

# William Shainline MIDDLETON

*by Irvin M. Becker*



1890–1975







## Acknowledgement

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Your financial help has made this issue possible. On behalf of those readers who appreciate the opportunity to learn more about Dean Middleton, we say "thank you."







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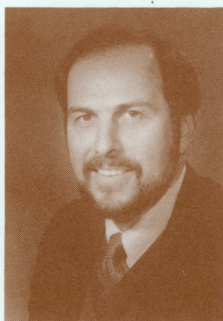
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WILLIAM SHAINLINE MIDDLETON  
1890-1975

"Why should a man, whose blood is warm within,  
Sit like his grandsire cut in alabaster?"

*William Shakespeare, "Merchant of Venice"*





Barry H. Usow

## Preface

THIS YEAR MARKS THE 100<sup>th</sup> anniversary of the birth of William Shainline Middleton—teacher, administrator, writer, husband, and bedside physician without equal.

Dr. Middleton influenced scores of medical students from 1912, when he arrived in Madison to join the staff of the Student Health Service, until he retired as Dean in 1955. During those years he also served his country in two world wars. Upon retirement from the University Dr. Middleton continued his career as Chief Medical Director of the Veterans Administration for eight years.

The Wisconsin Medical Alumni wanted to observe the centennial anniversary of this uncommon man who gave so much of himself to medicine wherever he went. By happy coincidence, Irvin Becker '47 had recently completed a master's degree at the University of Wisconsin—Milwaukee; his thesis reviewed the life of William Middleton. Dr. Becker and the UW—Milwaukee graciously consented to allow the WMAA to publish the thesis as a special supplement to the Fall *Quarterly*. Its production was generously funded by several alumni, for which we are grateful.

We hope this biography will prompt those alumni who remember Dr. Middleton to reminisce a bit, inform younger alumni about the way it was, and commemorate the old world gentleman and loving physician who "could walk but could not think without a stethoscope" draped around his neck.

Barry H. Usow '69, President  
Wisconsin Medical Alumni Association





Irvin M. Becker

## About the Author

IRVIN M. BECKER '47 is a gastroenterologist and a University of Wisconsin Medical School Clinical Professor of Medicine, Milwaukee Clinical Campus, at the Sinai Samaritan Medical Center.

A few years ago Dr. Becker began to ponder what he would like to do when he retired. Always interested in history, he took a course in historical biography at the UW-Milwaukee and wrote a paper about William Shainline Middleton. This enjoyable venture inspired him to consider a more serious study of the remarkable Dean. The end result was a master's degree conferred in May 1989 with a thesis about Dr. Middleton\*, whose 100<sup>th</sup> anniversary coincidentally fell the following year. When the Wisconsin Medical Alumni Association found out about the biography, it seemed fitting to publish it as a memorial to a man who is still well remembered by his former students, house officers and colleagues, both civilian and military.

Researching and writing the thesis was a formidable task, which had to be sandwiched in between full working days. For a year and a half Irvin Becker gave up nearly all of his free time in pursuit of the life and times of William Middleton. A large part of this source material came from 57 archival boxes stored in the National Library of Medicine in Bethesda. He also searched material at the UW-Madison, the University of Pennsylvania, and Norristown, PA, Middleton's birthplace; he corresponded with a number of people who knew Middleton and interviewed family members and others.

Dean Middleton himself generated the richest source material in two excellent oral histories as well as his abundant published writings, speeches, journal entries, diaries and correspondence.

Irvin and Margery Becker live in Milwaukee among a profusion of wild flowers. They have two daughters, a son and two grandsons.

*\*The thesis was submitted in partial fulfillment of the requirements for the degree of Master of Arts (History) at the University of Wisconsin-Milwaukee*



## The Early Years, Go West Young Man



IN LATE AUGUST, 1945, the student body of the University of Wisconsin-Madison Medical School, most in the uniforms of the United States Army or Navy, assembled in the Service Memorial Institute auditorium. At precisely 2:00 p.m. the door in the left lower corner of the amphitheater opened and a short man, dressed in a starched uniform of the United States Army plain except for a colonel's eagle and a caduceus on his shirt collar, briskly strode to the lectern. Turning to the student body, eyes piercing straight ahead, he began to speak: *"In my experience with 28,585 cases of hepatitis in the European Theater of Operations..."* He spoke without notes for exactly forty-five minutes then turned to his right and with the same quick stride left through the door he had entered. William Shainline Middleton, Dean of the Medical School, three and one-half years absent serving as Chief Consultant in Medicine to all United States Armed Forces in the European Theater of Operations, had returned to his beloved medical school. The legendary teachers' teacher and physicians' physician was back home after a remarkable journey that had commenced more than half a century earlier.







The  
Middleton  
Family  
Portrait: Front  
Row: Joseph  
(Dick), Bill,  
Catherine.  
Back row:  
Verina(Rena)  
Father  
(Daniel)  
Mother  
(Rebecca)

**W**ILLIAM SHAINLINE MIDDLETON began life at 530 Buttonwood Street, Norristown, Pennsylvania on 7 January, 1890. He was the second of four children born to the family of Daniel Shephard and Ann Sophia Holstein (Shainline) Middleton. He was very proud of his heritage, being English and Welsh on his father's side and Swedish and Welsh on his mother's side.

Middleton represented the eighth generation of Middletons in America, beginning with John Middleton, who was brought to this country from England in the mid-seventeenth century. John settled in Burlington County, South Jersey. Middleton's paternal grandmother, Rebecca Powell, was Welsh, and her family settled in South Jersey also. There is a bronze plaque in the bell tower at Valley Forge, recognizing "Richard and Charity Powell and their sixteen sons," who were members of the

Revolutionary Army. Six were reported to have died in the fighting.

The original Shainline in this country was Andreas Shenlen, who came from Sweden in the early eighteenth century, but another Swedish forebearer, Matts Holstein, landed with the original Swedish immigration along the Delaware River. Genealogy of the Holsteins is preserved in a documented form, "The Family Holstein," by Anna Holstein. She belonged to the Daughters of the American Revolution and was responsible for maintaining the Washington Headquarters at Valley Forge as a National Shrine.

Middleton's maternal grandmother's maiden name was Davis, the only immediate immigrant group, who came from Abersychan, Wales. The forebearer was an ironmaster who came to work the iron mills of southeastern Pennsylvania.



MIDDLETON'S FATHER, DANIEL Shephard Middleton, was born in 1860. He was the second oldest of eight siblings, seven boys and one girl. His mother, Rebecca Powell Middleton, died delivering a still-birth, so Daniel spent a good period of his boyhood in New Jersey on the farm of his grandfather, Samuel Powell. During adolescence and adult life he lived in Norristown, Pennsylvania. After failing in the grocery business, he went into the wholesale confectionery business with several of his brothers. Dan was never a successful business man.

Daniel was a very energetic, dedicated individual with a fine sense of humor and a great devotion to his family of four children. His even nature and love of people were passed on to Middleton.

Daniel also was a religious man, an active member of the Methodist and later the Presbyterian church, who raised his children in a religiously strict environment. He died in 1936 of a myocardial infarction. Middleton in later years said of his father, "He was interested in nature but without the curiosity to delve into real knowledge ... He was public minded but without the capacity to lead."

Middleton's mother, Ann Shainline, was born in 1863 in Conshohocken, Pennsylvania and raised in nearby Bridgeport, Pennsylvania. She was a very warm, proud and quiet individual with keen ambitions for her four children. She was responsible for stimulating the children to achieve higher educational goals than were available to her. An Episcopalian, she attended, when possible, Old Swede Church in Swedeland, across the Schuylkill River from Norristown. Ann died in 1946 of a cerebral vascular accident.

MIDDLETON WAS THE SECOND of four children. They were born two years apart starting with Verina (Rena) in 1888. The others were Joseph, known as Dick, and Catherine. Rena, a warm, highly intelligent girl, taught school after high school graduation to help provide additional funds for the family. She was considered the most studious and scholarly in the Daniel Middleton family. During her summers she attended Ursinus College, Collegeville, Pennsylvania,



**The Middleton Family: Seated, Mother (Rebecca), Father (Daniel)**

and later took a secretarial course at Pierce Business College in Philadelphia.

Rena knew and loved botany and flower arrangement. She took advantage of this and developed a partnership in horticulture with a friend. They became successful in a number of ventures including supervision of the Philadelphia Zoological Garden and a number of gardens on the Philadelphia main-line. Middleton's love of rose gardening was stimulated by his sister. Rena was the woman elder of the Jeffersonville Presbyterian Church. Her health was never good and she never married. Rena died at age 75 of a cerebral vascular accident.

Dick attended one semester in veterinary medicine at the University of Pennsylvania and then left school to work with his father in the wholesale confectionery business. He was a fun-loving person who communi-





**The Middleton Extended Family:** *Top Photo:* Front row—Bill, Joseph (Dick), Father (Daniel) *Bottom Photo:* Back row—six brothers and an in-law: Sam, Dan, Joe, Steve, George, Tom. Second row— Bill (left end) (The rest are cousins.)

cated well with women, something Middleton found difficult. Later Dick became a successful contractor of small homes. Dick married and had three daughters, Margaret, Patricia and Catherine. He died at age 75 of a ruptured gangrenous cholecystitis.

