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In this issue

- 1 Dr. Cooke named vice chancellor
- 2 New vice chancellor gives his views
- 7 Alumni news
Alumni citation to H. P. Rusch
1973 Alumni board candidate slate
Milwaukee winter meeting photos
Dr. Mortensen gets emeritus award
Ten classes to hold '73 reunions
May 18 Alumni Day to offer much
H'Doubler, 'Docs' to entertain
Medical novel to be a movie
Leiser heads Texas groups
Alumni weekend at a glance
Neenah upstate meeting pictures
Board approved alumni center idea
Air crash kills Dr. Boyd, '65
D. J. Siever, '45, is 'model'
Resident is 'young woman of year'
- 20 Alumni capsules, necrology
- 23 Medical school news items
Dr. Bamforth is assistant dean
State quake aid to Nicaragua
Need for heart, kidney donors
Name professorship to Curreri
Mexico U. head is UW-trained
Hawaiian alumni/faculty retreat
Varnum to leave UW Hospitals
Dean criticizes federal cuts
Dr. Reed leads U.S. allergists
- 26 Columns and editorials
Retreat, reflections — Bernhardt
Northeast notes — Summers
Trends in ER use — Budzak
Mimicry is learning tool — Lustok
Dean's view from WARF — Pitot
Preceptor program thoughts — Nichols
On women, madness — Lifson
California roundup — Oatway

About the cover

Spring arrived early to Wisconsin this year but as in the millenniums past, it was a great re-awakening of nature. Artist Curt Carpenter did this pen and ink of ferns and the new forest floor in a birch grove from a photo he took near Black Earth in western Dane County.

Dr. Cooke Named Vice Chancellor

Regents of the University of Wisconsin System Jan. 12 approved appointment of Dr. Robert E. Cooke to the new position of vice chancellor of the Center for Health Sciences, Madison campus. The appointment ends a two-year search for a nationally known administrator, teacher, and clinician to head the Center. Since 1970 the Center has included the schools of medicine, nursing and pharmacy, UW Hospitals, University Health Service, State Hygiene Laboratory, and Wisconsin Psychiatric Institute.

Dr. Cooke is professor of pediatrics at Johns Hopkins University, Baltimore, and pediatrician-in-chief at Johns Hopkins Hospital. He currently is on leave while serving as a visiting professor of preventive and social medicine at Harvard University.

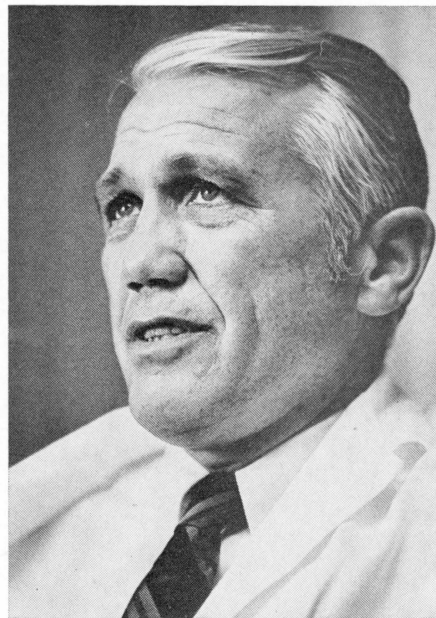
A 1944 Yale University medical graduate, Dr. Cooke became a member of the Yale faculty in 1950 and rose to the rank of associate professor of pediatrics. He joined Johns Hopkins University Medical School in 1956 as professor of pediatrics, a post he still holds at Wisconsin in addition to the vice chancellorship.

A native of Attleboro, Mass., Dr. Cooke received his B.S. from Sheffield Scientific School in 1941 before earning his M.D. from Yale in 1944. He interned at New Haven Hospital and also served there as an assistant resident for a year before serving with the Army from 1946-48. He returned to Yale as an NIH postdoctoral fellow for two years and then from 1951-55 was a John and Mary R. Markle Scholar in Medical Science.

He currently is chairman of the Joseph P. Kennedy Foundation medical advisory board. His numerous activities include serving as chairman of the national steering committee for Project Head Start from 1965-69, and consultant to the National

Foundation, March of Dimes, 1968-70, and the U.S. Public Health Service's Division of Hospitals and Medical Facilities, 1967 to present.

He was a member of the President's Panel on Mental Retardation in 1961-62 and since 1961 has



Vice Chancellor Robert E. Cooke

been on the editorial board of the **Journal of Pediatrics**, and has been a member of the Yale University Council Committee on Medical Affairs from 1969 to present.

In 1971 Vice Chancellor Cooke received an Honorary Doctor of Science degree from the University of Miami. Dr. Cooke will serve the University on a part-time basis until he joins the faculty full-time July 1.

New Vice Chancellor Outlines His Views

Vice Chancellor Shain, Dean Pitot, I want to express my appreciation for the opportunity to address the faculties. First, I would like to express appreciation for my appointment to Chancellor Ed Young and to Vice Chancellor Erv Shain. Next I would like to Thank the Board of Regents. These ladies and gentlemen — liberal and conservative, Democrat and Republican — all constantly have the interest of the University at heart. I met with representatives from the Regents and the one question they were concerned about was how to make the health sciences at Madison even better.

As for myself, I come with the same enthusiasm for this post as when I came at Hopkins 17 years ago, to take on the Department of Pediatrics. And I have that enthusiasm because I think it is the same marvelous opportunity as was presented then. Now why — except for a certain degree of mental deficiency — would anybody think this was a great opportunity at a time when research funds are drying up, training grants are being cut off and health manpower is being sacrificed. How could anyone be enthusiastic about tackling an administrative post in health and why at Madison.

First, because I think there is an excellent administrative structure. I think certainly all of you owe a real debt to Henry Pitot. I know how difficult it is for a person to come in as acting dean to perform with the quality which Henry Pitot has exhibited. I think the other deans — Val Prock and David Perlman — are certainly people who from my way of thinking represent excellent individuals with whom to work. Jim Varnum, the hospital superintendent, Tony Curreri, all, I think, are fully dedicated for the well being of these institutions.

The second reason for enthusiasm is obviously the faculty which turned out today. I know only a few personally but am aware this is an extraordinarily dedicated faculty. There are superior people in most departments. I also know there are needs in departments just as there are in every other health sciences center.

The third reason for enthusiasm is the strength of this great liberal university. It has depth and breadth

which is almost unmatched in this country, and quite honestly, as I toured around Madison I felt very much like a small town boy in an educational metropolis. I think what makes this job attractive are the opportunities for creative collaboration unmatched almost anywhere and I will try to give some specifics in a moment.

An Opportunity for National Leadership

The fourth reason is the timing. Other institutions, private and state, tend to be pulling in more and get the feeling that Wisconsin is moving forward — a major building program, new faculty, new pro-



grams such as allied health sciences. The timing is particularly good because I'm sure there is going to be in this country an enormous transfer of dollars and power from Washington to the state capitols. This is an opportunity for Wisconsin to assume some national leadership in the health field through the transfer of power.

(EDITOR'S NOTE: On Jan. 29, 1973, just two weeks after being appointed Vice Chancellor of Health Sciences at the University of Wisconsin, Robert E. Cooke, M.D., addressed a joint meeting of the faculty. He talked about himself, his hopes and the future. What follows is an excerpt and adaptation of that address in conversational style.)

Now, I think you as faculty members probably did not turn out to hear how good or how lucky you are. I expect you are here to get some idea what I look like and how good I am. Well, I can't demonstrate the latter but I can give you a few ideas. Seventeen years ago after my acceptance at Hopkins the same opportunity came to address the



medical faculties. At that time I had to establish my position as a scientist. But I'll not try to establish my credentials as a researcher today.

I think the major mission of a university health science center is the generation and transmission of new knowledge. Science and research are absolutely essential for progress in the health field and all efforts to improve service must have as its objective the improvement in research and training. No matter what I may say subsequently concerning new programs and new approaches, these cannot change the main mission of this institution.

I thought about trying to establish my credentials as a teacher. Well, a long time ago I was a full time physiologist at Yale and ran a section of the student laboratory which was on water and electrolyte and kidney physiology. I don't know if any of my old students are there so I'll tell a lie. The students loved this laboratory and they liked it because it was impossible not to have an experiment work.

Now fortunately for the students, I'm not here primarily to teach. But I'll try to put out rather briefly my credentials as an administrator. I came to Baltimore in 1956 and at that time the department had a budget of about \$250,000 with about \$180,000 coming from the medical school. In 1973 we still had that \$180,000 coming from the university but an

additional \$7 million had come in on an annual operating basis. Now, this was largely not my doing, and this is what I would like to emphasize as an administrator: It was a reflection on the quality of the people we recruit. The point is that good administration, it seems to me, depends upon the abilities of good people and not upon their own.

A kind of sideline was that in this rather large operation department there was one standing committee in contrast to 5, 10 or 20 in some other departments. That could be interpreted as a major dictatorship. On the other hand, it could also be interpreted the way I hope it will — that in general I think large numbers of standing committees are a mark of poor administration and the smallest possible number seems advisable.

Encouraging Creative Combinations

I think it is fair to say administration quite honestly exists to serve faculty and students and not vice versa. Good administration means listening, consulting, suggesting and particularly, anticipating, because I think good administration means trying to act before the situation so we are not constantly running to put out fires. I think it is essential that faculty be informed before the facts and not after the facts. I think there is nothing more irritating than being consulted after consultation is too late.

As I indicated, good administration means encouraging creative combinations. These combina-



tions accomplish more than the sum of the parts and I think this is absolutely essential to compete in this day of tight money. I do not yet know this institution as well as I should and obviously cannot

hold programs for the future until I know more about it. Nor do I think administration for that matter can do anything but hope things go in a certain direction.

But there are opportunities here which, at least to an outsider, represent real opportunities to excel where other institutions cannot excel. For instance, and this is in no way in order of importance, all of you know that the interface of law, medicine and ethics is a relatively new area of interest in medical institutions. I've been spending time during my Harvard sabbatical looking at some of these.



If you talk with the Regents, for example, and if you talk with physicians in practice the whole question of malpractice, no fault compensation and professional review of adverse outcomes, represent major problems. They can only be solved by people in the law school working together with those in the medical school and Madison has a good law school. Law has a new, creative and vigorous dean and I think every opportunity ought to be taken of this arrangement.

An area I'm sure none of you have considered is one which I've spent a good deal of time on; probably since I need it for my own salvation. That is moral development. Certainly this is an area quite foreign to most thinking but every day nurses and house officers, physicians and scientists make moral decisions. We have an excellent opportunity to develop some real leadership in this whole area of ethics, moral development, and I hope we can do something along these lines.

I think the health sciences can contribute very significantly to general education. If you have reviewed the educational program of teachers in this

country you'll realize there is never, and I mean never, offered a course in genetics. An appreciation of heritable variation or individual difference, which is the heart of superior education, comes so obviously from an acquaintance with genetics. Here, too, think are excellent opportunities for the health sciences to contribute.

Consider business and engineering. Health care costs at a teaching institution and teaching hospitals have been indicated in sections of the United States as being responsible for the high cost of patient care in these institutions. I am sure all of you know that a pattern being set by a man named Dannenberg in Pennsylvania will essentially take hospital insurance and Blue Cross support from hospitals paying residents because this is a teaching expense.

It is absolutely essential, it seems to me, that someone establish the real cost of the teaching institution and the factor which obviously has to be developed in a way of quantitating the difference in patient mix. The degrees of patient complexity that come to an institution like Wisconsin is quite different from the run of the mine and it is that factor, I am convinced, which is more responsible for high teaching institution operating costs than the usual hospital. Quantitative data obtained by people working from business to medicine is absolutely essential.

Nursing, pharmacy, allied health and medicine represent superior schools that contribute maximally to each other. Yet, in most institutions in this country the education of these various groups is almost totally unrelated. Teaching assistantships for medical students, for example, are very rarely used. Yet if you talk with any medical student or if you work your way through medical school, as some of you did, you'll know their value. I had to teach microbiology to a group of technicians in a technical college to earn some money and never knew a thing about microbiology when I started. I knew an awful lot when I stopped teaching and it is a great learning experience, as all of you know. I think that medical students can play a role as teaching assistants much more than we have used them in the past.

Nurses, for example, are probably the best members of a medical school faculty in terms of teaching patient care. Under our urging a Hopkins medical student a while ago wrote a very interesting paper pointing out the insecurity of medical students arriving on the ward. They absolutely lack any real kind of training in carrying out procedures. They learn from the house officers, he said.

