured that the checked-through baggage had been searched. The marshall informed her that the pilots were very sensitive and insisted on reaching their destination safely.

Somewhat relieved, she bid our son farewell and he triumphantly marched into the plane, anxious but

pleased to be getting away from all of us. As we were leaving O'Hare Clarice walked over to a phone booth and I had to remind her that his plane had just taken off.

The next morning I received a call at my office informing me that there was no mail as yet. I was aware that the U.S. Post Office is improving its services, but this was impossible. The next two days Clarice was sure our mail was being delivered to the wrong house. Finally she went to the Post Office to make sure the letters were not in the bin. After all, our son had been gone four days.

Sinister thoughts began to cross her mind. Maybe he lost our address. Maybe he misplaced his stamps and envelopes. Maybe he was getting adjusted and enjoying himself.

All of us began feeling the tension rise. Bob suggested he would write his mother a letter and sign Larry's name. Steve ruled this out because of the postmark. Suzie suggested her mother fly out to Philadelphia and that she would join her. Suzie confessed that she, too, was lonely for her brother. Ed told us we all "reeked."

Finally came Sunday and a phone call from Honorable Son Number One. All was fine, he was adjusting, he liked his roommate, his teachers at the school. We were all relieved. Here I had been chiding Clarice all week on how hard she was taking this. I, too, was reacting to this experience but wasn't saying anything about it. I was just not functioning.

So, again, I apologize for not writing an article for this issue. I promise to submit my next article when it is due. That is, providing another son doesn't go off to camp or my daughter doesn't spend an overnight at a girl friends.

Sincerely,  
Bernie Lifson

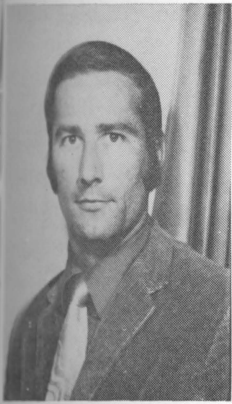
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(EDITOR'S NOTE: This is the first QUARTERLY column by senior class president Dave Nichols. A Brookfield native, he graduated from East High School in that Milwaukee suburb and earned his BA from UW-Milwaukee in 1969 with honors in his major (zoology). As a Med I he received the Lewis E. and Edith Philips Award and as a sophomore he was named to the Helfaer Scholarship Award. Single, 25, active in committees and the Wisconsin Medical Student Association, Dave currently is serving a preceptorship in Marshfield. He will serve another next spring in Wauwatosa.)

Some Suggestions on Relevance

BY DAVID R. NICHOLS  
SENIOR CLASS PRESIDENT

MARSHFIELD — If there is any word I shall always remember from my stay at UW it's "relevant," a seemingly simple and harmless word, which Funk & Wagnall says is properly used as an adjective describing something as "fitting or suiting given requirements; pertinent; applicable. . ." But whisper this 8-lettered beauty to one of the medical school's basic science professors and you're likely to evoke a hypertensive crisis. Furthermore, he may develop a lobster red appearance



as he experiences a sudden flash-back from that bad trip to a lecture chamber where he tried to explain the intricate nature of thalamic pathways or membrane transmission.

Better with a student? Not much. Try the adjective that corner and you're liable to get a hot string of them in return, belittling the system because of all that material which is not relevant! "To what," you may ask. "To my medical education and future needs as a physician," is your reply.

This display of emotion over an 8-lettered bit of verbiage continues and probably will for some time as long as the two sides of the issue fail to recognize the origin of each others feelings.

On one side we have an expertly trained professor in biochem., anat., physiol., etc., who is constantly at the frontier of medical knowledge. His is truly a monumental task to condense and filter all of past and present medical knowledge into a neat package for his sometimes less than receptive audience. "How," he laments "can I select from this vast source only that which is relevant?" "How can they say what is relevant when I'm not sure I know myself?"

Some academicians feel, and perhaps justly so, that "it's not the job of basic scientists to be relevant, it's their job to advance medical knowledge and leave the matter of relevance to clinicians and time." At times material presented by these men is meant to be learned for its own sake and not necessarily be-

cause of its relevance to another setting several years hence.

And yet there is another side of the street walked by a group of panting medical students faced with a mountain of facts that seems to have a 90-degree incline and which will require a four year sprint to reach the top.