Catherine attended Temple University in the school of education and taught mostly at the kindergarten level. Later, she did secretarial work with the Pennsylvania Railroad and after that with the Provident Trust Company. She never married and eventually retired in Norristown, Pennsylvania where she died at age 74.

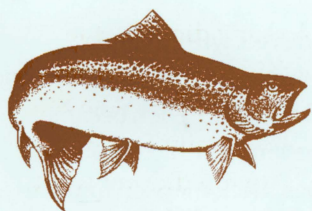
### **Lifetime habits emerge from boyhood experiences**

**Y**OUNG MIDDLETON HAD A normal childhood. Family life was centered around the home, music and reading. On Saturday or Sunday after church services the family went on walks. *"It was a ritual in my childhood, to spend ... every Sunday afternoon at Uncle Dan's,"* a Middleton

relative wrote. Often Daniel took the children to the Norris City cemetery where family was buried.

Everyone in the family had a specified place at the dinner table, where blessing the meal was ritual. The blessing was silent if guests were present to avoid embarrassment.





*Middleton loved nature and spent much time hunting, fishing and camping. The campsite he frequented was opposite Mill Grove, the first home of John James Audubon in America*

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Sunday always included attending Sunday school and one or two services. Reading at home on Sunday was limited to the religious text or religious books, a custom Middleton continued in later life by reading no medical material on Sundays. The piano, with Rena playing, was a gathering point for family and friends, for singing songs and hymns was part of the common recreation of the period. The family obtained a Victrola, mostly devoted to playing classical music and hymns, when Middleton was in late adolescence. Middleton continued to enjoy good music all his life.

MIDDLETON LOVED NATURE and spent much time hunting, fishing and camping. The campsite he frequented was opposite Mill Grove, the first home of John James Audubon in America. Middleton and his father frequently fished in the Perkiomen and Skip-pack Creeks, either still-fishing or trolling with artificial bait for bass. Hunting was usually for rabbits with Middleton's beagle dog, Ring, leading the way. Among Middleton's papers, there is a hand-written story about hunting rabbits with Ring. Canoe trips, starting as far away as New York State, were usually enjoyed with high school classmate, Fred Wanner.

Although communion with nature exposed both father and son to birds, animals and flowers, Daniel did not stimulate his son's interest in birds. That came about after Middleton arrived in Madison, Wisconsin some years later.

In his adolescent years, Middleton worked summers on a nearby truck farm picking strawberries, apples and tomatoes to save money for college.

The family had a summer cottage located in Arcola, Pennsylvania at the confluence of two fishing creeks that ran into the Schuylkill River. With thirteen cousins and many friends, there was always a group of young people visiting the cottage.

A VISIT TO WASHINGTON, D. C. IN 1902 made a lasting impression on Middleton. The trip was financed by diverting funds being saved to buy a pony. As Middleton stated, "Every detail of that memorable adventure is most vivid to this day." Middleton could not understand the lack of decorum on the floor of the House of Representatives. The Congressmen were eating bananas or peanuts and wandering all over the floor. As was to become a trademark throughout his life, Middleton took notes, although he was stopped by a guide who informed him it was forbidden because of the possibility of passing notes to the floor.

BILL MIDDLETON WAS EDUCATED in the public schools of Norristown. He remembered the teachers who stimulated his academic desires. Miss Edmunds (seventh grade) was the most outstanding and provided the first spark and direction for him. She was always challenging him, and as a result of her influence he skipped a grade. Other teachers he acknowledged as helpful included a Miss Weaver (English), who gave him a lasting fascination for English literature; Miss Jennie Roberts, who provoked a thirst for knowledge of civil government and history; Anne Eisenhower (Latin), who taught him four years and developed his interest in languages; and Miss Woodmansee (Mathematics), who inspired a mastery of fundamentals and principles.

### **Would he become Doctor Middleton or President Middleton?**

IT WAS GENERAL KNOWLEDGE among his relatives that Middleton stated his plans to become a physician by the time he was three. Middleton's sister Rena, when she was six, had tuberculous cervical lym-



phadenitis drained by the family physician, C.Z. Weber, using a curved bistoury. When Middleton went home, he carved a similar looking instrument out of cardboard to demonstrate to his family what the doctor did to drain the abscess. When interviewed in 1974, Middleton remembered his desire, at age ten, to pursue the medical profession. Although he claimed never to have wavered in his objective, sister Rena indicated his desire at age nine was for the Presidency of the United States.

MIDDLETON WAS NEVER PHYSICALLY the athletic type but was always interested in outdoor sports, particularly the competitive ones. He played basketball, baseball and tennis. Swimming was an active outlet but not football because he never weighed more than 105 pounds throughout his high school years. He played on the high school basketball team at five feet four inches, however, because he could shoot fouls accurately; in fact, he was the one man who shot all the team's fouls.

Middleton graduated from Norristown High School in June 1907. His principal, Alonzo Dallas Eisenhower, awakened in young Bill what was to be a life-long interest in history. In 1962, he returned to Norristown High School as commencement speaker on its one hundred<sup>th</sup> anniversary.

During the summer before entering college, Middleton worked in the drugstore of Will Reading, a skilled botanist who imparted to Middleton an everlasting interest in plants and trees. He also encouraged Middleton to pursue a medical degree.

## The intrepid high school graduate tackles medical school

MIDDLETON ENTERED THE University of Pennsylvania Medical School in the fall of 1907 directly from high school. Premedical education was then being advanced as a prerequisite for medical school, having been already initiated at Johns Hopkins. Although Principal Eisenhower was against his going directly to medical school, expediency and actual



necessity dictated the decision. Finances were a major hurdle for the Middleton family and Bill Middleton did not want to be caught in the advancing requirement for pre-medical education.

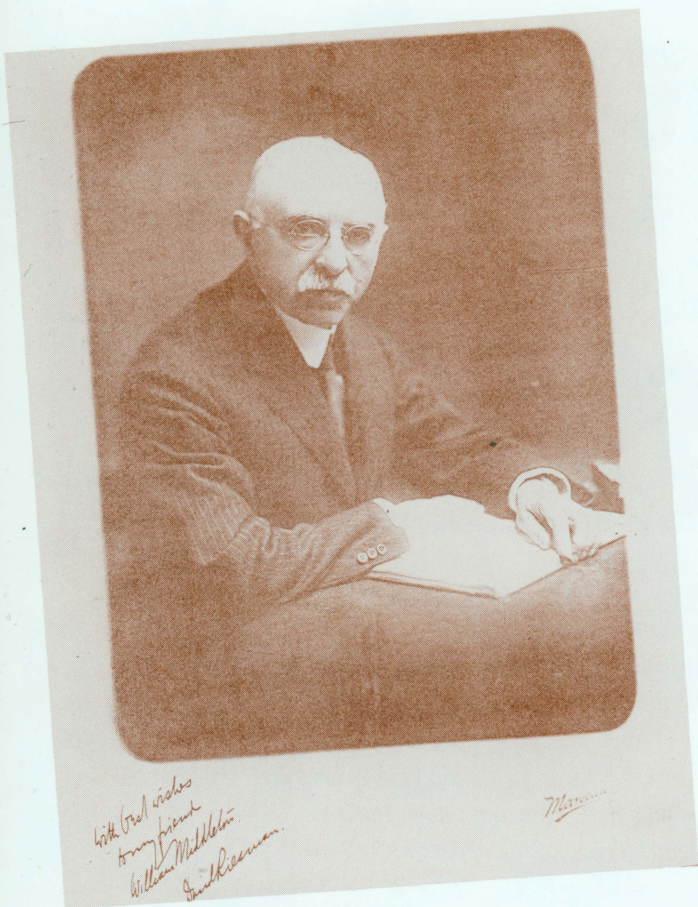
Middleton never ceased to regret his lack of college preparation, and he knew he was working under a handicap. Most of his class-

mates were college graduates or had at least two years of college. Realizing this discrepancy early on, Middleton drove himself to catch up, noting: *"I haven't been satisfied to let that gap remain unfilled. Yet I have not, in a studied sense, worked on the subject requirements for medicine. I know very well what some of my gaps have been and which I would have remedied, might I have had the opportunity."*

THE FACULTY AND THE REPUTATION of the University of Pennsylvania School of Medicine as well as its proximity to home led to Middleton's choice. He regularly commuted by train from Norristown to Philadelphia (twenty-five miles). Most of the travel time was spent visiting with classmates but occasionally there was time to study.

MIDDLETON'S MEMORIES OF medical school and his professors are documented in his log which he called "Remembrancer." His fondest memory of his first year was that of the famed professor of anatomy, Doctor George A. Piersol. Middleton stated, *"In my judgment, he was the most skilled of all lecturers that I have ever met."* In physiological chemistry, where blood chemistry had not yet come into its own, John Marshall, the teacher, said to Middleton, *"...but if the rest of the class knew as much medicine at eighteen as you seem to, I might suggest that the university take in medical students at an earlier age."*





**Beloved Mentor, David Riesman**

In his sophomore year, Middleton encountered his instructor in applied anatomy, Doctor Gwilym Davis, whom he later remembered for his delving into the function of muscles rather than teaching anatomy as a science only. Middleton particularly remembered Davis's demonstration with the femur bone and the attached muscles. In later years, Middleton would stress this approach. He always felt the more the professor attempted to isolate basic science from the clinical, the greater was the necessity of bridging the gap at a later period without the advantage of interchange between the two disciplines.