We asked the house officers where they learned. They learned from the previous house officers and we found that ignorance was being passed down generation to generation. The nurses stood around knowing full well that these people knew very little and yet they had not been brought into the teaching situation. Nurses are experts in techniques and we must take advantage of this in teaching programs.

Allied Health Importance to Increase

Now what about new careers? Obviously in pharmacy we have experts and practical therapeutics. They are experts on adverse reactions and yet people from pharmacy are seldom utilized in medical education. We know that people in pharmacy, nursing and allied health will be playing more and more of a role in the health care system. Obviously, they must be brought into the training of students and medical students into their training so there will be a way for these people to properly appreciate their contributions.

Take the Waisman Center here at Wisconsin. This is a marvelous opportunity to tie into this one institution education to the graduate school, to the medical school, to nursing, and to social work. At Hopkins we had to work with 30 different universities or colleges to provide a real program in its Kennedy Institute, which is similar to the Waisman Center. Here the capabilities are present in one university and opportunities are extremely great.



Some of you may not know, for example, that the federal courts through a series of class action suits have ruled that the severely and profoundly retarded must be given education. It's a fact that nobody knows what sort of education to give these people and it's going to be a job for rehab people

here, plus neurologists, pediatricians, nursing and others to develop educational programs that can be exported to the rest of the country.

Now, I come to one of the biggest tasks and one area where I hope we can make a real contribution. It also certainly is one where I think there will be the most question, possibly the most controversy and maybe the most difficult to swallow for traditional medical educational approaches.

I feel this university should take considerable responsibility and leadership in developing a totally new health care system directed at personal preventive health. I am sure all of you in clinical care have heard *ad nauseam* about health maintenance organizations and about preventive health. What this means at many places now is the yearly executive's physical exam, a blood pressure taken after it is elevated and advice about losing some weight, which few of us heed.

A revolution in genetics has occurred but its application to health care has been absolutely minimal. Modern human genetics through biochemistry, biophysics or just old fashioned pedigree analysis can accurately determine predispositions, susceptibility to emphysema, to infection, the coronary arteriosclerosis, to ulcers, to anemia, to various forms of retardation and to deslaxias in the behavioral side. However, nothing is done in routine care to adjust the environment to meet these specific susceptibilities . . . only general health education, which is remarkably ineffective.

Here at Madison are several of the strongest genetic groups in the world. Under our direction is a state laboratory that could be a diagnostic and screening resource. Here's a relatively stable, circumscribed population intelligent and dedicated to progress and here are excellent physicians in practice.

All these are ingredients to create a statewide plan in which private physicians would play an important role. Our university health sciences could provide diagnosis and therapeutic backup as well as models for the conduct of some primary care and certainly provide the genetic know-how to improve carrier detection. Sociologists at Wisconsin can contribute to our understanding of compliance.

For example, how do you keep a baby who is going to die of a coronary at age 35 on a therapeutic regimen from the time he is born because, as most of you know, it is perfectly possible now to diagnosis a Type-2 Frederickson's lipid abnormality from cord serum. Here is this problem of trying to get some

kind of dietary and drug compliance over a 35 year period for essentially healthy individuals. These represent some problems to which more than just the physician must contribute.

Rural Medicine Opportunities are Great

The opportunities in rural medicine are very great here and nursing, pharmacy and other allied health areas can make a real contribution with good communication systems to physicians in groups or even at university centers. Such programs must be conceived as a resource for both research and teaching and this requires new money and new staff which complement, not replace, existing activities.

Now, I've spelled out a few of the hopes and dreams which I would like to see come to fruition some day. But quite honestly, I think I'm realistic and adaptive enough to know that none of these will jell, none of these will work, unless the faculty also have such interests. Administration can only help out. It cannot do.

I do not believe any of these programs will work unless we improve our clinical service. We cannot attract superior house officers and the best students possible in any of the schools unless we can have a clinical program and hospital activities which are of superior quality. The building program obviously becomes of great importance in this regard but we cannot depend solely upon buildings to give superior patient care.

The hospital has to become a place where every person in the state would wish to be hospitalized rather than being a kind of last resort, as many teaching institutions have come to be regarded. This requires work and the development of programs to support patients, more than just medically — the kind of activity like in some pediatric centers where more than simply the disease is considered.

Our Center for Health Sciences has a great future. This can be realized if we all work together — the faculty member, the student and the administrators here at the Center and University; the people of Wisconsin through their legislators; the physicians in Wisconsin and certainly our several thousand Wisconsin medical alumni. Together we must find new ways and must improve on present ways to bring unparalleled medical education and research, and the resultant excellent health care to the people of Wisconsin.

And I know of no better way to close than to describe what I would hope each patient, each referring physician might say about our faculty, about

our nurses, about our house officers, and about students from every division of the University Wisconsin Health Sciences Center. What I will say is certainly not original. It is even outdated and outmoded, having been written by Seneca 2000 years ago.

"Why is it that I owe something more to a physician and my teacher and yet do not complete the payment of what is due to them. Because from being physician and teacher they become friends and we are under an obligation to them, not because of their skill which they sell but because of their kindness and friendly good will.

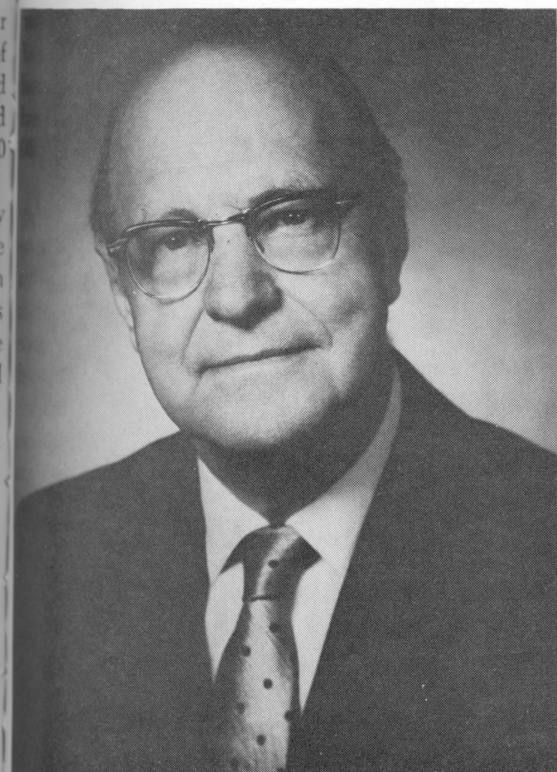
"If therefore a physician does nothing more than to feel my pulse and put me on the list of those who



he visits on his rounds, instructing me what to do and what to avoid without any personal feeling. I owe him nothing more than his fee because he does not see me as a friend but as a client. Why then are we so much indebted to these men? Not because what they have sold us is worth more than we paid for it but because they have contributed something to us personally.

"A physician who gave me more attention than was necessary, because he was afraid for me, not for his professional reputation who was not content to indicate remedies but also applied them, who sat at my bedside among my anxious friends and hurried to me in times of crisis for whom no service was too indifferent to my moans, to whom, although a host of others sent for him, I was always his chief concern who took time for the others only when my illness permitted him. Such a man has placed me under an obligation, not so much as a physician but as a friend."

ALUMNI NEWS



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

H. P. Rusch, '33, to Get Alumni Citation

Fighting cancer has been the career of Dr. Harold P. Rusch, '33, director of the new Wisconsin Clinical Cancer Center at the UW Center for Health Sciences. During most of the 40 years since earning his M.D. from Wisconsin he has researched, taught about and administered facilities designed to eradicate our nation's #2 killer.

Many times, particularly in the early years, it was a lonely battle. Today it isn't. At UW the new cancer center will bring together all aspects of dealing with the disease . . . the care of patients, the teaching of professionals who treat them and the research in detecting the disease and curing it. And while many honors have been bestowed upon Harold Rusch, it is fitting that he be the Association's 16th Alumni Citation recipient as he approaches his 40th anniversary as a physician.

Dr. Rusch was named director of the newly forming Wisconsin Cancer Center seven months ago. Up until that time he had been director of Wisconsin's famed McArdle Memorial Laboratory for

Cancer Research since 1946. McArdle, incidentally, is part of the center he now heads.

"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," said UW Vice Chancellor Irving Shain in announcing Dr. Rusch's appointment last fall. "He has played a major role in developing the University's program into one of the finest in the nation." An internationally-known research authority, our Alumni Citation recipient also is a member of President Nixon's National Cancer Advisory Board.

Dr. Rusch was reared in Merrill and Wausau in north central Wisconsin and received both his B.A. and M.D. degrees from UW-Madison. He interned at University Hospitals in 1933-34 and taught physiology at the University for a year before becoming a Jonathon Bowman Memorial Fellow. During this period he visited a number of leading cancer institutes in this country and Europe.

In 1941 Dr. Rusch was named an assistant professor and chairman of oncology at Wisconsin. He began the cancer research program at McArdle Laboratories and was named director of McArdle five years later.

As a researcher, Dr. Rusch's interests have centered on cancer-causing agents and factors influencing carcinogenesis, more specifically study of the biochemistry of growth and differentiation in *Physarum polycephalum*. He was a member of the National Cancer Advisory Council for four years, on President Kennedy's Committee on Heart Disease and Cancer and the board of directors of the American Cancer Society.

More recently he was chairman of the National Cancer Institute Committee which planned the basic direction of cancer research in the U.S.

Dr. Rusch joins the following other recipients: Drs. Walter J. Urban, '30, in 1972; William H. Oatway, Jr., '26, in 1971; K. K. Chen, '27, in 1970; Stuart C. Cullen, '33, in 1969; Fred J. Hodges, '17, and Paul C. Hodges, '19, in 1968; Elmer I. Severinghaus, '21, in 1967; Frederick W. Madison, '24, in 1966; Robin C. Buerke, '17, in 1965; Roy Hertz, '39, in 1964; John L. Parks, '34, in 1963; Henry W. Brosin, '33, in 1962; Milton J. Senn, '27, in 1961; Richard W. TeLinde, '20, in 1960 and Leland S. McKittrick, '18, in 1959.

Your 1973 Alumni Association Board Candidates

An amendment of the Wisconsin Medical Alumni Assn. by-laws at last year's annual meeting provides for a new way of electing the organization's president-elect and directors. The following procedure goes into effect this year:

The nominating committee, comprised of the past presidents, has presented a list of candidates for the offices of president-elect and directors of the association. The biographies and photographs of the candidates are printed below in order that all alumni may become acquainted with them.

Prior to the annual meeting on May 18, a ballot will be sent each alumnus who has paid his current association dues. There will be a provision for "write-in" candidates. Ballots must be returned by the date indicated in the election correspondence and winners will be announced and installed at the May 18 annual meeting.

In order to vote for the candidates below or those of your choice, be sure to have your 1972-73 dues paid up and be sure to return the ballot in the allotted time. The candidates:

For President-elect

G. Stanley Custer, M.D., '42



Department of Internal Medicine, Marshfield Clinic. B.A. and M.D. from Wisconsin. Internship, residency at St. Joseph's Hosp., Marshfield. President, Marshfield Clinic, 1963-65, on Board since 1950. President, Wood County Med. Society, 1968. State Board of Medical Examiners, 1966-72, President 1969-71. Trustee, Am. Assn. of Medical Clinics, 1960-72, President 1970-71. Chief of staff, St. Joseph's Hosp., 1952-54, Chief of Internal Medicine, 1961-63, Advisory Comm. Chmn. St. Joseph's School of Nursing, 1950-60. Elder, deacon, choral director, 1st Presbyterian Church. Choral Dir., St. Joseph's School of Nursing chorus for 18 years. Marshfield Library Brd. Hobbies: music, gardening, amateur geology.

For Directors (Elect Two)

Paul N. Gohdes, M.D., '60

Pathologist, Theda Clark Memorial Hospital, Neenah. B.S. and M.D. from UW. Interned at Rockford (Ill.) Memorial Hosp. Residency at UW Hosp. 1963-67. U.S.P.H.S. service with Bracero program, El Centro, Calif., 1961-63. Director, School of Med Technology, Theda Clark Memorial Hosp., Neenah. Certified in anatomic and clinical pathology, Am. Board of Pathology. Fellow, College of Am. Pathologists and Am. Society of Clinical Pathologists. President, Gloria Dei Lutheran Church, choir member. Married, 5 children plus foster son. Hobbies: camping, Scouts, hiking, music.