Such a group of eager and idealistic individuals shows up for year I fully expecting to start the medical experience: working for and with the patient. However, much to their surprise, they confront not patients but hours of lecture each day, piles of books each night and aggravated hemorrhoids in return. They see themselves far from being in medical school and feel much of what they sense as necessary for their medical knowledge is lacking and is supplanted by that which seems irrelevant to their picture of medicine.

They also see before them a monumental task in mastering that mountain of knowledge and are greatly disturbed by the seeming trivia. Uncertainty as to when they will ever learn what they need to know makes them fearful of losing time.

To me there is obvious logic on both sides and unfortunately each suffers because of the nature of the medical profession. As a clinician one finds himself in a position where he requires a diverse and fairly extensive knowledge of the basic sciences and yet must also function in the arena of clinical medicine where due to human variability, many theories take back seat to empirical observation and hence provide another area of knowledge needed to be earned.

One may not easily remove these tasks from either student or faculty but I feel the pain may be eased somewhat by a few suggestions. **First** is a decisive effort at early (1st year) clinical exposure. This may be accomplished in many ways. In preparation for lab sessions in biochem; physiol; etc. students may review patient charts, for lab data, talk with house staff and present and explain any alterations from normal. Continued programs such as the freshman summer clerkship, arranging for students to visit hospital wards or follow families at University Health are a few more.

**Secondly**, use of upperclassmen for instructing would open an entirely new communication between classes, help establish a brotherhood among students, ease the teaching load for staff, and further the education of the upperclassmen. In this way seniors may explain the values of basic science from their vantage point and perhaps surprise freshmen with



their change in attitude. Juniors may review ward patients with the sophomore physical diagnosis students and add to the experience both clinical and therapeutic information.

**Thirdly**, professors could force themselves to declare their course objectives initially. This would be of invaluable help to the student attempting to study the material.

These suggestions are certainly no panacea for the problem but they do represent the feelings of someone who is concerned over the matter of unrest in medical education, and may help to cool down the rising temperatures among faculty and students alike.

## The California News Beat

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

**LAGUNA NIGUEL** — Colleagues of Frank Van Kirk will be happy to hear a progress note about the former 1945-46 UWH medical resident. The staff would have been glad to keep him on but he went to Los Angeles for several years, then to San Francisco where he has since practiced. Years go by; then a letter. He enjoys the "Quarterly", and the news of Dr. Middleton, Ovid Meyer, and many others.

He is associate clinical professor of medicine at U. Cal. and has been president of the San Francisco Society of Internal Medicine, as well as board and committee member and on a Council of the American Society. Frank occasionally sees surgeon Norm Steiner, '40, in San Francisco. The Van Kirks have three children — a daughter and two sons.



lor. He is edging towards retirement and says that

It's a real delight and a fine dividend in this job to get a report from ancient Wisconsin days, namely Ted Hannon, 2-year man, class of '26, graduate of Harvard and in OB-GYN practice in Houston these past years. Ted has long been board certified; past-president of his Harris County Medical Society, and a clinical professor at Baylor.

he has the first pamphlet Chauncey "Sarge" L published, "A Summer's Diary", presented at a Beta Pi tea.

W. Philip Corr of Riverside was a 2-year man UW, then Rush, 1923. Just announced is that a member of the Founders Council of the American Geriatric Society Western Division and chairman of the scientific program committee. He was board certified in internal medicine in 1937, is clinical professor of medicine at Loma Linda and a governor of the American College of Physicians (No news to whether that red hair has turned to silver.)

We suggest you think again about some help to the U.W. Medical Alumni Giving Fund if you have already given. We have to convince more non-grants to start giving, as Ovid Meyer says "Ten dollars? Twenty dollars? Think of 10 or 20 events or parties at Wisconsin which gave you pleasure, or extra help or kindness, or something for which you actually owe." Do it now, without any further delay!

Virginia correspondent Herb Lee's column in the last issue was very fine and recently told about Dr. Welton, '35, a North Carolina dermatologist and a fine teacher at Duke. But there was no mention of his piano. He was one of the best.

Jack Pyre's news in the last issue of the "love reception for the class of '37 was loaded with news. We knew them all and the affection of the meeting spread out as far as California, and probably further.

**The setting** — the auditorium, Los Angeles County Medical Association.

**The action** — 1972 Physicians' Art Society Exhibition. **Sculpture section** — "Aging Pan" (in bronze) by James L. Neller, M.D.