Bacteriology was taught by Alexander C. Abbott, who stimulated Middleton to do his first research in bacteriology as an undergraduate with various experiments involving typhoid vaccines. Ironically, Middleton himself contracted typhoid fever in the summer of 1909 between his second and third years

of medical school. He was infected swimming in the Schuylkill River, which, he later said, "*was literally an open sewer.*" Middleton reported his vaccine research results at a senior student seminar before the faculty, and his first paper, "The Efficiency of Typhoid Vaccines Prepared At Different Temperatures," was published in the summer of 1911.

Pathology, taught by Doctor Allen J. Smith, intensely interested Middleton. During his internship and after, Middleton spent much time in Smith's laboratory. He always felt the relationship was closer than that of student to teacher and more that of father-adviser. "*We revered and loved him,*" Middleton wrote. "*His encyclopedic knowledge awed me as a student; but with closer association his humanity outdistanced even his breadth of information.*"

## **The first exposure to clinical medicine leaves its indelible mark**

**T**HE CLINICAL YEARS OF 1909-1911 brought Middleton to bedside for the first time because of the sharp separation, during that era, of the basic sciences from patient contact. He felt the clinician had tremendous power over the medical student, and a certain rapport occurred that could not be reached anywhere else. He was deeply impressed with Alfred Stengel as a brilliant teacher and an acute observer at the bedside. Middleton loved learning and forever teaching physical diagnosis because, as he put it, "*you're really getting in on the ground floor.*"

During his early clinical period Middleton spent all his spare time in experimental dog surgery or in the surgical clinics of Doctor John B. Deaver at the German Hospital in Philadelphia. Middleton was fascinated by the drama of surgery and planned to enter the specialty. Deaver's greatness was in his knowledge of surgical anatomy; his textbook was a classic for many years.

AT THIS POINT IN HIS CLINICAL YEARS, Middleton met David Riesman, Professor of Clinical Medicine, and an 1892 graduate of Pennsylvania Medical School. "*The*





calm erudition, judgment, and gentleness of this man prevailed as an entirely new world," Middleton stated.

*"My professional father (with Allen J. Smith), I owe more to Doctor Riesman in my professional guidance than to any other ... The sharp contrast in methods between Doctors Deaver and Riesman so impressed upon my mind the superior call of internal medicine that by the end of my senior year definitely turned from surgery to that field."*

Middleton spent many happy hours as a guest in Riesman's home. He had many meals there engaging in stimulating conversation with both the doctor and his highly intellectual wife. Riesman had a great interest in the classics and medical history, and few of his conferences were without historical reference, a trait Middleton was to adopt. Upon retirement, Riesman was appointed to the newly created Professorship of the History of Medicine at the University of Pennsylvania.

PROFESSOR MIDDLETON SPENT the summer after his first year of medical school working on a truck garden about two miles from his home. During the summer after his sophomore year, and upon recovery from typhoid fever, he went to work at the State Hospital for the Insane with the pathologist, J. Earle Ash. Doctor Allen J. Smith helped Middleton obtain the position. Doctor Ash later became a prominent member of the staff of the Armed Forces Institute of Pathology.

The summer after his Junior year Middleton served as the acting pathologist at the State Hospital. Doctor Smith served as the consultant and whenever there were problems, Middleton took the tissues or specimen to Smith. For several summers after leaving Philadelphia for Madison, Wisconsin, he returned to work in Smith's laboratory.

MIDDLETON GRADUATED in June of 1911 at the age of twenty-one. He kept meticulous records of expenses which showed that he spent: freshman year \$309.99; sophomore \$281.60; junior \$315.52; and senior year \$303.70, for a total expense for his doctoral degree of \$1210.81.

## Philadelphia General Hospital—worth waiting for

**A**MONG HIS 151 CLASSMATES at Pennsylvania, Middleton did not rank in the first 25 at the end of four years, although he had for the first three years. His grade-point average of 85 was in the high fair to good range (upper sixth of the class). When he took the internship examination for Blockley Hospital (Philadelphia General Hospital), he did not qualify in the first group and so he became an alternate.

Although he did not work at the University of Pennsylvania Hospital, Doctor Smith encouraged Middleton to accept an appointment there. Middleton responded, *"I'm sorry Doctor Smith, I want Philadelphia General Hospital. I'll wait for it."* After a few weeks delay Middleton received his appointment to Blockley.

MIDDLETON'S CLASSMATE and closest friend at Blockley and throughout their lives was Frederick C. Narr. They stood up for each other at their respective weddings, and Narr's children were constant visitors at the Middleton home in subsequent years.

After practicing in South Philadelphia, Narr became an instructor in pathology at Pennsylvania under Smith. He headed departments in Philadelphia and Pittsburgh hospitals and later became pathologist at the Research Hospital in Kansas City, Missouri. He died in 1943 of colon cancer secondary to ulcerative colitis, which had been misdiagnosed as amoebic dysentery during his internship. Other close friends at Blockley and after were George Wilson, John Gilmore, Kenneth Lynch, Doyle Eastland and Truman C. Terrell.

MIDDLETON ELECTED the medical services where he could get Doctor Riesman as attending physician or traded services to be on Riesman's wards. Middleton often remained on the wards long after hours and into the night. To generations of students in later years, Middleton emphasized the importance of the internship year. He often said in a lighter vein, *"next to the choice of your wife in importance is the choice of your internship."*





Joseph Spragge Evans convinced young Middleton to leave Philadelphia and join the UW Student Infirmary.



Middleton wanted to go to a new area. He did not want to return to Norristown and thought if he stayed in Philadelphia he would have continued his pursuit of pathology. He realized, however, he was much more interested in clinical medicine than in the laboratory.

### **The UW Student Health Service looks to Penn for staffing, recruiting Joseph Spragg Evans and William Shainline Middleton**

**T**HE UNIVERSITY OF WISCONSIN in Madison organized a two-

year preclinical Medical School in 1907-08. In 1908 there was an epidemic of typhoid fever on the campus traced to a food handler who was a carrier. There were approximately thirty-four cases with seven deaths reported. Shortly thereafter there was a minor diphtheria epidemic.

Doctor Mazyck Ravenel, Director of the Wisconsin State Laboratory of Hygiene, strongly urged the development of a Student Health Department patterned after one formed at the University of California. The UW Administration agreed and Ravenel sought out his good friend from the University of Pennsylvania, Doctor Joseph Spragg Evans. In 1910, a Department of Clinical Medicine with a Student Health Service was established under the leadership of Doctor Evans.

In 1912, Doctor Evans was looking to add to his young Student Infirmary staff. He went to Philadelphia in 1912, seeking someone to join him in Madison. Doctor Fife, a good friend of Doctor Evans, recommended Middleton for the position. The picture Doctor Evans drew for Middleton was not only of the immediate challenge of working in the Student Health Department but also the prospect of devel-

Riesman, whose kindness and compassionate quality marked the true physician, was the prime factor in Middleton's insistence on the dignity of the human being and the student's respect for the rights and sensitivity of the patient. *"The days and weeks and months I spent with him are the most cogent recollections of my professional life,"* Middleton related.

Middleton was Riesman's best pupil. Upon completion of his internship, Middleton was invited to join Riesman in his practice. Middleton felt honored, and although he did not accept the offer, the two maintained intimate contact throughout the intervening years until Riesman's death in 1940 at age seventy-three.

AFTER THE INTERNSHIP, Middleton worked at the Babies Hospital (a division of the Children's Hospital) in Wynnewood, just outside of Philadelphia. He had contact with Doctor Alfred Hand, a pediatrician famous for his description of Hand-Christian-Schuller disease, but developed a closer and warmer contact with Doctor Charles Fife. The association with Doctor Fife soon proved to be fortuitous.



oping the clinical divisions in the Medical School. Middleton accepted the position after first confer-  
ring with Doctor Smith.

MIDDLETON ARRIVED IN MADISON in September, 1912, at the age of twenty-two, the first Middleton to go beyond the Appalachian Mountains. He found a rather primitive community, by Philadelphia standards – twenty-five thousand residents, a university of four thousand students, a two year medical school, and no university hospital.

Middleton was met at the Northwestern train station by Doctor Robert Van Valzah, Pennsylvania '08, a house officer at the University of Pennsylvania during Middleton's clinical years. Van Valzah had come in 1911 along with another Pennsylvania graduate, Leopold Shumacker, and Sarah Morris from Women's Medical College of Pennsylvania.

MIDDLETON WAS IMMEDIATELY impressed by the lakes and their proximity to the city, and by the beautiful



campus as well. He enjoyed swimming and swam in Lake Mendota early each morning from Memorial Day to Labor Day until he was eighty-one years old. He often hiked eight to ten miles for exercise and twice a year circled Lake Mendota "to work off my animal energies," he wrote. Fortunately

tennis courts also were easily accessible, for Middleton claimed "tennis was my own sport."

STUDENT HEALTH ACTIVITIES were originally located in the Cornelius House, a two story frame building adjacent to the Administration Building of the University, near the corner of Park and State Streets. Middleton was given a room on the second floor for living space, while outpatient activities were carried out in very cramped quarters on the first level.