For Directors (Continued)

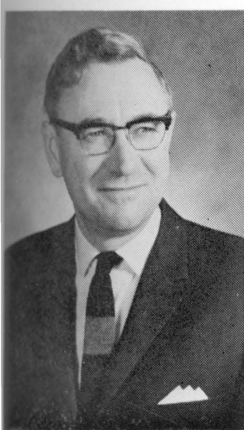


Bernard H. Kampschroer, M.D., '67

Department of Radiology, St. Joseph Hospital, Milwaukee. Native of La Crosse. B.A. from UW-La Crosse, M.D. from UW 1967. Interned at San Joaquin General Hosp., Stockton, Calif. Residency at St. Joseph Hosp., Milwaukee, 1968-71. U.S. Navy, 1955-58. Passed written exams for Radiology Specialty Board 1971, orals are due this June. Class of 1967 representative. Severaltime winner of the Brown Derby Award for top class participation in alumni fund drive. Married, 4 children. Hobbies: tennis and flying.

Edward B. Miner, M.D., '57

Department of Internal Medicine, Gundersen Clinic, Ltd., La Crosse. Native of Pepin, Wis. Completed pre-med training at Marquette Univ., Milwaukee, before earning his M.D. from UW in 1957. Internship and residency at Indiana Univ. Med. Center, chief resident in medicine, NIH trainee in endocrinology and metabolism. Two years service with U.S.P.H.S. Assistant preceptor at La Crosse. Nominee for UW Medical Alumni Assn. Board 1972. Married, 3 daughters.



William T. Russell, M.D., '46

Family practitioner, Sun Prairie. Clinical faculty member at UW Medical School. Class of 1946 representative. Associate preceptor, 1966-present. Native of Hartford, Wis. Earned both B.S. and M.D. from Wisconsin. U.S. Navy, 1943. Interned at St. Mary's Hosp., Madison. Charter Diplomate of the Am. Board of Family Practice, 1971. Chairman, Public Policy Committee of State Medical Society of Wisconsin, alternate delegate to AMA.

The Milwaukee Winter Meeting

Milwaukee Bucks vice president Wayne Embry and administrators from the UW Medical School shared the head table at the alumni association's annual winter meeting in Milwaukee Friday evening, Feb. 2. Embry was most entertaining; Assistant Dean Sigurd E. Sivertson, '47, and Donald R. Korst, '48, the most informative.

After a pleasant social hour, some 70 Southeastern Wisconsin alumni, their spouses and guests retired to dinner. Presentations by the two assistant deans on Madison medical developments and the new Independent Study Program preceeded Embry's talk.



(Above) Head 'n shoulders above everyone was one of the evening's speakers. Wayne Embry (right) of the Milwaukee Bucks professional basketball team, who had the undivided attention of President Le Bernhardt (left) and Director Roger I. Bender.



(Left and lower left) Spouses took an active part in the social hour conversation as groups of UW medical alumni of all ages gathered in the library of the University Club in Milwaukee.



(Below) Caught by the camera in deep conversation were two alumni who are active on the Medical College of Wisconsin faculty. Dr. Donald H. Reigel, '63, (left) listens as former alumni president John Petersen, '54, makes a point.





(Above left) Dr. Sam G. Perlson, '51, Milwaukee, filled out an order blank for Emeritus Dean Middleton's new book. (Above right) A partly hidden President Bernhardt chats with the Mesdames M. M. Smith (center) and Mischa J. Lustok.

(Right) Dr. Robert M. Senty, '47, Sheboygan, has just completed registration for himself and his spouse. More than half the alumni brought their wives or husbands to the meeting.



(Below and below right) A number of other groups are shown conversing before the dinner activities began in the next room.



Dr. Mortensen is '73 Emeritus Recipient

Dr. Otto A. Mortensen, in an interview shortly before he retired from the UW medical faculty last summer, said that most of all he wanted to be remembered as a good teacher. And remembered he was!

The State Medical Society of Wisconsin at its annual meeting in May 1972 presented him with the Medical Teaching Award. Less than a month later the UW Medical School Class of 1972 voted him the Distinguished Teaching Award.

Doctor Mortensen the teacher will be remembered again this year. He will return to Madison on Alumni Day as the 14th Emeritus Faculty Award recipient.

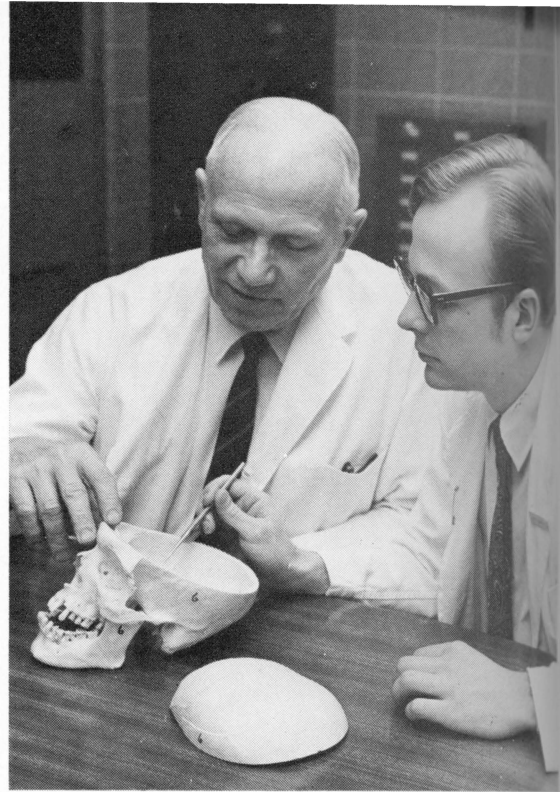
The man who spent a lifetime teaching UW-Madison students that anatomy, the mother of medical science, isn't static, has been a visiting professor at Stanford University the past year. After that, he will decide what retirement has in store for him.

Emeritus Professor of Anatomy Mortensen taught Wisconsin students for 45 years. A Milwaukee native, Dr. Mortensen received all his degrees from the University of Wisconsin-Madison, including his M.D. in 1929. He joined the faculty as an instructor in 1930, was advanced in rank until receiving his full professorship in 1946.

Dr. Mortensen was chairman of the Department of Anatomy from 1950-67. He was assistant dean of the Medical School from 1949-52 and was associate dean from 1952-67.

"Obviously, the structure of the human body hasn't changed during the 45 years that I've taught anatomy," he said in an interview last year, "but our knowledge and interpretation of its structure has grown apace with advancements in the other biological sciences." He said the advent of the electron microscope, which permits magnifications of up to 500,000 times or more, probably has been the most significant single event in the anatomical sciences during his career.

He said that today's learning pace is faster because knowledge has expanded while the time for learning hasn't been extended, but he still found students responding to the challenge of their studies with hard work and dedication. In addition, he finds that increased student participation in determining the content and conduct of the curriculum has created a closer rapport between the "providers" and the "consumers" of medical education.



Our 1973 Emeritus Faculty Award recipient, Dr. Otto A. Mortensen (left), is shown in a 1969 teaching photograph taken for a national Boy Scout magazine. Shown with him is Paul G. Jenkins, M.D., '69, then a senior medical student.

Dr. Mortensen was president of the Village of Shorewood Hills from 1947-49 and a trustee for a year. From 1953-70 he was on the board of directors of Madison General Hospital and from 1968 president of its surgical foundation.

He was vice president of the American Association of Anatomists for two years and in 1967 received the State Medical Society of Wisconsin's Distinguished Service Award.

Ten Classes to Hold Alumni Reunions

As the Spring *Quarterly* went to press, most of the 10 Wisconsin Medical School classes whose year end in a "3" or an "8" were planning reunions over the Alumni Day weekend, May 18-20. Known details include:

CLASS OF 1928 — Plans have not as yet been reported by Class Representative Harold O'Brien.

CLASS OF 1933 — Tentative plans include an informal gathering at Dr. A. R. Curreri's home in Mad

on Thursday evening, May 17, at 5:30, according to Class Representative Melvin F. Huth.

CLASS OF 1938 — Class Representative John Berger hadn't reported the '38 plans as of press time.

CLASS OF M-1943 — All class members have received a letter from Robert Schilling concerning a breakfast Saturday morning, May 19, at the Edgewater Hotel. Drs. Ovid Meyer and W. S. Middleton have been invited, according to William Gilmore, the class representative.

CLASS OF N-1943 — This class has no active class representative and no plans are known.

CLASS OF 1948 — There will be a reunion dinner at the Madison Club Thursday evening, May 17, at 6 p.m. Dr. Meyer, Middleton and Edgar Gordon will be the guests. Class Representatives Don Korst and Bob Johnson plus Al Schultz and Fritz Koenecke are the planning committee.

CLASS OF 1953 — Bill Brodhead and his committee are planning a party preceding the May 18 Alumni Day Banquet that will continue afterwards, reports Class Representative Sylvia Griem.

CLASS OF 1958 — Reunion plans have not been released as yet by Class Representative Douglas A. Shanahan, Jr.

CLASS OF 1963 — A reunion dinner Thursday evening, May 17, at the new Sheraton Inn will greet gathering members of this class, say chairmen Don Geigel and Timm Zimmermann. There also will be a party after the banquet at the Edgewater Friday night, May 18.

CLASS OF 1968 — There was no reunion report from Class Representative Jim Renne at press time.

ing reunions. Members of these classes are being contacted. Class representatives will meet with President Bernhardt and the Dean Thursday, May 17, at 4 p.m. The meeting will be at the newly remodeled Edgewater Hotel. Dinner with the spouses will follow at 7 p.m.

Alumni Day activities will begin Friday morning at 8:30 with the traditional registration and get together over rolls and coffee. President Louis C. Bernhardt will welcome the attendees and launch the program with a special event. Following this will be presentations by the new Vice Chancellor for Health Affairs, the Dean and the Alumni Citation recipient.

The annual business meeting will complete our morning session. Dr. Loron F. Thurwachter, '45, Milwaukee, will take over as President of the Association. A President-elect and two Directors will be elected from a slate included elsewhere in this issue of the *Quarterly* plus nominations from the floor.

An excellent luncheon is scheduled for the Wisconsin Center on the UW's lower campus at 12:30 p.m. This location is in fine proximity to all afternoon activities.

Alumni will be urged to attend the Medical School and House Staff Recognition Ceremony at the Memorial Union Theatre at 2 p.m. Alumni and their spouses may also partake of numerous non-group activities . . . touring the new Elvehjem Art Center, Vilas Communications Hall, the State Historical Society and numerous campus buildings. A list of other suggested activities will include the Memorial Union and shopping on State Street.

Evening festivities have been moved to the newly remodeled Edgewater Hotel to accommodate our increasingly larger group. Parents of the Class of 1973 members, in Madison for UW graduation ceremonies, have been invited to our evening event. The social hour will begin at 6 p.m. and dinner at 7.

The 1973 Alumni Citation and the Emeritus Faculty awards will be presented, the graduating Medical School seniors will be inducted into the alumni association and Missouri's popular "Singing Doctors" will entertain.

May 18 Alumni Day to Offer Variety

Wisconsin Medical Alumni who attend the Association's 18th annual Alumni Day in Madison will recognize the fact that it's earlier this year — Friday, May 18 — because of the revised UW schedule. Nevertheless, they'll find it an interesting day for themselves and their spouses. Here's a brief rundown of the activities that are being planned:

A total of 10 UW Medical School alumni classes whose numerals end in "3" or "8" . . . are schedul-



Dr. F. T. H'Doubler, '48, (top) of Springfield, Mo., and two other members of The Singing Doctors, who will entertain at the May 18 Alumni Day banquet.

H' Doubler, 'Singing Docs' to Entertain

Alumni Day 1973 should be something extra special to Dr. Francis T. H'Doubler, '48, a Springfield, Mo., surgeon. In addition to visiting his native Madison area on his 25th anniversary, Dr. H'Doubler and his five other "Singing Doctors" will provide the evening's entertainment at the May 18 event.

"Pentothal Is a Ball", "Halitosis Beats No Breath At All", "Black and Blue Cross", "Pass-a No Gas" and "The Message Is Massage" — these are some of the titles of the Singing Doctors' medical hit parade act wherein they sing self-directed satire at themselves and their profession.

The group, all from Springfield, Mo., and comprised of an internist, a pathologist and four surgeons including alumnus H'Doubler, have been together since 1957. They entertain at medical and allied health meetings and sales of their recordings have helped to provide over 100 grants and loans to medical students in three states.

The Singing Doctors was formed to entertain at the local county medical society's annual meeting by Dr. James T. Brown, who moonlighted as a script writer for Eddie Arnold while serving a surgical residency in Nashville. The act's popularity just grew "like Topsy" from there.