**Explanation** — Jim Neller, UW and Harvard (1939), resident in medicine, surgeon in Los Angeles. He has art as an avocation with sculpture. Good!

The tongue is a structure which we tend to forget unless it is sore, paralyzed, etc. Its back portion (posterior dorsum) is the site of taste. Wisconsin helped produce early information on the tongue back in 1931-35 and one of the faculty answered JAMA "Quiries" on the tongue for a dozen years. Here is a suggestion concerning taste: Think of the back of your tongue while eating. Do it during eating.

# Have

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Medical Alumni dues?

Alumni dues bring this  
magazine to you.

meal. Focus on it. You'll enjoy eating 500% more than usual. Try it, you'll like it!

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Newsletters published by the classes of 1947, 1957 and 1962 for their Alumni Day reunions produced news about many Wisconsinites in California. Here are some excerpts:

**Class of 1947** (11 practice in California) — Gordon Kingsley and wife Helen live in Salinas, have four children between 18-25, and he practices internal medicine and cardiology. They like golf, bridge and travel and recently were at the International Congress of Gastroenterology in Paris. Robert Natelson practices internal medicine in Sherman Oaks. The family includes wife Beverly and two teen-aged children. An exciting trip began in July when they attended a program of MEDICO (a branch of CARE) in Kabul, Afghanistan.

Phillips Gausewitz is pathologist at the Scripps Memorial Hospital, La Jolla. President-elect of the California Society of Pathologists, he is interested in blood banking and medical practice legislation. Hurrah for '47's 25 years!

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**Class of 1957 in California** (16 in practice) — Richard Barrick is in general practice in San Carlos. Happily married and the father of three, he works hard and enjoys the Bay area. Freeman Born, Jr., practices orthopedic surgery in Santa Rosa. Douglas Bradley is in the group practice of internal medicine (Kaiser Health Plan). He is respiratory care consultant, chairman of the Tumor Board, and he and wife Barbara compete in local sports, notably tennis, in Diablo.

Norman Carden practices psychiatry in Concord. Margaret (Hoekstra) Davidson practices pediatrics

in the Los Angeles County Health Department. With husband, Warren Davidson, she and their three children live in Palos Verdes. He practices internal medicine/nephrology and is associate professor of medicine, Harbor General Hospital and U.C.L.A. James Goethel practices plastic surgery in Los Angeles. John H. Kaufmann is a dermatologist with the Permanente Medical Group, San Francisco, and said he is "still running around loose." Donald Kinkel lives in Diablo. He is chief of anesthesia at the Kaiser Foundation at Hayward.

Pediatric Immunology is the special interest of E. Richard Stiehm, professor of pediatrics, U.C.L.A. Medical School. He and wife Judy have three young girls and Judy is assistant professor of political science at U.S.C. (Friends of his late great father Dr. Reuben "Jumbo" Stiehm at UW give the family a salute). Sherwyn M. Woods is associate professor and director of graduate education in psychiatry at U.S.C., Los Angeles. He was married in 1971 to Nancy Bricard, a concert pianist and assistant professor of music, U.S.C.

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**Class of 1962** (9 practice in California) — Robert Barnes practices radiology at the Cedars of Lebanon/Sinai Medical Center in Los Angeles. Charles Feldstein is in surgery at Hayward and became a member of the American College of Surgeons in 1971. Morton Futterman continues to practice in La Mirada. He reported on Neil Sagle who joined Mort and his 2-man group in La Mirada.

Larry Schmitt finds the private practice of child psychiatry stimulating and has helped start a new fellowship program in the subject in San Diego. He reported a mini-reunion with Sagle, Sybers and Mark Gilmore. Harley Sybers is assistant professor at U. Cal. San Diego, now graduating its first class, and lives in La Jolla. His family recently revelled in a month's vacation tour of Wisconsin.

Warren Zodrow continues in anesthesiology in Saratoga. They planned a visit to Wisconsin this past summer via Texas and New Orleans, where Warren served his residency.

Richard Lusby is in general practice in Hanford, after training two years at Kings General Hospital. He has done his stint for organized medicine (past president of the county medical society, the Sacred Hospital medical staff and delegate to the State Medical Association) and for the community (4 years as president of the county American Cancer Society). His avocations include AAU swimming, skiing and now a breeder of quarter horses for show purposes.

**Wisconsin Medical Alumni Assn.**

**University of Wisconsin Medical School**

**333 North Randall Avenue**

**Madison, Wisconsin 53706**

## 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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