At a later date, the Olin House, 762 Langdon Street, was acquired for the new Student Health

Department, site of the present Memorial Union. This was a private home to which an addition was added. The ground floor and a first floor housed staff offices and student health laboratories. Middleton continued to live on the premises.

The adjacent Raymer property was acquired in 1915 and converted into an infirmary. As early as 1913, Madison General Hospital provided a ward for students needing hospitalization.

MIDDLETON ENTERED INTO HIS DUTIES with great enthusiasm. The Student Health Service was extremely popular, for it gave students access to health care without incurring debt and provided house calls on campus. He was given the responsibility to supervise the ward facilities in the infirmary and at Madison General Hospital, and within a short time he knew three out of every five students he met on the street.

Student health responsibilities included prophylactic in the prevention of disease; clinical management of illness, either in the student's home or the infirmary, or on the ward at Madison General Hospital; examination of all new students' physical capabilities in reference to gym for men and women and military for the men; and examination of all athletes competing in university sports.

### Middleton enters sports medicine with mixed results

MIDDLETON DID CLINICAL research on the physical effects of various sports. After he concluded that a four-mile crew race was too strenuous for the young athletes, the Regents discontinued crew for a period and then reinstated it at the three-mile distance. Middleton did not endear himself with the crew or their coach. In 1914 and 1915, Middleton published four papers on athletics and the heart.

In spite of the crew incident, Middleton was pleased when the football team asked him to be the team physician, a position he held for three years. He traveled with the team and knew the players and





Charles Bardeen

their families very well. He was especially pleased at the fiftieth reunion of the 1912 championship team to find no "athletic tramp" among the sixteen players returning. Several players became physicians and two sons of players were medical students in Middleton's later years.

### **Teaching bedside medicine, the great love of his life, takes root at the Student Health Service**

**T**HE LAST RESPONSIBILITY of the Student Health Service was teaching physical diagnosis, clinical diagnosis and bandaging to the medical students. Teaching physical diagnosis — looking at, listening to and feeling the patient — along with clinical diagnosis at the bedside, became and remained Middleton's great loves throughout his career. He mastered

the art of observation, examination and analysis, and from this his reputation as an artist at work was born: the physician's physician, the teacher's teacher. In 1924, Middleton wrote a classic paper on the biographic history of physical diagnosis.

MIDDLETON FOUND THE FACULTY of the Medical School to be an excellent group and was pleased with the associations. Dean Charles Bardeen, Professor and Chairman of the Department of Anatomy, was the first graduate of the Johns Hopkins Medical School, because Bardeen came first alphabetically in the class.

The basic sciences faculty was then largely a Hopkins oriented group — Bardeen, Charles Henry Bunting in pathology, Arthur Solomon Loevenhart in pharmacology, and J.A.E. Eyster in physiology. From Yale, in addition to Doctor William Snow Miller in Anatomy, came Harold C. Bradley in physiological chemistry. Walter J. Meek, from the Universities of Kansas and Chicago, joined Eyster in physiology. Bardeen insisted the student health service be composed of Pennsylvania men because he felt Pennsylvania to be stronger in the clinical years as was Hopkins in the basic sciences.

WHEN MIDDLETON LIVED in the student clinic building his quarters were next to a makeshift library and the Dean's office was adjacent to the library. There was considerable interchange between Middleton and Dean Bardeen as a consequence.

AFTER THE TWO CLINICAL YEARS were added in 1925, there were numerous discussions regarding the Dean's proposed preceptor plan, which called for senior students to be assigned for a specified period of time to practice with a physician in some Wisconsin community. Middleton opposed the plan at first because of the withdrawal of the student from the Medical School atmosphere. When he recognized the clinical and socioeconomic importance of this outside exposure, Middleton became one of the program's strongest proponents.





Graduation Picture of Middleton in the University of Pennsylvania yearbook *Scope*, 1911.



Maude Hazel Webster 1919 in uniform of Army Nurse Corps

### Bill Middleton meets Maude Hazel Webster on the student ward

MIDDLETON MET NURSE MAUDE Hazel Webster at Madison General Hospital in 1913 while conducting rounds on his students' ward.

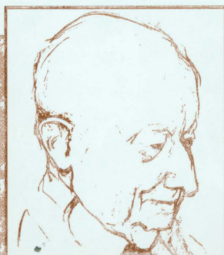
Maude was born on 6 March 1889 on the Fred McChesney farm, Vienna Township, Dane County, Wisconsin. She was the third child of George Warren and Christina Hyslop Webster, who were of English origin. One forebearer had served with Cromwell. The family moved from New York State to Wisconsin. One fraternal grandmother was a Burt, whose family came from Green County, Pennsylvania. On this side there was a direct relationship with the Rush family (early American physicians) of Eastern Pennsylvania. The Hyslops emigrated directly from Dumfriesshire, Scotland. The grandmother, who had an abiding influence on Maude, was an Anderson.

After Maude qualified as a grade school teacher by summer school studies at Whitewater State Teachers College, she taught in a single-room school for two years. She walked to and from school, a distance of two miles, and lived in her grandmother Hyslop's home in Dane; her parents had moved to Madison.

Influenced by her cousin, Martha Smart, Maude enrolled in the nursing program at Madison General Hospital and was capped after completing the two-year course. In 1914 – 15 Maude accepted Doctor Evans's offer to become Chief Nurse at the Student Clinic. Thus began the personal and professional interchange between Maude and Middleton. From the outset, Maude's fresh and alert presence impressed Middleton but as he stated, *"My profession occupied my mind and body. My recreations were not conducive to feminine participation — even if Maude had been interested in me."*



## World War I and Home Again – The Deanship



AS WORLD WAR I PROGRESSED there was a considerable shortage of medical support for the British Expeditionary Force. Doctor John L. Yates of Milwaukee, an agent for the American Red Cross, recruited Middleton and one of his new associates at the Student Health Service, Doctor Robert Drane.

Middleton had experienced an inherent abhorrence of violence and of war from childhood. Family tradition, however, compromised any psychological reaction Middleton felt against war. For example, he said, *"There was a constant reminder that there was no war in which your country has been involved without participation of a member of your family."*

(MIDDLETON KEPT A DIARY of his experiences in World War 1, a continuation of his lifelong habit of taking notes. The diary was of immeasurable help to the author in reconstructing this segment of Middleton's life adventure.)

An Assistant Professor of Medicine, Middleton left Madison in 1917 to serve in the United States Army Medical Officers' Reserve Corps, attached first to the British Expeditionary Forces and later to the American Expeditionary Forces. He reported for duty at the Army Medical School in Washington, D. C. 24 May 1917. A diary entry for that date indicated the difficulty he had saying farewell to good friends and particularly Mother Hazel, as he frequently addressed Maude Webster.

*"Must confess that only my firm resolve to leave her a freelance until such time as I was sure of my position and self kept my true feeling in reserve. Ambition is a cruel taskmaster!"*

MIDDLETON'S GRANDFATHER Shainline often spoke to him of his collateral relative, General Anthony Wayne of the Revolutionary War. Middleton made an entry in the diary on 25 May 1917, writing: *"I see constantly the face of grandfather Shainline. I wish that he might see me in uniform. Not that I would be glorified but that his greatest disappointment might be less felt. (Grandfather Shainline had been rejected for service in the Civil War.) I must be a dreamer for the monumental bronze of Anthony*





Bill Middleton—overseas World War I (far left)

*Wayne beckons me on; and at times I have felt the call to the line service pulling against my medical training in the present crisis only to be swung back by the humanitarian instinct of my profession."*

## Middleton reveals his feelings for Mother Hazel

MIDDLETON WROTE A LETTER to Maude Webster on 12 June 1917, which was to be opened only in case of his death. He professed his true feelings and advised her to marry a mutual friend of theirs. He concluded with the thought that if she had a son would she name him Anthony Wayne: *"You see I wanted a son so badly and his name was to be Anthony Wayne Middleton."*

MIDDLETON SAILED FOR ENGLAND aboard the steamship St. Paul of the American Line on 16 June 1917. Going over he and others were assigned to the ship's magazine to handle shells and powder before it came to the deck. They were drilled twice a day for efficiency. During training two men dropped a box containing powder charge for a 6-inch gun. Neither of the men in reach made any effort to impede its fall,

and all jumped back instinctively. Middleton's reaction to this was expressed, *"weighed in the balance and found wanting."*

A later entry mentioned a submarine and a torpedo passing within fifteen feet of the ship's bow. He said he was not frightened by the experience even though the ship's gun crew damaged the ship's rigging while firing at the submarine.

AFTER A PERIOD IN LONDON, Middleton arrived in Boulogne, France on 30 June 1917 and was assigned to Base Hospital 13 shortly thereafter, where he did wound dressings and very little else. Middleton missed meeting Alexander Fleming, the future discoverer of penicillin (1929), who was stationed there also. He was then assigned to Division 4 Field Ambulance 11 in the battered city of Arras. Robert Drane, who would soon become Middleton's colleague in Dijon, was assigned to Field Ambulance 52, Division 17 in the same area.

During the summer of 1917, Middleton was assigned temporary duty in several Advanced Dressing Stations of various Field Ambulance units. The dressing posts for the wounded were located in any available areas such as horse stables, where the simplest of dressings were applied and some medications administered. There were no fluids available for intravenous use nor blood for transfusion. Occasionally temporary splints were applied.