Alumnus' Popular Novel to be A Movie

Consider these elements for the plot of a novel with an espionage/medical motif:

"Dr. Nicholas Sten, a surgeon at University of Wisconsin Hospitals, has developed a gas endarterectomy procedure. In a 'round-about way he is approached as a last resort to remove blood clots near the brain of a man now in Paris. Enter the CIA, who tells Sten that the endangered mathematics professor is a top Soviet scientist on the verge of developing a perfect anti-missile shield. Sten's duty, says the CIA: "Kill the scientist on the operating table!"

The plot apparently is a successful one for the novel, "The Karamanov Equations," is now into its third printing and recently came out as a paperback. Its author, Dr. Marshall Goldberg, Res. '61-64, Flint, Mich., says that Glickman-Selznick Productions has



bought the movie rights and filming will begin in Paris this fall.

"I'm selling them hard on the idea that the University Hospitals scenes should be shot in Madison and not Hollywood," Dr. Goldberg said in a telephone interview last month. "We've always loved Madison and haven't been back there in an awfully long time."

Dr. Goldberg is director of medical education at Hurley Hospital in Flint, an associate professor on the clinical faculty at Michigan State University's

Leiser Heads Texas Diabetes Groups

By E. J. Lefeber, M.D.

Texas Correspondent

A Wisconsin alumnus in Texas, Dr. Alfred E. Leiser, '46, of Houston, last year tackled two tough tasks and is doing a fine job in both. Dr. Leiser is president of both the Texas and the Houston Diabetes Associations.

Under his direction, 3,400 Houston residents received a free diabetes screening during Diabetes Week and a series of nutritional clinics for mothers of diabetic children has been established at two hospitals. He also has established a counseling service for young adult diabetics.

medical school and has been very active in the development of its teaching program in the Flint hospitals.

Part of the novel's plot occurs in Madison and leaps from Moscow to Madison to Paris and back. Names familiar to UW medical alumni — "University Hospitals," "Lake Mendota," "Shorewood Hills," "State Street," "Frautschi Funeral Home" — help to give it a true Madison flavor.

Dr. Goldberg's connections with Madison stem from his days as a senior resident in 1961-62 and then two more years as a post-doctoral fellow in internal medicine under Dr. Edgar Gordon. The surgical intrigue plot was the idea of Dr. Goldberg's sister, a UW-Stevens Point faculty member, and it rapidly races to an operating room scene, "the longest in modern fiction — 37 pages!" Dr. Goldberg says.

And giving credit where credit is due, Dr. Goldberg points out in the book that the gas endarterectomy procedure is real, developed by a team at the Downstate Medical Center, Brooklyn, N. Y. One of its members, Dr. Phillip Sawyer, is a friend of Goldberg's who offered advice when "The Karamanov Equation" manuscript was developed.

Author of two other pocket edition mystery thrillers and three scripts for the old "Dr. Kildare" TV series, alumnus Goldberg also is an authority on endocrinology and internal medicine, has a small private practice, is a tireless worker and spokesman for medical reform, an innovator in new methods of physician-patient relations, and a fine chef.



Dr. Alfred E. Leiser, '46, (standing) president of the Texas and the Houston Diabetes Associations, was present when Diabetes Week in Texas was proclaimed Nov. 1, 1972, by Gov. Preston Smith.

Alumni Weekend at A Glance

Here is a summary of Alumni Day activities as the *Quarterly* went to press:

May 17 — Class Representative meeting, 4 p.m., Dining Room of Edgewater Hotel. Dinner, 7 p.m. with spouses. **Reunions:** Class of '33, home of Dr. A. R. Curreri; Class of '48, Madison Club, 6 p.m.; Class of '63, Sheraton Inn.

May 18 — 8:30 a.m., Alumni Day registration, 224 S.M.I. Alumni Day Program, including reports by Vice Chancellor and Dean plus business meeting follow in 227 S.M.I.

Lunch, 12:30 p.m. at the Wisconsin Center. Medical School and House Staff Recognition Ceremony, Memorial Union Theatre, 2 p.m. **Evening social hour**, 6 p.m., Edgewater Hotel. Banquet at 7 p.m., program at 8 p.m.

Reunions for classes of 1953 and 1963 before and after the banquet.

May 19 — Breakfast reunion at Edgewater for Class of 1943-M.



These scenes from the social hour at the March Upstate Meeting in Neenah show the congeniality that pervaded the event. (Upper left) Dean Emeritus William Middleton has the undivided attention of several couples while (Upper right) President Bernhardt (second from right) discusses alumni business.

It was common to see one of the dozen faculty members up from Madison wrapped in deep discussion with a group including several Northeastern Wisconsin alumni and their spouses and guests. Faculty members shown on these pages include Dr. H. H. Shapiro (left), Sigurd E. Sivertson (below), Marvin Birnbaum (next page, upper right) and John Renner (next page, lower right).

The Preceptorship, Independent Study, Family Practice and Respiratory Therapy Programs were discussed before the opening of a question and answer period.



Neenah Hosts The March 2 Upstate Meet

Nearly 100 Wisconsin medical alumni from North-
western Wisconsin, their spouses and guests braved
heavy fog to attend the Association's annual Upstate
meeting March 2 at Neenah's Ramada Inn. The ses-
sion drew participants from as far away as Rhine-
cler and the Eau Claire area.

A baker's dozen faculty members came up from
Madison and helped Acting Dean Henry Pitot con-
vey what is happening on the campus. A lively ques-
tion and answer period followed five presentations.
Speakers included Emeritus Dean William S. Mid-
leton; Assistant Dean S. E. Sivertson, '47; Drs.
Donald R. Korst, '48; John Renner; Marvin L. Birn-
baum, '60; J. L. Sims; and Ovid O. Meyer, '26. Drs.
Gohdes, '60, Neenah, and Roger I. Bender, '43,
Eau Claire, coordinated the program.



*Classmates (1960) Marvin L. Birnbaum (left), Madi-
son, and Paul Gohdes, Neenah, got together during
the social hour. Dr. Gohdes was program chairman
for the upstate meeting.*



Board Approves Alumni Center Idea

Approval in principle of a "Wisconsin Medical Alumni Center"; acceptance of nominations; discussion of Alumni Day plans; redecorating the student lounge, annual giving and other topics — these were highlights of the Association's Board meeting in Milwaukee Feb. 2.

A major commitment committee chaired by Dr. S. E. Sivertson, recommended that a top floor, one module tower atop the new UW Health Sciences Center and costing an estimated \$1 million be the alumni's project in conjunction with building of the new Health Sciences Center. Major functions would include a site for medical alumni meetings, space for the Medical Alumni Association offices and a lifetime learning center (undergraduate, postgraduate, continuing medical education and an extension of the medical library).

The Alumni Center would be available for use by other members of the health professions. Funding will be sought from alumni and friends of the Medical School. Components of the proposed Alumni Center would not duplicate any other planned facilities and other funding is not available.

A preliminary floor plan including several lounges and meeting rooms, 20 study carrels, the library extension, office space, a VIP room and other facilities was shown. A highlight was the 24 by 56 foot lounge with a panoramic view of Lake Mendota and Picnic Point.

The Board voted that the project be approved in principle and optimism was expressed that a fund raising drive would be successful.

Dr. G. S. Custer, '42, Marshfield, was the nomination committee's suggestion for President-elect of the Association. Four candidates were named for two Board positions: Drs. Paul Gohdes, '60, Neenah; Bernard Kampschroer, '67, Milwaukee; Edward Miner, '57, La Crosse and William Russell, '46, Sun Prairie.

The resignation from the Board of Dr. Dean B. Becker, '44, Oshkosh, for personal reasons was accepted with regret.

President Bernhardt reviewed Alumni Day plans for May 18. Recipients of the Emeritus Faculty and Alumni Citation awards have been designated and one has already accepted. Class representatives will meet late Thursday afternoon, followed by a dinner meeting with spouses. The morning Alumni Day



Dr. Paul B. Mason (standing) Sheboygan, was presented the Max Fox Preceptorship Award at a meeting of his county medical society on Feb. 22. After delivering a short acceptance speech Dr. Mason relaxed on the UW captain's chair (right) that comes with the award. At left is Dr. James D. Michael, president of the Medical Society of Sheboygan County.

program will follow traditional lines with the afternoon offering a variety of options including Medical Recognition Day ceremonies. Parents of graduates will be welcome at the evening dinner. The "Singing Doctors" will provide entertainment.

After discussion it was voted that the President inform the Wisconsin Nursing Alumni that their interest in the proposed Alumni Center and their support is welcome but that a coordinated fund drive is not desired. That group would be free to use the facility, but the project will be a medical alumni project. President Bernhardt also noted that the nursing alumni have 350 dues paying members and that their president has inquired about the possibility of affiliating with our group. It was decided to ask the nursing alumni to define their wishes in writing and thereafter a Board subcommittee would be named to meet with their officers.

A total of 387 contributors have given \$27,307 to the Annual Giving Drive, compared with 356

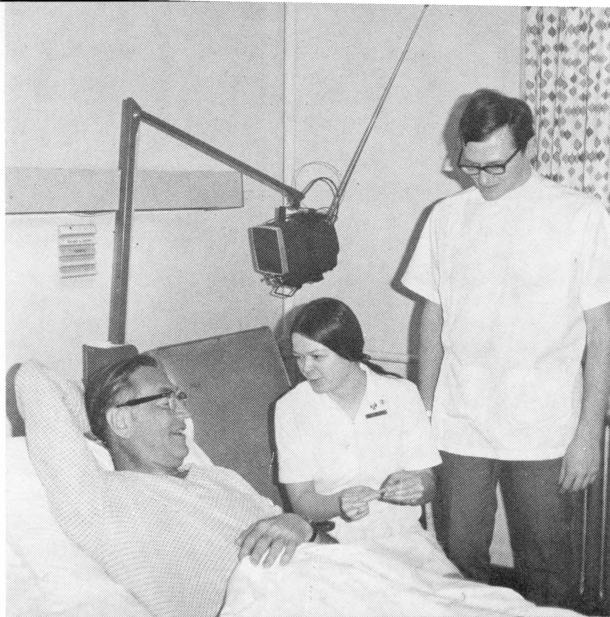
ers and \$32,584 at this time last year. Numerous letters from class representatives are being prepared and should stimulate responses.

Mr. Hawley announced that 1,187 alumni had thus far paid their dues, including 40 new life members. Total life members number 349, bringing to 536 the dues paying membership. It also was noted that 640 Middleton books have been sold so far, that approximately 60 persons have registered for the Alumni/Faculty Retreat later this month and that Drs. Bernhardt and Vig will attend and report at a later meeting.

A medical student committee is working with physical plant staff developing plans for redecorating the student lounge. The facility has been modestly furnished since its creation in 1958. Dr. Lustok said his class had been raising funds for such a purpose in memory of their late classmate, Dr. Merle Owen Hamel, '35. The Class probably would approve use of these funds if an appropriate plaque were placed in the lounge.

The next Board meeting is set for Friday, April 13, in Madison with the editorial board meeting preceding it. Dr. Lustok said a policy recommendation regarding **Quarterly** distribution would be offered the Board.

Present were President Bernhardt, Drs. Bender, Mayer, Lustok, Petersen, Schilling, Senty, Sivertson and Thurwachter, and Messrs. Hawley and Krahn.



Members of the Class of 1945 may recognize this cooperative University Hospitals patient (left) as classmate David J. Sievers of Berlin. Dr. Sievers agreed to be photographed with Jean Folz, R.N., and nursing student Scott Colburn to illustrate a brochure for recruiting nurses to UW Hospitals.

Resident Named 'Young Woman of Year'

Dr. Helen J. Blackman, an ophthalmology resident at Wisconsin, was selected to the 1972 edition of Outstanding Young Women of America. She was nominated by the alumni association of Columbia (Mo.) College, where she graduated with honors in 1964. The program recognizes young women between ages 20-35 for their contributions to the betterment of their communities, professions and country. Dr. Blackman received her M.D. from Indiana University.

D. L. Boyd, '65, Killed in Air Crash

A 1965 alumnus and his family were killed Feb. 4 when two private planes collided over Alaska. Dr. David L. Boyd, '65, Anchorage, his wife Cindy and the couple's children, Laurie, 3, and Stewart, 9 months, were involved in the crash. Two occupants in the other plane also died.

Dr. Boyd interned at King County Hospital, Seattle, after graduation and served a residency in psychiatry at University of Wisconsin Hospitals from 1968-71. A Wauwatosa native, he received his BA in 1961 from Carroll College, and in medical school was elected to AOA.

Kids Smash an Image

Want to know what doctors do? Answers: "They give you pills and when they are gone they give you more." "Some doctors tickle you."

And if those aren't enough to smash our public relations image, here are a few more ideas on physicians as seen by first graders at a school in Rockford, Ill.:

What do doctors wear? "They wear white coats so you will THINK they are a doctor."

What do doctors have in their black bags? "A heart listener." "Doctor stuff." "Some Q-tips for your ears."

ALUMNI CAPSULES

In Madison and the Midwest to look up former classmates before the holidays was Navy Lieutenant **Loren Larsen, '71**, of the USN Hospital, San Diego.

Dr. James M. Fox, '68, is completing an orthopaedic residency at Albert Einstein in New York. In July he will start an American Academy of Orthopaedic year-long fellowship in sports medicine with Drs. Kerlan, Jobe and Blazina in Los Angeles.

Three alumni were elected officers of the medical staff of St. Mary's Hospital Medical Center, Madison, in January. **Dr. Richard J. Botham, '52**, succeeded **Dr. Max Smith, '44**, as chief of staff. President-elect is **Dr. David J. Noll, '49**, and secretary-treasurer is **Dr. Timothy J. Donovan, '63**.

Dr. Theodore R. Hannon, '26, reports that he is retiring. He'll spend summers in Sturgeon Bay and will travel in winter, with a permanent address in Houston, Texas.

Elected treasurer of the National W-Club last fall was **Dr. Gibbs Zauft, '50**, Prairie du Sac general practitioner. The W-Club is a alumni and service organization of former UW athletes.

Dr. Elmer L. Severinghaus, '19, winters in Florida but last October moved to Edmonds, Wash., to be near the children in the summertime. Shortly after the move, he visited with two former Wisconsin General Hospital stu-

dents and residents, **Drs. James B. Bingham, '37**, and **William Leeds, Res. '39-41**, both Seattle internists.

The medical staff of St. Nicholas Hospital, Sheboygan, at their annual meeting in December elected **Dr. Larry J. Malewiski, '65**, as vice president.

A new training program in neurosurgery has been approved and is under way at the University of Utah College of Medicine,



Theodore S. Roberts, M.D.

reports associate professor and director, **Dr. Theodore S. Roberts, '55**.

Dr. George M. Kopf, '61, Zanesville, O., in a letter urges other alumni to write the **Quarterly** about their moves and experiences. After Air Force service, Dr. Kopf served his residency at Detroit General Hospital and Wayne State, becoming

board certified in ophthalmology in 1970.

Dr. Ralph B. Pelkey, '35, Pound, last fall was honored at a testimonial dinner for his 35 years of service to that area of northeastern Wisconsin.

The Silver Beaver Award for distinguished service to boyhood was recently presented by the Potawatomi Area Council of Boy Scouts of America to **Dr. Frank Urban, '54**, Wauwatosa.

Drs. Kay and Paul Wertsch, '70, are completing Public Health Service in Gallup, N.M. Paul is in their general practice residency and Kay in OB-Gyn. When they return to Madison in July, Paul will be in family practice and Kay will start her residency in that same specialty.

Neurosurgeon **David C. Lane, Int.-Res. '52-57**, Fort Lauderdale, Fla., was named 1972 "Physician of the Year" by the Broward County Aesculapian Society. He also was re-elected to the Florida State Senate and was chosen its minority leader.

Fond du Lac alumnus **Dr. Norman O. Becker, '43**, has been elected to the board of governors of the American College of Surgeons. Former UW Chairman of Surgery, **Dr. Robert C. Hickey**, Houston, Texas, was re-elected vice chairman of the board.

Dr. Martyn A. Wills, '70, for the past two years has been a flight surgeon at Hunter Army Airfield, Savannah, Ga. In July he will start an ophthalmology residency at Henry Ford Hospital in Detroit.

Dr. John Bryant Wyman, '58, of the Marshfield Clinic, was certified as a specialist in gastroenterology by the American Board of Internal Medicine last October.

A job as field director of the anemia and malnutrition research center has kept Dr. Robert Suskind, Res. '63-64, and his family in Chiang Mai, Thailand, for the past 2½ years. The NIH sponsored program is a cooperative effort of St. Louis and Chiang Mai Universities.

Dr. Katharine W. Wright, '18, recently was appointed president of the staff at Chicago Lakeshore Hospital. She maintains a private practice in psychiatry in Evanston, serves on the staff of the Katharine Wright Psychiatric Clinic at the Illinois Masonic Hospital and is a consultant on the staff of Mary Thompson Hospital, Chicago.

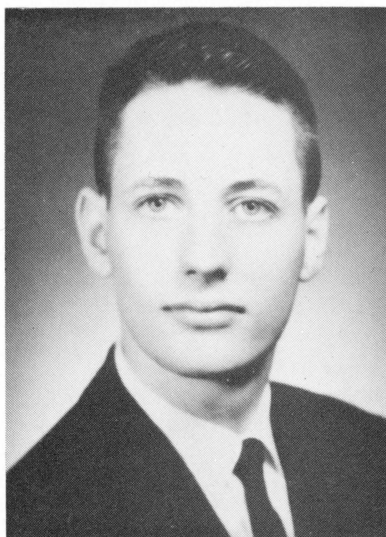
Trophies for Colorado State Medical Tennis Doubles Champion in 1971 and runner-up in 1972 rest on the mantle of Dr. Richard B. Foe, '48, Greeley internist and cardiologist.

Edward C. Schmidt, M.D., '40, recently accepted the clinical directorship at the Milwaukee County Mental Health Center — South Division on a part-time basis. He also is engaged in the private practice of psychiatry in Milwaukee.

A recent addition to the Marshfield Clinic staff is radiologist Edgar L. Koch, '64. After a tour of Air Force duty, Dr. Koch served his residency at Ohio State Hospitals, Columbus.

The Family Medical Center recently opened its doors next to Community Memorial Hospital, Oconto Falls. Dr. Robert D. Heinen, '64, is a principal in the clinic organization.

Nicholas R. Frost, M.D., '67, formerly chief resident in psychiatry at the University of California-San Diego, has been pro-



Nicholas R. Frost, M.D.

moted to inpatient director and assistant professor.

Dr. E. P. Rhode, '42, last fall closed his medical practice in Galesville and Holmen and joined the family practice section of the Skemp-Grandview Clinic in La Crosse. He had practiced in Galesville since 1948. Dr. Clarence B. Moen, '50, will maintain hours at the Galesville clinic so the area will continue to have a physician.

Officers elected by the Wisconsin Society of Anesthesiologists last fall are Drs. Frederick J. Carpenter, '53, Wauwatosa, president; William H. Nicolaus,

'57, Green Bay, president-elect; and Ruth A. Stoerker, Res. '54-56, Madison, secretary-treasurer.

Dr. Virginia King Bond, '48, Indianapolis, is director of obstetric anesthesia at the University of Indiana Medical Center. A hobby of hers is showing saddle-bred horses.

While he works only in the morning, Dr. Morgan E. Skinner, '32, still sees many patients in the afternoon in Chula Vista, Calif., according to a note in February.

Dr. David L. Morris, '54, is the 1973 medical and dental staff president at St. Francis Hospital, LaCrosse. He succeeds Dr. Archie G. Britt, '46, Dr. Morris is a family practitioner and Dr. Britt a surgeon.

A 1948 alumnus, Dr. D. W. Hammersley, is deputy medical director of the American Psychiatric Assn. in Washington, D.C., is a consultant and editor of "Hospital & Community Psychiatry."

Dr. James H. Sands, '47, is at the Magan Medical Center in Covina, Calif. He is medical director of Mount San Antonio Junior College's School of Inhalation Therapy, believed to have been the first in the nation. He also started a department of respiratory rehabilitation three years ago to service a large area of Southern California.

Also in La Crosse is Dr. Dean L. Martalock, '66, who is associated with the Skemp-Grandview Clinic and is on the staff at St. Francis Hospital.

(Continued on Next Page)

Frederick M. Bannister, M.D., '64, Chetek, was recently named a diplomate of the American Board of Family Practice.

□

Three alumni have been elected to medical staff leadership posts at Madison General Hospital this year. **Dr. James F. McIntosh, '47**, was re-elected to his third term as chief-of-staff. **Dr. William P. Crowley, '52**, is secretary-treasurer and **Dr. B. E. Stein, '61**, is representative to the Dane County Medical Society.

□

Dr. Everett A. Beguin, '65, last fall became associated with the Monroe Clinic after completing two years in the Air Force. His residency was served at Barnes Hospital, St. Louis.

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A move as assistant professor of pathology at the University of Arkansas Medical School has brought **Dr. Ray E. Shenefelt, '63**, to Little Rock from Cincinnati. He also will be spending part of his time at the National Center for Toxicology Research.

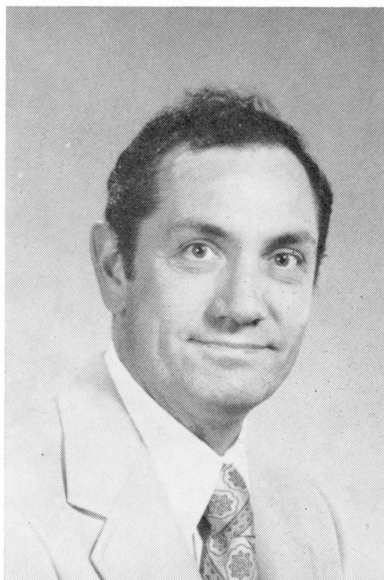
□

Dr. Arlene Barr, Res. '67-70, left the UW faculty last October and is now assistant professor of neurology at the University of Illinois in Chicago.

□

A Green Bay alumnus, **Dr. Robert G. Wochos, '45**, is completing his second tour of volunteer service aboard the **S. S. Hope** docked in northeast Brazil. The surgeon's first tour was in 1967 when the **Hope** was docked in Colombian ports.

The new secretary of the medical staff at the Kaiser Permanente Medical Center, Harbor City, Calif., is **Dr. Frank E. Murray, '60**. An internist, Dr. Murray is technical instructor of medicine at Harbor General Hospital in



Frank E. Murray, M.D.

addition to his post at Kaiser. He was chief UW preceptor in 1968-71 when practicing in Wauwatosa and was a clinical instructor at the Medical College of Wisconsin.

□

The year-old Regional Emergency Medical Center at Wausau Hospital-North and the three alumni who operate it, **Drs. George Hammes, '37**, **Arthur Hoessel, '43**, and **Richard Shannon, '41**, were the subject of a three part series on emergency care in the hospitals' employee-community publication this spring.

Necrology

We report with regret news of the following deaths that have reached the Alumni Office:

Dr. Robert P. Parsons, '17, Carmel, Calif., Oct. 8, 1972.

Dr. Robert J. Hyslop, '19, in Freeport, Ill., Nov. 23, 1972.

Dr. Roger C. Cantwell, '20, in Shawano, Jan. 18, 1973.

Dr. Gerhard W. Lorfeld, '24, Davenport, Iowa.

Dr. Charles B. Puestow, '25, in Chicago, Feb. 10, 1973.

Dr. Frederick G. Jensen, '32, in Menasha, Nov. 28, 1972.

Dr. Madeline Alzire Roueche, '32, in Erie, Pa.

Dr. Ferdinand Leonard Philip Koch, '33, address unknown, Feb. 2, 1961.

Dr. Frederick H. Wolf, '34, in La Crosse, Feb. 7, 1973.

Dr. Everett E. Seedorf, '36, in Peoria, Ill., Jan. 4, 1973.

Dr. Gerald E. Wesche, '36, in Nampa, Idaho, in Jan. 1973.

Dr. John Henry Spearing, Jr., '38, address unknown, in 1947.

Dr. Harry K. Elkins, '39, Los Altos, Calif.

Dr. Franklin B. Laneback, former intern, in Mesa, Arizona, Dec. 19, 1972.

Dr. Richard W. Way, '49, Beaver Dam, in Vail, Colo., Feb. 25, 1973.

Dr. John F. Simpson, '57, Ann Arbor, Mich., in Toronto, Jan. 25, 1973.

Dr. Robert L. Boyd, '65, Anchorage, Alaska, in an aircraft collision, Feb. 4, 1973.

Dr. Jeffrey H. Grunwald, Int. '72-73 (Medicine), in a Madison sledding accident, Feb. 25, 1973.

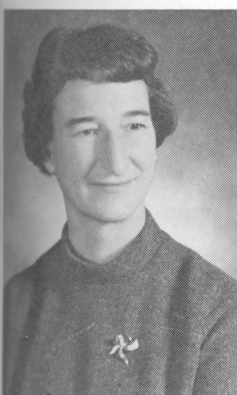
MEDICAL SCHOOL NEWS

State Quake Aid to Nicaragua is Great

Dr. Bamforth is New Assistant Dean

Appointment of Dr. Betty J. Bamforth as assistant dean for educational administration at the University of Wisconsin-Madison Medical School was announced in February by Acting Dean Henry C. Pitot.