Evacuation was by night on the Scrape River Canal. Definitive treatment began at the Casualty Clearing Station in the British line of evacuation. Middleton particularly remembered an eviscerated patient he tended overnight. He replaced the viscera into the abdomen, applied sterile dressings and gave the man morphine.

IN EARLY OCTOBER 1917, Middleton was assigned to the 46<sup>th</sup> Casualty Clearing Station, where he came in close contact with the renowned neurosurgeon, Harvey Cushing, and his head trauma team. Cushing was attracting wide attention for his superb surgical technique. Middleton however, was not impressed with





Cushing's demeanor with his associates, and said, *"I reflected that he might at least have some thought of his fellows."*

Later in October 1917, Middleton was attached to the 1<sup>st</sup> Battalion, King's Own Royal Regiment at Achicourt. There he met and became most impressed with a Lt. Colonel John Kennington. Middleton felt Kennington impacted tremendously on his life in service and after. Middleton recalled Kennington's stating, *"If a shell has your name and regimental number on it, it will go around a corner to get you."*

## The front lines include gas attacks

MIDDLETON SERVED in the front lines and was involved in about eight gas attacks. He indicated he never really was heavily gassed because of his gas mask protection. He also commented about treating trenchfoot with the British technique of sock changing and rubbing feet with oil.

IN EARLY SPRING 1918, Middleton and Drane received orders to join the American Expeditionary Forces. They were sent to Dijon, France, and assigned to the Central Medical Laboratory facilities for research in chest surgery. The team was headed by Major John Lawrence Yates, surgeon, and included Major James Gwathmey, anesthesia, Captain Robert Drane, x-ray, and Captain William S. Middleton, internal medicine.

Middleton wrote to anatomist Doctor William Snow Miller in Madison on 14 April 1918 and expressed regrets at leaving the British after nine months. He wrote of his work with the chest surgical team: *"I had your reprint on lung lymphatics with me and it gave me instant reception with two of your acquaintances, Captains Steiner and Vaughn, correlating roentgenographic findings with physical examination. (Injection work essential to their understanding) ... I would like your advice on the subject of technique and material for Circulatory (pulmonary) lymphatic and bronchial injection."*

MIDDLETON'S IMMEDIATE NEIGHBORS in the laboratory were the brilliant physiologist, Walter B. Cannon, and Hans Zinsser. Cannon always took an interest in what people were doing, and when he was unable to give lectures at Langres, which was a training point for the American medical officers, he asked Middleton to substitute. When Cannon was preparing papers, he asked Middleton to check them from an editorial standpoint. *"I was thoroughly incompetent to criticize the Harvard physiologist; but nonetheless I did my best,"* Middleton noted.

Middleton and Drane participated in one of Cannon's experiments regarding thirst. They went to the only hospital in Dijon and put on rubber sheets to see how much weight was lost in sweat over two hours.

In the laboratory, Cannon was in charge of shock and Yates in charge of chest surgery. Their special surgical team moved with the division attached to field hospitals — at first the 26<sup>th</sup> division, later the 42<sup>nd</sup>, and after that the 4<sup>th</sup> division. In this way they had the experience of treating a tremendous volume of casualties. Middleton acted as the shock officer in all these units. He was also involved in the pulmonary study and judgment as to the availability of surgery. He did the pre-operative and post-operative care as well as the shock treatment.

## Southern soldier disdains Middleton's "damn Yankee blood"

MIDDLETON RECALLED an incident involving a young southern soldier, with the 168<sup>th</sup> Alabama regiment attached to the 42<sup>nd</sup> Division, who was wounded and required transfusion. Middleton donated a pint of blood to the man because of similar blood type. The next day the soldier said to him, *"Sir, I want you to bleed me right away. I don't want any damn Yankee blood in me!"*

AS THE WAR WENT ON, Middleton retained a billet in Dijon while he was still assigned to the Central Medical Laboratory with the team on call for any offensive. He often kept busy doing autopsies on



American and German soldiers. He was restless, however, after having been on the front lines with the British and requested a combat unit or training in aviation; he was denied. The special Chest Surgical Team was disbanded and Middleton was given functions of a ward medical officer plus the supervision of any chest surgical patients that might be assigned, plus shock work.

WHEN THE ARMISTICE WAS DECLARED ON 11 November 1918, Middleton returned to Paris. He was first assigned to assess the chest surgery results of Doctor Yates and his successor, Major Verdi. Orders to return to the states reached Middleton on 25 December 1918. He travelled to Angers and then to Bordeaux where a visit to Base Hospital 22 at Beau Desert put him in touch with the Wisconsin group, from Milwaukee, stationed there. Nurse Maude Hazel Webster was stationed there also, having enlisted 18 April 1918 and arriving in France 24 June 1918.

### Mother Hazel chides Billy's veneer of sarcasm

MIDDLETON AND MAUDE had been corresponding since he left Madison. Maude's letters were often addressed to Sonny or Billy and signed Mother Hazel. On 7 July 1917 she wrote, "You are to find and adopt some good woman to help keep you from being the sarcastic boy you were sometimes." On 13 September 1917 she wrote: "You had lost your greatest protection – irony and sarcasm. She (Mother Hazel)

*did not agree to your views exactly but if she did have that influence – can't you remember her as she was. And because of her – be your own true self – not the hard sarcastic man you would let people think you are."*

On 8 March 1918 she wrote a thank you to him for sending her flowers.



Middleton and Maude spent considerable time together in Bordeaux and the area around the camp. He was then shipped out of Marseilles for home on a tiny, uncomfortable steamship, the Caserta. He was discharged from Fort Dix, New Jersey.

WHILE IN FRANCE, Middleton wrote his local Norristown newspaper a letter which was published under the headline, "A Privilege to go to War," a letter in which he expressed his obligation to serve as a recompense for the advantages this country had given to him and his forebearers.

From the time of his service in World War I, Middleton was closely identified with medical service to this country's veterans. He served almost continuously as consultant to federal organizations until the onset of World War II. These included the United States Public Health Service, The Veterans Bureau beginning in 1922, and the Veterans Administration beginning in 1933.

### Civilian William Middleton, with his 1908 stethoscope in place, climbs the academic ladder at the Medical School

MIDDLETON RETURNED to civilian life 4 March 1919. He was placed in charge of the Student Infirmary in a new building erected in 1918. During the years 1919-1935 Middleton honed his teaching skills, becoming Associate Professor in 1925 and Professor in 1933. While he taught superbly in the classroom, his preferred place was at the patient's bedside. His stethoscope, the original and only one he ever owned, was always draped around his neck. Middleton purchased it in 1908 for \$4.40 from Edward P. Dolbey, Woodland Avenue, Philadelphia.

Middleton's capacity for keen analysis, accurate diagnosis, and human appreciation was a wonderful stimulus to students and colleagues alike. He attacked each problem with vigor and forthright optimism. He often said, "I have never accepted defeat in the management of severe illness."



AT THIS POINT IN HIS CAREER, Middleton continued his clinical investigations and writings, which would end only with his death fifty-six years later. He wrote almost three hundred articles covering a broad variety of subjects, particularly on diseases involving infection, heart, lung, blood and the collagen vascular system.

At least fifteen papers were on physical diagnosis, his major love, including such subjects as venous pulse pressure, positive centrifugal venous pulse, venous pressure as a guide to venesection in congestive heart failure, the influence of respiration on venous pressure and venous pressure in general anesthesia. His observations extended from the clinical study of the atrophic tongue to the use of sauerkraut to treat vomiting. By the beginning of 1935 he had published ninety-two articles.

WHEN WRITING, Middleton followed his mentor, Riesman, by introducing the subject with historical background. In his archives, Middleton alphabetically saved famous quotes he could use in writing and speaking. Some, as illustrated in the following excerpt, give insight into his self discipline.

*"What a privilege self discipline really is. Not many people ever get to try it. Most of them punch clocks ... and go through the motions. But the scholar is given relative freedom. If he can find the right balance of self discipline and indulgent freedom of imagination and hard work, he should not only be a good scholar, but he should find the good life as well (P. H. Adamson)."*

### **William S. Miller nurtures Middleton's fascination with medical history**

DOCTOR WILLIAM SNOW MILLER had a long-time interest in medical history and in 1909 began the Wisconsin Medical History Seminar, which met in his home on a regular basis. The stimulus for Middleton's interest in medical history, begun at Pennsylvania with exposure to Professor John G. Clark and Doctor



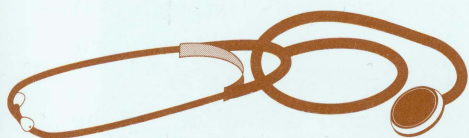
**Professor Middleton was seldom seen without his cherished stethoscope.**

Riesman, was nurtured by Doctor Miller. He encouraged the members of the seminar to follow their own path and develop independent interests, and he preferred his participants to have the grasp of at least one foreign language. Each individual would give one paper a year. "Middleton became the most respected and prolific contributor," wrote renowned medical historian Chauncy D. Leake.

Middleton continued this pursuit throughout his lifetime. In the late 1920s and early '30s, a series of biographies of famous figures in early American medicine established him as an authority in medical history. This was especially true for the early Philadelphia and University of Pennsylvania physicians. Among the names were Charles Caldwell (1920), the John Kearsleys (1921), Caspar Wistar, Jr. (1922), William Edmonds Horner (1923), Joseph Leidy, Scientist (1923), John Bertram, Botanist (1925), John Redman (1926), and John Morgan (1927).



A CHARTER MEMBER OF the American Association for the History of Medicine, Middleton was elected its president in 1934 and was the last of the original group to pass away. In 1927, he delivered his first address, entitled "The Medical Aspects of Robert Hooke," before the two-year-old organization. Middleton wrote nearly fifty papers on medical history throughout his career. He told his audience, at the 50<sup>th</sup> anniversary meeting of the Association in Philadelphia on 1 May 1975, how pleased he was as



*"He used his eyes, his hands and his stethoscope, disdaining clinical laboratory data ..."*

a young physician to have his paper discussed by, among others, Doctors William H. Welch, J. C. Hermaeter, and Riesman.

Papers were generally presented by amateur historians in the early years of the organization. By 1937, professional historians were increasingly represented by W.B. McDaniel, 2<sup>nd</sup>, Owsei Temkin, Richard Shyrock and Henry E. Sigerist. Middleton commented on the amateur historian, *"With the slanted viewpoint of the physician-scientist, his approach is apt to convey a clinical flavor."*

MIDDLETON'S LOVE OF physical diagnosis led him to write a biographic history of the subject; published in 1924, it covered 25 pages. As Chauncey Leake reiterated, *"He used his eyes, his hands and his stethoscope, disdaining clinical laboratory data unless he requested some specific laboratory information."*

PROFESSOR MIDDLETON DEvised a technique which helped him relate to students, friends, and associates. He developed a system to remember names by giving almost everyone he knew a nickname. The association of the nickname to the real name allowed him to remember people years later if he met them in different surroundings. Some names rose out of events, while others were based on physical characteristics, physical skills or answers to questions in class.

## **Middleton welcomes new hospital to help in teaching physicians and other health care professionals**

THERE WAS A LONG AND CONCERTED EFFORT to have a university hospital built by the state. This came to fruition in 1924 with the beginning of a third year class in the fall of 1925 and the first four-year graduating class in 1927. Middleton stressed then as he continued to do all his life: *"I always made it perfectly clear ... the only*

*occasion for a hospital at the site of the Wisconsin General Hospital was the education of physicians, nurses and the ancillary skills. Were it not for that primary mission the largest laboratory on the campus would have no purpose. Research and service were secondary but essential objectives."*

WHEN MIDDLETON FIRST ARRIVED in Madison a majority of the medical students were older than he was. Being young and brash, he set out to devise an approach that would keep students alert and on their toes, as conventional methods of maintaining interest and attention lacked color and punch. There was a saying in the East about that time, *"That takes the Brown Derby."* Middleton began using the expression, *"Well, that takes the Brown Derby,"* when a student made an errant answer to his questioning in class.

## **The junior class begins a famous tradition—presentation of the Brown Derby**

THE JUNIOR CLASSES BEGAN presenting him with a derby at the beginning of their course in medicine. The first affected student of the semester signed his name on the derby and eagerly awaited its transfer to the next offender on Middleton's signal call, *"Hat!"* A slip by Middleton led to cries of *"Hat, Hat"* from the class and to his induction into a growing group of



signatories. By the end of the school year every junior student had signed the derby and it became a treasured memento. A tradition was thus born. Although the Brown Derby event preceded Governor Alfred Smith's rise to political fame, he graciously donated one of his derbies to the class of 1939.

With the hospital built and house officers present, Middleton kept a diary of each young physician working there. Many were students of Wisconsin who finished medical school in other locations before the completion of the four-year school and



Professor Middleton models the infamous Brown Derby in class

then came back for postgraduate training. Middleton described these residents as to personality, physical characteristics, and his expectations for the individual. An entry on one of his former interns stated, *"Indicted for complicity in hiding John Dillinger (Public Enemy No.1). With another physician did facial corrective surgery in attempt to disguise."*

### Dean Bardeen and Middleton clash over UW physicians' conducting private practices

MIDDLETON'S PRACTICE METHODS were very rigid. He would see a patient only in consultation upon proper referral. He developed an excellent rapport with the referring physician by immediately returning the patient to the primary doctor when the problem was resolved. On this matter Middleton was in direct conflict with Dean Bardeen, who not

only countenanced but encouraged the setting up of private offices off campus. This immediately aroused the town physicians, making them feel that the school was attempting to compete with the practicing physician. Middleton's argument to the Dean was that he, Bill Middleton, was not hired by the sovereign State of Wisconsin and the Department of Medicine to compete with the physicians of the state. He further contended: *"Doctor Bardeen, neither Wisconsin nor you could buy me if I was not satisfied. If I did not see a future in the University of Wisconsin Medical School, you couldn't hold me by any price or inducement."*

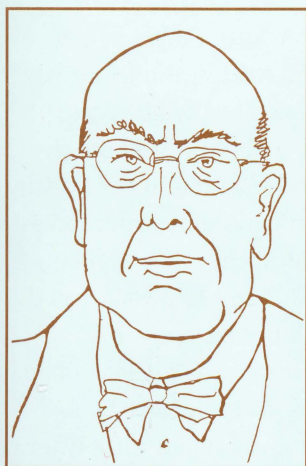
Maude Webster returned to Madison and the Student Health Service, but soon left for another position, and subsequently became a floor supervisor and instructor at Madison General Hospital. She now wore around her neck a gold medal of the patron saint, Jeanne d'Arc, which was given to her by Middleton during his stay in Bordeaux. The courtship continued and Middleton proposed in August 1921 with the stipulation they must be married within six weeks.

### The newlywed Middletons honeymoon in Pennsylvania

THEY WERE MARRIED by Reverend George Hunt at Maude's parent's home on East Gorham Street, Madison, on 30 September 1921. Their honeymoon took them to Pittsburgh to visit the Narris and to visit Middleton's family in Jefferson, Pennsylvania. Upon their return to Madison, the newlyweds lived at 630 South Orchard Street until moving into their own home in time for Thanksgiving 1925.

The home was designed for a family of four children. Maude's failure to conceive led to a surgical exploration by Doctor Arthur H. Curtis at St. Luke's Hospital, Chicago. The diagnosis was nonpatency of the fallopian tubes as a result of tuberculous salpingitis. Maude wanted children as much as Middleton did and on repeated occasions, she urged their separation so that he might have a family.





Left: Paul F. Clark chronicled many of the ideas and activities of Dr. Middleton in "The University of Wisconsin Medical School" Right: Ovid O. Meyer, Chairman of Medicine, was trusted colleague of Dr. Middleton.

DEAN CHARLES BARDEEN DIED IN 1935. Doctor Evans, Middleton's chief, recommended Doctor William D. Stovall, Director of the State Laboratory of Hygiene, for the position. The President of the University, Glenn Frank, called Middleton into his office and offered him the deanship. Middleton said he did not want to be Dean and thought Stovall was in line for the position. President Frank persisted and told Middleton he would seek a man outside the University if Middleton refused. After Middleton spoke to Evans, who said he was in full agreement, Middleton accepted the deanship.

Frank told Middleton what the definition of a dean was. *"He's a man who's too dumb to teach and too bright to be president!"* The appointment was received well by the faculty.

Middleton met first with the clinical staff. The state's medical profession perceived this group to be in competition with the practicing physician and *"literally taking the bread out of their mouths."* He asked the clinical staff to adopt the position he had taken ever since he arrived in Madison, i.e. never to accept a patient except in consultation and upon referral and to return the patient immediately to the referring physician after completion of the workup. The clinical faculty voted unanimously to do so.

Middleton impressed upon the faculty the necessity of disseminating medical knowledge from the Medical School to communities throughout the state. He insisted his staff go out to county medical society meetings, and he made available a list of speakers from his faculty and subjects for the state and local societies to utilize for their scientific meetings.

When he accepted the deanship from President Frank, Middleton told Frank his main interest was in teaching students and he would adjust his deanship responsibilities accordingly.

### Dean Middleton expects much, gives much

MIDDLETON STARTED HIS DAY WITH A SWIM in Lake Mendota at 5:00 a.m. from May to September. He would always arrive on the wards early. Looking at his railroad pocket watch, he would close the ward doors promptly at 8:00 a.m. and begin his rounds. Students and house officers alike remember well his commands: *"Stand straight;" "Hands out of your pockets."* House officers were expected to wear white shoes, shirt, coat, pants and a black tie. Also remembered was his aversion to smoking, bow ties and mustaches; and his predilection for well-shined shoes and chocolate candy at the nurses' station.

Middleton spent the entire morning on bedside rounds with students, interns, and residents, and monitoring consultations throughout the hospital. Promptly at noon he left for a light lunch in his office or some exercise. In the afternoon he entered another office and became Dean. By late afternoon he played tennis in the summer and handball in the winter if he hadn't during the noon hour. He was a master at budgeting his time. *"In making ready but careful decisions,"* wrote Paul F. Clark, *"he found it possible to handle both jobs with remarkable success."*

After the dinner hour he was ready for an evening with books, journals and pen. This was his routine every day except on Sundays, when, as in his youth, he put aside all medical reading and writing.