As assistant dean Dr. Bamforth will coordinate all four years of the medical school curriculum with faculty members and also will serve as the student counsellor. She replaces Dr. Donald R. Korst, who became director of the medical school's Independent Study Program several months ago.



Acting chairman of anesthesiology at Wisconsin from 1969-71, Dr. Bamforth joined the UW medical faculty in 1954 and became a full professor 10 years later. She is a native of Connecticut, received her B.S. from Bates College in Maine, and earned her medical degree from the Boston University School of Medicine. After an internship at Mt. Auburn Hospital, Cambridge, Mass., she served her anesthesiology residency at University Hospitals, Madison.

A diplomate of the National Board of Medical Examiners, the American Board of Anesthesiology and a fellow of the American College of Anesthesiology, Dr. Bamforth also has been a consultant in anesthesiology at the Madison VA Hospital since 1954. She is a member of the International Anesthesia Research Society, the Wisconsin Heart Assn., and the Association of University Anesthesiologists.

As a practicing physician she was most closely associated with the open heart surgery program as it was developing at Wisconsin.

Things are looking up for victims of December's earthquake in Managua, Nicaragua, and one of the reasons is support from Wisconsin, according to a person who has been there three times since the disaster. "The attitude of the people of Managua is very positive," says Dr. Edwin A. "Ned" Wallace, director of UW-Madison's office for international health affairs. "They feel that other people care.

"There are signs all over the country saying '1973, the year of hope and reconstruction.' A lot of this is due to the support from outside the country." Dr. Wallace made his three trips for Gov. Patrick Lucey's committee for aid to Nicaragua. He returned from his last trip recently, after attempting to see how Wisconsin's donations could best be used.

"At first, food supplies were wiped out and the people needed food," he says. "Wisconsin responded by sending 120,000 pounds of food. Then it became clear that medical and educational needs were a high priority. All four of their hospitals were flattened and they lost about 1,000 classrooms. They obviously need financial help, and Wisconsin has contributed about \$160,000."

With the contributions, Wallace says that the rebuilding of Managua is proceeding at a satisfying rate.

"The last time I went back, improvement in the people's condition and the order in the rebuilding were amazing. A decision has been made to keep



the capital. Managua straddles the San Andreas fault, and it's not going to be replaced on that particular spot. But this provides a good opportunity for planners to get started with some massive urban planning."

Wallace also says that UW medical students are helping out. For the past three years, the Medical School has sent about 15 students a year to Nicaragua as part of a fourth year elective program.

UW Need for Heart, Kidney Donors Told

The head of University of Wisconsin Hospitals' division of thoracic and cardiovascular surgery last month urged the public to consider heart transplants as a viable solution in some cases of heart disease. Dr. Donald R. Kahn also made an appeal to the public and the medical profession that they consider accident victims with brain death as possible heart and kidney transplant donors.

UW Hospitals meets all criteria for becoming a heart transplant center, Dr. Kahn said. It performs at least one open heart procedure daily in addition to many closed heart, pacemaker and peripheral vascular operations. Dr. Kahn himself has performed several heart transplants, one of them on a patient who has lived 4½ years. Dr. Fritz Bach, who heads the immunology group, is internationally known for his research.



Because of this background the international Transplant Society recently encouraged UW Hospitals to become one of three heart transplant development centers throughout the world. The whole program depends upon being able to find donors.

Since September 1972 Dr. Kahn has selected seven patients as recipients; only to have six die because no transplant donors could be found. The seventh was awaiting a donor in late March and this prompted the unusual appeal.

Kahn's experience at the University of Michigan, where he set up the program in 1968 and performed his transplant, was that public awareness helped to provide an average of a transplant donor each week after the first procedure had been performed. Public awareness is also needed, Dr. Kahn says, because the physician who has worked so hard to save his patient often finds it difficult to first tell the family that the prognosis is hopeless and at the same time suggest that the patient become a transplant donor.

Curreri is Helfaer Professor of Surgery

The UW System Regents in January approved the naming of Dr. Anthony R. Curreri, '33, as the Evan P. Helfaer Distinguished Professor of Surgery, in addition to being associate vice chancellor in the Center for Health Sciences. He will hold an endowed professorship established last spring by retired Milwaukee industrialist Evan P. Helfaer, a 1920 UW chemistry graduate who founded Lakeside Laboratories and was president of that firm until its purchase in 1959 by Colgate-Palmolive.

Dr. Curreri, a UW faculty member since 1938 whose contributions to cancer research and teaching have included service on numerous medical advisory councils, was chairman of surgery and director of clinical oncology until last March when he was named to the Center post. Earlier this month President Nixon nominated him for a four year term as regent of a planned university of health sciences for the U.S. armed forces.

U. of Mexico President is UW Trained

A distinguished Mexican scientist who received his training at the UW Center for Health Sciences was installed as president of the National University of Mexico in Mexico City in January. Dr. Guillermo Soberon, who received his Ph.D. in physiological chemistry at Madison in 1956, became Rector of the Universidad Nacional Autonoma de Mexico Jan. 3. Chartered by the king of Spain in 1551 as one of the first two universities in the Western Hemisphere, it currently has over 180,000 students.

Dr. Soberon was a Madison resident from 1952-56 while working on his doctorate, recalls his major professor, Dr. Philip P. Cohen, chairman of physiological chemistry. Dr. Soberon came here after receiving his doctor of medicine degree from the university he now heads.

A researcher in nutrition, differentiation and development, Dr. Soberon is a leader in the development of biochemical sciences in Mexico. He currently is president of Mexico's National Academy of Medicine and was president of the Mexican Academy of Sciences. He received the President's Award for Scientific Research in 1965.



These black and white reproductions of color photos can hardly attempt to convey the flavor of the 7th Annual Alumni/Faculty Retreat to Hawaii Feb. 10-17, but they do give an indication as to the informal dress and good fellowship. Pictured at a welcoming party for the Wisconsinites in Hawaii are (left) faculty

member Dr. Arvin B. Weinstein, '44, talking with Mrs. W. D. James of Oconomowoc. Pictured in the bright native attire on the right are (l to r) President Lou Bernhardt, '63, talking with former president Albert G. Martin, '35, Milwaukee, and Dr. Ed Boldon, '49, of Madison. Photos are courtesy of Dr. James, '35, and Ann Johnston Bailey.

Supt. Varnum Accepts Seattle Position

James W. Varnum, superintendent at the University of Wisconsin Hospitals, has been named to a similar position at the University of Washington, Seattle. Varnum will become administrator of the University of Washington Hospital in June, according to Roy Rambeck, executive director of hospitals for the health science center there.

Most of Varnum's experience has been at Wisconsin where he has been superintendent since Sept. 1969. A graduate of the hospital administration program at the University of Michigan, he served his residency at University Hospitals and upon graduation in 1964 became administrative assistant. He was named assistant superintendent two years later and in 1968 became the associate superintendent.

Dean Criticizes Federal Budget Cuts

The proposed federal budget was criticized by Acting Dean Henry C. Pitot before a U.S. Senate subcommittee last month because of its reduced support for medical research and enrollment. "The federal administration is successfully de-escalating medical research, medical education, and ultimately, medical care," he was reported to have told the Subcommittee on Employment, Poverty and Migratory Labor chaired by Sen. Gaylord Nelson (D-Wisc.) at a hearing in Madison.

"The cost of life is exemplified by medical education and research in this country and is only a small

fraction of the cost of death as exemplified by the recent conflict in Southeast Asia," the Dean said.

Dr. Reed Heads Allergy Academy

Dr. Charles E. Reed, professor of medicine at UW, became president of the American Academy of Allergy at its annual meeting in Washington, D.C. in February. As president, Dr. Reed heads a 2,000 member organization, the largest scientific group of its kind in the world devoted to the diagnosis, treatment and study of allergic diseases.



Dr. Reed also is director of Wisconsin's Allergic Disease Center and program director of an allergy-immunology training grant. As a research scientist, he has since 1965 studied various allergic diseases including asthma, hay fever and more recently hypersensitivity pneumonitis. He has authored

and coauthored some 49 scientific papers describing his research.

A native of Boulder, Colo., Dr. Reed received his medical degree in 1945 from Columbia University College of Physicians and Surgeons in New York City. He joined the UW-Madison faculty in 1961 after private practice, teaching and research in Corvallis, Ore.

Retreat and Past Year Reflections

BY LOUIS C. BERNARDT, M.D., '63

PRESIDENT

MADISON — The 7th Annual Alumni Retreat departed from Chicago Feb. 10, and included 61 persons, 26 of whom had attended previous alumni retreats. The tour coordinator, Ann Johnston Bailey, together with four faculty members (Dr. Arvin Weinstein, '44; Dr. Gloria Sarto, '58; Reverend Lowell Mays; and yours truly) had prepared an excellent itinerary and what we felt would be a stimulating, enthusiastic and controversial educational topic on "Biomedical Ethics".

Several firsts on this trip should be mentioned: Dr. John Leach, '36, was snowed in at Atlanta, and arrived in Hilo, Hawaii, two days late because of the inclement Southern weather; Dr. Harold Bishop's, '33, luggage was somewhat misplaced, but Hal survived the first part of the week, contributed and participated in both meetings and social events in a rather limited wardrobe.

This year invitations were extended to all Wisconsin physicians in addition to our medical alumni,



and several non-alumni physicians participated in the retreat, showing a very keen interest in the medical school which represents their state. This added communication between many physicians in the state and the UW Medical School and the Center for Health Sciences is a significant step in public relations which is so

necessary.

Lastly, this is the first year that members of the Board of Directors and officers of the Alumni Association actively participated in the retreat. During the six previous years, the Association had asked Dr. Tom Meyer, the Department of Post-

graduate Medical Education and his able assistant Ann Johnston, to organize and lead the retreat. Dr. Meyer and Ann should be given an overwhelming ovation for their organizational ability and leadership. I hope they will continue to serve in the future.

But it is significant that input from the Alumni Association helped make this a very successful venture, both as an educational event and a relaxing, enjoyable vacation. Dr. David Vig, '51, a member of the Board, also participated in the tour. Together, we appreciated the interest shown by the Alumni and the nonalumni physicians in the state and in the UW Medical School.

Because of the better understanding and better public relations, the annual retreat continues to be a necessary modality to bring together elements of the medical school and the physicians in the state and bridge the ever narrowing gap that does exist.

This is the last column that I have the privilege of writing as President. The next president, whose column you will read in the Summer issue, will be Dr. Loron F. Thurwachter, '45, from Milwaukee. I urge you to continue to support your organization, your Board of Directors and your President as you have done in the past several years.

As I reflect on the past year, several observations should be made: the pride, the honor, and the humility, with which I accepted this privilege and responsibility one year ago, have continued to grow and broaden during the past year. To work with such dedicated men as the acting dean, Henry Pitot, is a rare privilege and treat. This true scientist is a man of wisdom, foresight and maturity well beyond his young years who has provided an astute leadership during a much troubled political time in the medical school. His efforts should not go unrecognized and should be applauded with an overwhelming fervor.

This short year has seen many changes in the UW Medical School. Dr. Robert Cooke has been named Assistant Vice-chancellor for Health Sciences, thereby giving the Center a direct voice in the University of Wisconsin central administration. A new dean will be named shortly, (as this column is being written) and several new chairmen of departments will have been announced. These changes will not represent a loss of continuity, will not detract from

the growth and excellence of our medical school and will not cause our medical school to falter. Rather, many of these changes represent progress due to the continued growth and excellence in which the medical school is headed.

During this year, your Medical Alumni Association has undertaken the new and major commitment — the Wisconsin Medical Alumni Center, a concept conceived by our former President, Dr. John Petersen. This new Wisconsin Medical Alumni Center is slowly taking shape and during the next several years you will continue to hear about this project. I urge you to regard it with as much pride as the William S. Middleton Library.

During this time, we continue to ask for your participation, your commitment, and your contributions to insure continued success and growth of the Alumni Association.

This year has gone all too fast and, although personally satisfying to me, I have frustratingly felt that not enough has been accomplished during my short term of office. Perhaps my goals were set too high. But after all, in this past decade men have walked and explored the surface of the moon. Our Alumni Association is rather young; it is certainly not set in its ways, and although I have not discussed this with other members of the Board, I wonder whether the term of the President shouldn't be for two years rather than one so that accomplishments and continuity could be developed with a higher yield of productivity and efficiency.