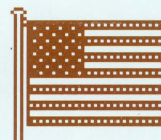
## World War II



WITH THE ONSET OF WORLD WAR II, Surgeon General James Magee asked Middleton to form a Base Hospital Unit from the staff of the University of Wisconsin Medical School. This unit became the 44<sup>th</sup> General Hospital destined to serve in the South Pacific. Previously Middleton had been supportive of the 135<sup>th</sup> Medical Regiment of the 32<sup>nd</sup> Division when it was activated in 1940. The 44<sup>th</sup> was formed with Doctor Joseph Gale, Chief of Surgery, and Frank L. Weston, Chief of Medicine. Middleton had already volunteered for active duty before the 44<sup>th</sup> was organized but it was not announced until after the unit was formed. Middleton wanted to separate himself from his faculty, indicating that he hoped to return as Dean, and therefore, did not care to assume command of the unit where relationships would change.

Middleton's request for active duty was answered when he received a letter from the Surgeon General's assistant on 7 March 1942, which read in part: *"It appears that despite all my conscientious efforts to persuade you to continue in the job of training more doctors for the military service, you insist upon giving us one really qualified applicant."*

**Lieutenant Colonel Middleton, following his conscience, once again assumes war duty**



ON 27 APRIL 1942, William S. Middleton was commissioned a lieutenant colonel in the United States Army Medical Corps and assigned as Chief of the Medical Service at Lawson General Hospital in Chamblee, Georgia.

Middleton discussed with Maude his desire to serve his country once again. He felt there was complete agreement that his service for the national defense took priority over teaching and administration at the Medical School. He said, *"I had no choice in the matter so far as conscience was concerned."* The University President convened the medical faculty upon Middleton's departure, gave him words of



praise and presented him a watch as a gift from the Regents. Middleton considered it a fine gesture but felt uneasy about the words, not knowing whether it meant good luck or goodbye.

AS CHIEF OF MEDICINE at Lawson, Middleton ran his service as would Professor Middleton. Regular rounds and regular case conferences were held. Conferences extended to include x-ray where a Pennsylvania classmate, Albert Bowen, was in charge of Radiology. Clinical Pathological Conferences and cardiac conferences were part of the routine. Middleton made sanitary rounds weekly giving out an award for excellence, appropriately called the "Ward of the Week."

### **Middleton begins his overseas tour at Cheltenham, England, as Chief Consultant in Medicine in the Office of the Chief Surgeon, European Theater of Operations**

MIDDLETON THEN RECEIVED a letter from Hugh Morgan, former Professor of Medicine at Vanderbilt, who was the Chief Consultant in Medicine to the Surgeon General. The letter asked whether Middleton was available for overseas duty. Middleton's answer was positive, and in preparation he was ordered to Indiantown Gap, Pennsylvania, for indoctrination. From there he traveled to Europe via convoy on a ship called Tindarius. Middleton landed in Belfast, Northern Ireland, then traveled on to Stanraer, Scotland, and finally to his station at Cheltenham, England.

ON 13 JULY 1942, William Shainline Middleton was assigned the exacting responsibility of Chief Consultant in Medicine in the Office of the Chief Surgeon, European Theater of Operations [ETOUSA]. The Chief Surgeon was Colonel Paul R. Hawley, brilliant, a splendid organizer, willing to delegate authority, but demanding of those who accepted responsibility. Hawley and Middleton rapidly



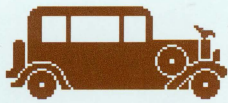
Colonel William S. Middleton, MC, Chief Consultant in Medicine, Office of the Chief Surgeon, ETOUSA

developed a mutually satisfactory working arrangement under those guidelines.

Middleton would call Cheltenham his home for the next two years, with billeting at the Ellenborough Hotel. His room, without a bath, overlooked a small garden. When free on weekends he investigated the Cotswold hills. Once on a drive to the Bristol channel, he had his lady driver stop at a certain churchyard. True to his nature, when she inquired why, he responded, "*Edward Jenner did his original vaccination (small pox) here and I wished to see where he had been.*"

MIDDLETON FIRST SET UP an organizational table for consultants in medicine paralleling the one used by the American Expeditionary Force in World War I. Middleton won support to have only two other areas of medicine, Neuropsychiatry and Dermatology and Syphilology, under full-time supervision. Because of the shortage of consultants in various specialty areas,





***"Old Middleton did more to cement good relations between the American and British medical people than anyone over in Europe!"***

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he placed certain specialists in dual roles, with responsibility as Chief of a medical service in one of the large 1,000-bed hospitals, and also with theater responsibility for the decisions and determinations of policy regarding either infectious diseases, cardiovascular diseases, or tuberculosis.

Eventually there were fifteen Hospital Centers, seven in England and eight on the continent, each with a consultant. In a period of minutes, by telephone or otherwise, Middleton could communicate with several consultants and theoretically carry out any professional policy. *"One did not have to communicate through chains of military command which was extremely important,"* he explained.

### **As teacher, Middleton expands educational exchanges within the military**

THE MEDICAL CARE OF the troops fell clearly within the activity of the Medical Consultation Service. One of the first things Middleton did was to urge surveys of British and Canadian medical situations, with particular reference to physical, tactical, medical and educational programs in these services. His goal was to provide educational programs for the medical officers to improve quality of care. Middleton also initiated periodic conferences for the chiefs of medical services of the hospitals in his command in order to coordinate medical treatment of common problems.

The first of these conferences was held on 25 March 1943 at Cheltenham. In opening these sessions, Middleton outlined the organization of the medical service on a functional basis. The subjects considered were delegation of duties, training, clinical responsibilities, and consultations.

Clinical problems were discussed with progress reports concerning experimentation on the prophylaxis of acute upper respiratory infection, pneumococcal

infections, and typhus fever. New treatment regimens for sulfonamide-resistant gonorrhea (penicillin therapy,

fever therapy) and intensive arsenical therapy of syphilis were reviewed. The growing problem of neuropsychiatric and alcoholism cases was emphasized.

Disposition of tuberculosis patients, certain laboratory and outpatient problems, and rehabilitation were also touched upon. Middleton closed with his recommendations on the conduct of professional meetings.

MIDDLETON CONCEIVED AND initiated a program for the interchange of medical officers of company grade from combat and tactical units with those of similar rank in fixed hospitals. The benefits of this plan were reciprocal: front-line officers were granted a much needed rest; rear-echelon officers were afforded the chance to share some of the responsibilities of medical work under combat conditions; and officers from both echelons were given the opportunity to experience the type of medical service commonplace with each type of hospital installation. Middleton felt this was especially important for the Air Force physicians because theirs was mostly dispensary type of work and they were the most neglected of all medical officers.

UNTIL JULY 1943, with as few as sixteen hospitals in the United Kingdom, Middleton was able to make clinical rounds at each one at least monthly. One of his functions was to brief and to interview every medical officer who came into the theater — their background, training and their interests. The best evaluation came at the bedside on the wards. Middleton used such contacts as a teaching outlet as often as possible. During this early period, calls for medical consultations multiplied many times. The recurring consultations with young clinicians ultimately paid dividends in the assessment of their capabilities for growth and, in turn, aided Middleton in making recommendations for personnel assignments when new and understaffed units flooded the theater.





Hospital growth was tremendous in 1944. Alarming discrepancies, both quantitative and qualitative, were disclosed as the reserve of medical officers in the United States was depleted. Some idea of the magnitude of the problem comes from the fact that, in 1944, Middleton visited and interviewed the officers of the medical sections of 108 general and 11 station hospitals from the Zone of the Interior and 4 general and 2 station hospitals from MTOUSA (Mediterranean Theater of Operations, U. S. Army).

### **Middleton judiciously secures fifty eight new chiefs of medicine**

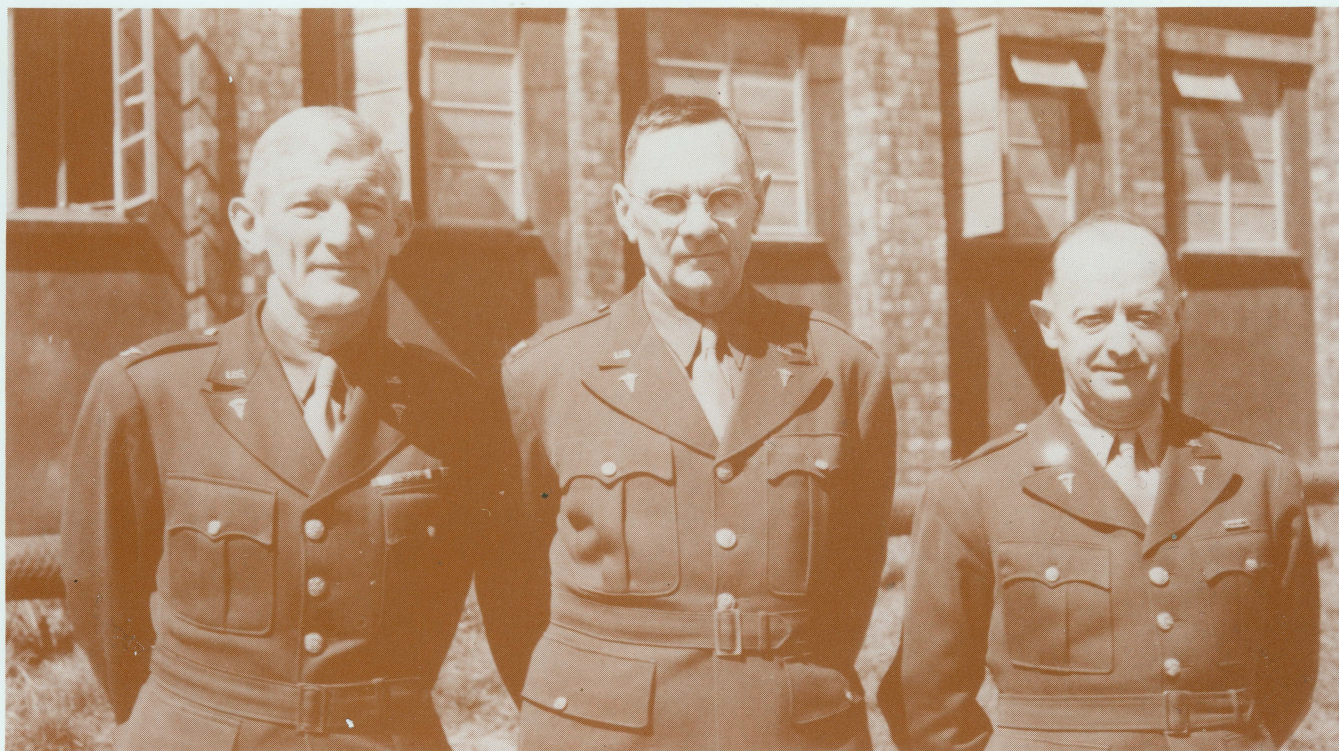
**I**N 1944, MIDDLETON HAD TO find fifty-eight new chiefs of medicine for those hospitals inadequately manned. He did this by moving section chiefs from