Before closing, I feel it necessary to add one more plaudit — perhaps the most important one of all. We in the Association are familiar with the Dean of the Medical School, the President of the Alumni Association, and other members of the faculty. A few of us have had the rare treat and privilege to work with the executive director of the Alumni Association, Mr. Ralph A. Hawley. Ralph wears many hats, including business manager of the medical school, executive director of the Alumni Association and "consiglior" to the Board of Directors and its President.

His total commitment to the UW Medical School, its faculty, students, and alumni association is unswerving, unselfish, and seemingly without end. This man deserves the thanks of all of us for his tireless efforts and his outstanding contributions to what we know as our alma mater. He makes the President's job an easy one, he enables the Board to function smoothly and well and his knowledge of the medical school, finances and politics, enable the faculty

members to devote more time to their primary goals. To Mr. Ralph Hawley: We all salute you and we thank you!

And so I have come to the end of the year — a rewarding year, a year of growth, a year of change, a year of accomplishments and a year of some frustrations. But it has been a most worthwhile year.

N News Notes from the Northeast

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

NORTHEASTERN CORRESPONDENT

NEW HAVEN — This winter in the Northeast has been the mildest in years. As evidence, I cite a misguided witch-hazel tree outside my lab window which was in full bloom in January. However, most Northeastern Alumni must be frozen in, or else have found good skiing someplace else, judging by the lack of news which I have managed to find.

The following items about NE alumni were gleaned from the Class of 1948 newsletter: **Janet J.**

Witmore reports that she is involved in full time hospital practice and teaching at the University of Rochester in a new Physical Medicine and Rehabilitation residency program. **Wilbur M. Benson**, who lives in Scarsdale, N.Y., is involved in clinical pharmacological research on hyperlipidemias. **Horace W. Gerarde** from Tena-fly, N.J., is writing a book on aliphatic hydrocarbons. He is in the practice of occupational medicine and toxicology as Director of Occupational Health Programs for Becton-Dickinson Corp.

The retirement of Homer Montague, reported in the Fall '72 **Quarterly**, certainly warrants comment and a warm congratulations. Homer's response to "rush jobs" which at the time, I thought I desperately needed, and his generous advice about photography as well as trout fishing was much appreciated.

Northeastern alumni please note: no news makes a dull column, so please write, phone or visit me at 333 Cedar St., New Haven, Conn.



Trends in Emergency Department Use

BY KATHRYN S. BUDZAK, M.D., '69

MEMBER, EDITORIAL BOARD

MADISON — Emergency facilities at many hospitals traditionally have consisted of "accident rooms" minimally equipped and sporadically staffed by nursing personnel with responsibility in other hospital areas. They lacked immediate physician availability and were ordinarily used for limited numbers of seriously ill and injured persons, often charity patients.

As facilities improved the emergency room was used (and continues to be in many communities) primarily for treatment of lacerations and fractures and frequently is the intermediate step in admission to the operating room or a hospital bed. With the expansion of facilities, improved and adequate equipment, nursing personnel specifically trained in emergency procedures, and, in many cases, 24 hour emergency physician coverage, new patterns of use are becoming apparent.

In the past 15 years both hospital admissions and out-patient clinic visits have increased about 50% in contrast to a 300% increase in emergency department (ED) visits. The average annual ED increase has stabilized at about 10% per year over the past five years. Obviously, this does not reflect an increase in medical emergencies and accidental injuries of this magnitude. In addition, 50-67% of ED visits cannot be classified as emergencies.

There are numerous and complex causes for the increased use of ED services, most of them related to socioeconomics. Population mobility has resulted in one-third of the people not having a personal or family physician. This is compounded by the fact that each year a smaller percentage of physicians go into primary care.

Patients are attracted by the convenience of hospitals with round-the-clock care, frequently located in metropolitan areas where there is a larger concentration of low income groups. Family phy-



sicians' offices are often bypassed by patients unable to reach that physician at night, on his day off, or on weekends and holidays, or who do not like to inconvenience him at such times.

In addition, EDs are used by patients during their own physician's regular office hours because they are unable to obtain an appointment as soon as they'd like, or because they believe, often erroneously, they will receive immediate attention for non-urgent problems. Another patient assumption, sometimes ill-founded, is that their insurance will pay for an office call.

There is also a tendency of industry, schools, police and fire departments to refer the injured or ill to hospital emergency facilities. Another factor is the changing image of EDs, no longer thought of as a place where only the poor go for care. There is increased public confidence in and awareness of the hospital as an appropriate resource for the treatment of emergency medical problems as well as for primary care.

A change in physicians' attitudes has likewise resulted in increased use of emergency departments. With an understandable desire for more regular working hours and a reluctance of many to make house calls, physicians increasingly accept the ED as a suitable place for treatment of their patients outside of office hours.

In some cases there is realization by the physician that hospital facilities and the availability of complex and costly equipment operated by specialized personnel are better than their own offices for diagnosing and treating certain conditions. Lastly, physicians who have gained confidence in the emergency physician may refer patients for evaluation who they are unable to fit into their office schedule.

There are two basic philosophies concerning management of non-emergent patients in the emergency department.

The first asserts that this type of patient should not be treated, but rather educated to the true functions of the facility. Limitation of services to this extent requires skillful triage as well as education of the community the hospital serves.

The second philosophy is based on the premise that what may not be emergent to the nurse or physician may be emergent to the patient. This more widely accepted view maintains that every patient presenting himself in the ED, whatever his complaint, is entitled to prompt, courteous, and competent treatment, whatever the hour. Obviously

are advantages and disadvantages to both philosophies and each hospital medical staff must develop its own basic policy most appropriate to community needs.

With increased medical awareness by the public and rapid changes in medical practice, society looks to the hospital ED as a community center for outpatient care as well for medical aid in an emergency. Rather than considering non-emergent use a form of abuse, emergency departments might consider redefining their function to better coincide with their community's needs. To fill this role in the delivery of health care, the ED should be a source of skilled diagnosis and expert treatment, and a vital factor in public relations, since the hospital's reputation is often dependent on the quality of care delivered in its emergency department.

Mimicry As An Educational Tool

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

MILWAUKEE — Mimicry is an effective instrument in the learning process. I still wear the stethoscope about my neck, don't lean on the patient's bed, keep my hands out of my pockets and assiduously palpate for the minuscule spleen in apery of — guess who? Presentation of a prototype to be emulated by the student is a well established traditional technique of distinguished teachers. This practice is particularly efficacious when it is subtle.

Parotry cannot be programmed. It will not fit into scheduled curriculum compartments. It permits no measurement and yields no test data. Nevertheless, the lasting effects of occult imitation of a revered image are more formative in the ultimate character structure of the physician than any other learning experience to

which he was exposed as a student.

Scientific orientation, technical training and a generous reservoir of factual knowledge are unquestionably essential, but in themselves inadequate

components of medical education. These are unstable modalities. By virtue of their own precepts they undergo continual change by degradation and evolutionary growth demanding constant renewal.

On the other hand, behavioral patterns, value judgements, attitude responses, goal selections, interpersonal relationships and career commitment once implanted into the student become life long attributes. They, even more than factual stores, poignantly determine the real quality of the physician. No structured course, no seminar, no library resource can give these to the student as effectively as the appreciation of an admirable example.

The competence of both the conventional and the radically progressive medical education programs is judged by the sufficiency of the end product physician in his knowledge stores, and his skills of utilization of the contents. It may be wise to direct some of the educational effort towards the more nebulous and less delineable development of the intrinsic character of the physician. In this adventure, mimicry is a most effective tool, providing there is abundant staging of excitingly inspiring models.

The Dean's Corner; A View from WARF

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

MADISON — The view from the seventh floor of the new WARF Building is pleasant to the eye but not without trouble to the ear. When you read this the bids for Phase I-A for the new Center will have been opened, and hopefully the initiation of construction will be imminent. In addition, as I write these words, the presentation of Phase I-B and C to the State Building Commission is imminent.



The results of this presentation will in a large measure determine whether or not we will be able to continue construction of the new hospital and clinical center to completion by 1977 or have to wait for two years

(or even longer) while working with a split hospital and clinical facility. The financial cost for operating the split facility is rather high, and we are very hopeful that we can convince the state officials that it would be to the advantage of all, both fiscally and academically, to continue construction to completion.

As you know, or will learn from this edition, Dr. Robert Cooke, who had been chairman of the Department of Pediatrics at Johns Hopkins University Medical School, was appointed Vice Chancellor for Health Sciences and Professor of Pediatrics by the Regents this past January. We in the Medical School feel very fortunate that Dr. Cooke has accepted this most important and responsible position in the Chancellor's office. He will be instrumental in guiding the Medical School and the Health Sciences in the future, especially with respect to the new structure on the west side site, and the expansion of the Health Sciences that is planned over the coming decade.

Finally, since my tenure as Acting Dean is coming to a close in the very near future, I would like to express my thanks to all the Alumni, faculty and students who have aided the Dean's office, myself personally and the Medical School in the interim period since Dr. Eichman's resignation to the advent of Dr. Cooke as Vice Chancellor for Health Sciences.

Thoughts on the Preceptor Program

BY DAVID R. NICHOLS, '73

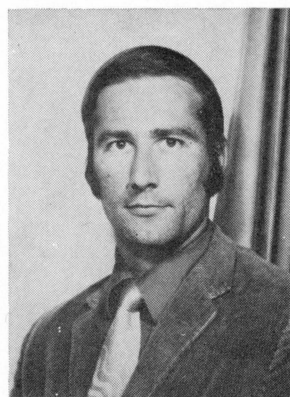
SENIOR CLASS PRESIDENT

MILWAUKEE — Webster calls him a "teacher." Students would agree, but would hasten to add either "friend," "big brother," or just simply "nice guy" to their definition of a preceptor. I'm sure that to most readers this individual as well as the entire senior preceptorship program is a familiar concept. However, the importance of this opportunity for a senior to get away from the UW campus and into another Wisconsin health care area cannot be emphasized enough.

This was underscored for me, for when examining the work of my senior class president predecessors I discovered each in some way found it desirable to write about the preceptorship program. Since

I am about to begin my second preceptorship, I find it hard to suppress the same desire since I feel it necessary to discuss the value this program has for the student, and to emphasize this importance for the benefit of those involved in its conception and operation.

The first and perhaps most obvious benefit is in being away from the UW campus. One has already spent three years there and is well aware of the basic medical philosophy. This benefit manifests itself in numerous ways, especially since the type of preceptorship varies from the small general practice setting to the large sophisticated multi-specialty clinic.



All tend to expose the student to the front firing line of medicine. Patients come with their chief complaint and are not the filtered population arriving with diagnosis and workup attached to their admission papers.

He sees patients being followed for routine problems over extended time periods and gets a different look at the cancer patient. He may follow the terminal patient while being very involved in the local family situation. He will learn about the crisis intervention care of the emergency room patient and the problems unique to such medical practice. Finally, the student is able to get some concept of medical economics and be with people of various practice settings and learn how each is set up.

An additional preceptorship benefit is the acquisition of responsibility. This comes in either large or small quantities depending upon a student's abilities, but is certainly greater than at UW Hospitals. Without the presence of interns or residents the student fills this role and learns quickly about the headaches and problems of patient management. Drug doses, procedures, treatment complications, etc., all of a sudden become very real and lose their intellectual veils. Many sleepless nights will be spent by the conscientious student concerned about his patients' welfare.

The preceptorship also offers an opportunity to really find out just how many of his lessons one has actually mastered. Of those he has not he soon

becomes painfully aware. In many respects it is here where the real issue of relevance is put to rest. The student begins to realize how much of a friend the medical library can become, but on the other hand, he gets a feeling for how much is still yet to be added to the pool of medical knowledge.

And what of the preceptor himself? Much is gained by the student from his new found friendships in the professional community for both now and the future. He learns more about the social and private lives of doctors who are involved in various forms of medical practice; information, which may do much to aid him in his career choice.

Similarly, he sees many different specialties at work in varied settings throughout Wisconsin; a special preview bonus if he plans to practice in the state. When with his preceptor the student is in the most unique learning opportunity of his career, for he finds the student to faculty ratio suddenly at 1:1, a situation which has obvious advantage to learning, especially in an atmosphere which becomes one of great comradeship and friendship.

One last benefit, which although difficult to express, is, perhaps, best called the acquisition of some common sense medical knowledge. It is that little something which makes one begin to feel a real part of the medical community with something of your own to offer. It allows one to view his new training in a practical light, and makes one see the need for much more training.

Although different benefits may well be derived from this program by each participant, it is clear that it becomes impossible to express them all. I only wish to add a special note of thanks to all the Wisconsin preceptors and those involved in making this program available to the Wisconsin seniors.

On 'Women and Madness . . .'

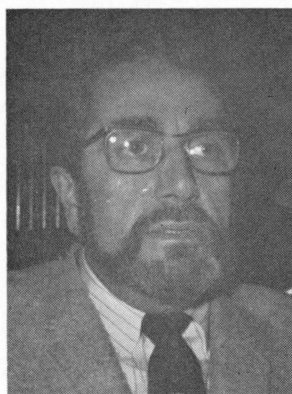
BY BERNARD I. LIFSON, M.D., '49
MIDWESTERN CORRESPONDENT

SKOKIE — Recently the congestion of the literary world was added to by arrival of a new "science-fiction" book entitled "Women and Madness: When is a Woman Mad and Who is It Who Decides?" In fact, a Wisconsin medical alumnus, Dr. Ilse Judas, '50, recently reviewed the book in a Chicago newspaper.

Ms. Phyllis Chesler, the psychologist-author, contends that mothers prepare their infant daughters for passive, submissive lives as women. She contends that 90% of American psychiatrists and psychologists are male and that 51% of our patients are females. She also states that many women have been so brainwashed that at their first sign of discontent they seek out the psychiatrist. Others are carted off

to the nearest shrink by their husbands who react with terror when their wives become assertive. Therapists then put women down by insisting they accept submissive roles.

To make her thesis more raunchy and thereby more saleable she has interviewed lesbians, feminists, women who have been hospitalized



and some who have slept with their therapists. During her residency in psychology in a New York hospital, she was appalled by the procedure of frontal lobotomy. She claims she doesn't have time for women's lib. Her prime cry is that women are starved for emotional support.

Now, these are vital accusations and if they are true then I think we men are in real trouble. If our wives are in such a state, our own survival is seriously threatened. How can we receive all of the mothering we need if our mother surrogates are so hung up?

Since I didn't want to minimize the possibility that Ms. Chesler may be making a real contribution to our society I thought I'd poll my wife, Clarice, for her opinion in this matter. She has always expressed her own ideas on women's rights. I approached her as she was on the ladder taking down the storm windows.

Bernie: "Clarice, I just read a review of "Women and Madness".

Clarice: "Get me a hammer".

Bernie: "Now wait a minute. Don't get angry. I just want to ask you some questions".

Clarice: "Speaking of questions, why aren't you helping me?"

Bernie: "Are you starved for emotional support?"

Clarice: "I just wish you'd support this storm window while I pull this nail out."

Bernie: "You sound discontented. Would you see a psychiatrist?"

Clarice: "Heck no! What I need is a handyman."

Bernie: "Ms. Chesler feels we men force our wives to be passive. Do you agree?"

Clarice: "If chauffeuring the children, mowing the lawn, washing the windows and raking leaves is being passive I guess she's right."

Bernie: "What do you think of frontal lobotomies?"

Clarice: "With our five children and this big house I sometimes think I'd like to have a lobotomy. For at least two or three days it would be paradise."

Bernie: "Now think carefully on this next question. What do you think of women sleeping with their therapists?"

Clarice: "I think it's great! I've been sleeping with my therapist for the past 21 years. And you know, Bernie, you still snore."

So you see, Ms. Chesler, I guess you are right. My wife must be mad to put up with all of my demands and expectations for the past 21 years. In fact I would readily certify her as mad.

After all, who but a mad woman would put on clean underclothing each morning just in case she's taken to the emergency room of a hospital. Who turns off the bathroom lights while I'm still in the bathtub. Who can't part with the infant clothes, toys and furniture of our five children. Who saves all of her clothes because in five years they'll come back in style.

Mad! Yes, certainly mad! But then that is what makes her "a woman."

California News Roundup, Comments

BY W. A. OATWAY, JR., M.D., '26

CALIFORNIA CORRESPONDENT

LAGUNA NIGUEL — Chief news here is that California has had 15 inches more rain than usual. It fell equally on the just (those who gave us news items) and the unjust (who do not).

Another leading and sad item is the loss of **Ross Alton Paull** of LaJolla. A 1924 UW graduate, he was a 1927 Harvard Medical graduate. Licensed in California in 1928, he has been retired for several years. He died at the age of 70 on Nov. 5, 1972 . . . those are the bare facts but his friendliness and interest in any Wisconsin people in his area and his great courage in view of eye trouble, etc, are the things people remember.

California and other distant alumni enviously covet the chances some people have to go on the



Alumni Retreat in Hawaii, the Upstate Wisconsin meeting in Neenah, to meet at the AMA meetings and by all means to attend the Annual Alumni Day events in Madison May 17 and 18. Envy could be translated into action after you read this. Go! **Onward to Madison!**

A trip to Madison may help one readjust to the

upcoming move of most of the medical school to a new campus in a few years. This should be no more traumatic than from Science Hall to University of Pennsylvania or to Wisconsin General Hospital or the Service Memorial Institutes.

About once a year or two we write a note to brother, colleague, former partner **Jackman Pyre**, '37, of Tucson. Here are two current comments to about him — Dear Jack, Please don't turn over your great interest in Things Wisconsin along with your column now that you have a replacement. Also, from all of us, thanks and congratulations for years of interesting, regular, pleasant and unpredictable words for the **Quarterly!**

Perennial Paragraphs — No news from the California Fan Club for **Dr. Middleton** in this issue except that his letters are wonderfully good. No news about **Dr. Chauncey 'Sarge' Leake**, '23, of San Francisco except that he most certainly is making news in any one of several fields.

Capsule Progress Notes — **Richard 'Rick' Jacobsen**, onetime urology resident for Drs. Sisk and Wear, is practicing good GU in Pasadena and is climbing mountains on all holidays. **Bertrand Meyer**, Res. '46-49, is a top man on the dramatic cardiovascular surgery pyramid, but gets to the horse races twice a year — and wins. **C. Richard Smith**, '31, and wife in Pasadena travel, travel, travel — sometimes to visit their daughter in Edinburgh.

Californians! Help the poor columnist on his desert island! **Send news!** It will be written up modestly and gratefully.

(Dr. Oatway may be reached at 146 Monarch Bay, Laguna Niguel, California 92677.)

1972-73 Medical Alumni Giving*

| Class | No. in Class | No. of Contri. | Alumni Fund | AMA-ERF | Class Total | Last Year |
|-----------------------------|--------------|----------------|-------------|---------|-------------|-----------|
| Pre 1927 | 256 | 26 | \$ 1,755 | \$ 110 | \$ 1,865 | \$ 5,951 |
| 1927 | 38 | 8 | 405 | — | 405 | 546 |
| 1928 | 32 | 3 | 300 | 10 | 310 | 220 |
| 1929 | 63 | 10 | 85 | 130 | 215 | 490 |
| 1930 | 46 | 12 | 1,240 | 55 | 1,295 | 185 |
| 1931 | 57 | 6 | 385 | — | 385 | 345 |
| 1932 | 78 | 18 | 2,031 | 260 | 2,291 | 1,070 |
| 1933 | 64 | 22 | 842 | 40 | 882 | 1,300 |
| 1934 | 60 | 12 | 561 | 135 | 696 | 455 |
| 1935 | 77 | 10 | 850 | 10 | 860 | 995 |
| 1936 | 74 | 14 | 235 | 40 | 275 | 260 |
| 1937 | 67 | 10 | 565 | 45 | 610 | 545 |
| 1938 | 69 | 11 | 535 | 95 | 630 | 685 |
| 1939 | 69 | 21 | 1,255 | 150 | 1,405 | 895 |
| 1940 | 75 | 12 | 775 | 159 | 934 | 705 |
| 1941 | 69 | 6 | 250 | 50 | 300 | 120 |
| 1942 | 47 | 1 | 10 | — | 10 | 225 |
| 1943M | 71 | 22 | 915 | 140 | 1,055 | 495 |
| 1943N | 55 | 3 | 100 | — | 100 | 250 |
| 1944 | 61 | 12 | 560 | 140 | 700 | 410 |
| 1945 | 73 | 6 | 235 | 5 | 240 | 595 |
| 1946 | 70 | 11 | 825 | 30 | 855 | 375 |
| 1947 | 57 | 7 | 275 | 35 | 310 | 1,405 |
| 1948 | 56 | 13 | 510 | 70 | 580 | 775 |
| 1949 | 53 | 7 | 1,085 | 20 | 1,105 | 1,680 |
| 1950 | 72 | 10 | 235 | 145 | 380 | 185 |
| 1951 | 68 | 21 | 715 | 40 | 755 | 400 |
| 1952 | 67 | 11 | 5,380 | 60 | 5,440 | 470 |
| 1953 | 75 | 16 | 218 | 105 | 323 | 310 |
| 1954 | 78 | 17 | 727 | 50 | 777 | 475 |
| 1955 | 72 | 8 | 200 | 80 | 280 | 240 |
| 1956 | 75 | 11 | 415 | 10 | 425 | 327 |
| 1957 | 76 | 9 | 470 | 25 | 495 | 495 |
| 1958 | 76 | 8 | 185 | 80 | 265 | 295 |
| 1959 | 71 | 16 | 255 | 5 | 260 | 140 |
| 1960 | 71 | 16 | 275 | 100 | 375 | 350 |
| 1961 | 83 | 8 | 120 | 15 | 135 | 600 |
| 1962 | 86 | 4 | 30 | 5 | 35 | 115 |
| 1963 | 72 | 30 | 640 | 35 | 675 | 150 |
| 1964 | 79 | 9 | 140 | 35 | 175 | 140 |
| 1965 | 82 | 13 | 275 | — | 275 | 55 |
| 1966 | 86 | 9 | 165 | — | 165 | 75 |
| 1967 | 94 | 31 | 537 | — | 537 | 365 |
| 1968 | 96 | 7 | 140 | — | 140 | 230 |
| 1969 | 94 | 12 | 140 | — | 140 | 15 |
| 1970 | 95 | 9 | 114 | — | 114 | 55 |
| 1971 | 100 | 5 | 35 | — | 35 | 45 |
| 1972 | 94 | 9 | 169 | — | 169 | — |
| Former House Staff** | | | | | | |
| Interns | 7 | 7 | 99 | — | 99 | 20 |
| Anesthesiology Residents | 2 | 2 | 85 | — | 85 | 55 |
| General Surgery Residents | 3 | 3 | 35 | 25 | 60 | — |
| Internal Medicine Residents | 17 | 17 | 808 | 10 | 818 | 1,700 |
| Neurological Surgery Res. | 3 | 3 | 110 | 10 | 120 | — |
| Neurology Residents | 1 | 1 | 10 | — | 10 | — |
| Ob-Gyn Residents | — | — | — | — | — | — |
| Ophthalmology Residents | 6 | 6 | 185 | 25 | 210 | 35 |
| Orthopedic Residents | — | — | — | — | — | 20 |
| Pathology Residents | — | — | — | — | — | — |
| Pediatric Residents | 3 | 3 | 110 | — | 110 | — |
| Psychiatry Residents | 2 | 2 | 15 | — | 15 | 55 |
| Radiology Residents | 3 | 3 | 150 | — | 150 | 45 |
| Urology Residents | — | — | — | — | — | 75 |
| Faculty** | 24 | 24 | 2,580 | 30 | 2,610 | 112 |
| Former Faculty** | 1 | 1 | 10 | — | 10 | — |
| Preceptors** | 1 | 1 | 100 | — | 100 | 100 |
| Emeritus Faculty** | 4 | 4 | 195 | — | 195 | 310 |
| Others** | 45 | 45 | 5,072 | 570 | 5,642 | 10,212 |
| TOTAL | 694 | 694 | \$37,728 | \$3,189 | \$40,917 | \$39,249 |

*An interim report of gifts from July 1, 1972, to March 21, 1973.

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PLEASE COMMUNICATE!!

While over 5,000 Wisconsin medical alumni received a copy of this **Quarterly** in the past few days chances are that about 310 of them didn't receive this issue since they hadn't let the Alumni Office in Madison know about that recent address change. If you've moved in the past few weeks or months and the magazine has followed you, or if you're planning a move shortly, please let us know. **Even if you haven't moved**, is there something new and interesting in your life that you'd like to share with fellow alumni? Send this convenient form or, if you don't want to cut up your copy of the **Quarterly**, just send a letter. The address is: **Wisconsin Medical Alumni Association, 767 WARF Building, 610 N. Walnut Street, Madison, Wisconsin 53706.**

NAME _____ CLASS _____

NEW ADDRESS _____ ZIP _____

OLD ADDRESS _____ ZIP _____

DATE OF MOVE _____ ANY NEWS? _____