### **Decorated with highest honors—Doctor Middleton and General Omar Bradley.**

affiliated units such as the 5<sup>th</sup> General at Odstock, near Salisbury, which came from Harvard Medical School. Middleton was very proud of his selections of younger men for movement to chiefs of medicine. Of his choice of five Harvard men to move, four of them became Professors of Medicine and several were to be Department Chairmen at prestigious medical schools. Middleton commented, *"I say without reservation that there was never a single recommendation of personnel that I made that was not respected."*

In the medical installations of ETOUSA, 1,078 internists, 1215 medical specialists, and 8,467 general officers served under his supervision. The number of hospital internal medicine programs under his command increased from 24 to 315.





IN ADDITION TO HIS REGULAR DUTIES, MIDDLETON participated actively in formal academic instruction. On 6 and 1 October 1942, Middleton began teaching in the Eighth Air Force Provisional Field Service School at High Wycombe, England. He presented three-hour lectures on tropical medicine. Subsequent subjects included atypical and pneumococcal pneumonia, sulfonamides, influenza, and the common cold. Middleton continued to participate in this program until discontinuance of the school in early May 1944.

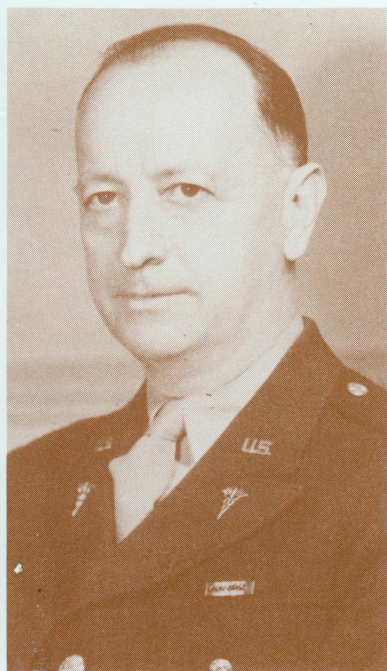
There was a delay in setting up the Army Médical Field Service School at Shrivenham, England, but Middleton gave his first lectures there on 22 March 1943. Initially four hours of lectures for medical officers were reduced to two hours, and one hour was allotted for nurses. Topics discussed were those of medical interest in the theater of operations such as respiratory infections, infectious hepatitis, meningococcal infections, and rickettsial diseases. As was characteristic of Middleton, particular attention was given to the dignity of the sick call,

and the psychology of the sick and the wounded. The lectures took place monthly until 13 October 1944. In the spring of 1945 classes resumed operation near Etampes, France.

### **Middleton persuades Howard Florey to supervise treatment with a promising new medication — penicillin**

MIDDLETON, AT THE INVITATION of Oxford Professor Howard W. Florey, visited the William Dunn Laboratory of Pathology on 24 October 1942. During this visit, Middleton requested Professor Florey to supervise a planned treatment program with the new medication — penicillin. Florey accepted the plan, and also agreed to train teams for each of the United States general hospitals. The program was carried out at the 2<sup>nd</sup> General Hospital. Writing to Doctor Ovid O. Meyer, Middleton's former associate, and now Chairman of Medicine back in Madison, Middleton recounted, "*Florey had vision*





*to give penicillin the light of day."* (Penicillin was discovered by Sir Alexander Fleming in 1929 but lay on his laboratory shelf until Florey became involved when World War II began.)

ON 20 OCTOBER 1942, Middleton wrote the British asking for information on their experience with

atypical pneumonia in that it was appearing in ever increasing numbers in the fall of 1942. Middleton wrote to each of the medical officers who were concerned with the diagnosis and treatment of the pneumonia. Medical officers submitted reports to Middleton, as he had requested that he be the clearing house.

On 21 November 1942 Middleton wrote to General Hawley recommending a committee be appointed to coordinate and pursue the study of the pneumonia from its epidemiologic, clinical and laboratory aspects. He reported the development of a laboratory finding, called cold agglutinins, which build up in the blood in the first week of illness and then fall off. He wrote, "... *The process is found in a few conditions and may have wider ramifications and contribute to our knowledge of immunology.*" The findings were published by Lt. Colonel Joseph C. Turner, of the 2<sup>nd</sup> General Hospital Laboratory, in the British publication "Nature."

REALIZING THE IMPORTANCE OF continued medical education, Middleton played an active role in the organization of and participation in medical forums, including an American Medical Society, ETOUSA Inter-Allied

Conferences, and an Allied Consultants Club. The Interallied Conferences on War Medicine were chaired by Sir Henry Tidy and met monthly at the Royal Society of Medicine. Middleton delivered two lectures to the group, "Dysentery in the European Theater of Operations" and "The United States Army." Sir Lionel Whitby, one of Middleton's counterparts in the British Medical Corps, said, "*Old Middleton did more to cement good relations between the American and British medical people than anyone over in Europe!*"

## Hepatitis takes its toll

HEPATITIS WAS THE FIRST DISEASE encountered in epidemic proportions in the European theater. Its early incidence was explained by the serum source used in the yellow fever vaccine given to the troops, but its persistence depended upon the naturally occurring hepatitis virus. Middleton studied the epidemiology and clinical course of this disease. On 7 August 1942, he proposed a plan to label the record of all patients with hepatitis for later study; this was done. Long after the war ended many papers were written based upon studies of the patient's stored blood serum. Middleton further proposed that dog tags for these men be labeled, so that if any were killed in combat, postmortem liver examination could be performed; this proposal was never accepted.

Middleton wrote to Brigadier General Hugh Morgan in the Office of the Surgeon General on 2 February 1943, indicating the hepatitis epidemic was over. He pointed out the possible relationship to catarrhal jaundice and a study injecting serum of a patient with catarrhal jaundice into volunteers, which produced jaundice in 100 percent. He noted that none of the nurses attending the jaundiced patients acquired the illness.

Remembering his experience in World War I as a battalion medical officer, where he did not know what happened to patients referred from his sick post, Middleton developed the follow-up card. Upon transferring a patient, a medical officer placed his



name and address on the card on one side; the back was reserved for comments about follow-up diagnosis and treatment. The card system was substantially used and had a learning impact on medical officers.

MIDDLETON RECEIVED WEEKLY REPORTS of disease and casualties including deaths. When there was a preventable disease involved, he kept a summary of the record. He would send for slides of the tissues and use them to check whether there was some basis for prevention of the disease or death.

MIDDLETON CONTINUED TO USE every opportunity to study and teach, even finding time to lecture to British medical students. On 31 January 1943, he wrote to Meyer that the British students were more demonstrative than their American counterparts: *"I could not resist the temptation of cross examination and they can take it."*

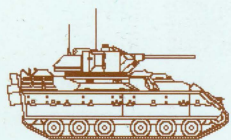
## Middleton helps with the invasion of Europe

FOR THE INVASION OF EUROPE, Middleton contributed to the policies and procedures document of the Professional Services Division, Office of the Chief Surgeon, Headquarters, ETOUSA. His report addressed to the Chief Surgeon, ETOUSA, dated 5 April 1944, was entitled "Medical S.O.P. for Evacuation from 'Overlord'." In it he compiled a list of officers who could be

used to strengthen units arriving from the zone of the interior or transferred elsewhere as required. Diphtheria antitoxin was to be provided for forward

medical echelons as well as motion sickness pills, ten per soldier. A two-week supply of Atabrine was to be given to each soldier with a previous history of malaria. Eighteen respirators were to be available for the amphibious operation.

After the transit hospitals were designated, Middleton toured each of them to give personal instruction in certain basic principles of reception and evacuation of medical casualties. In addition,



field hospitals were set up to receive casualties who could not stand movement by ambulance to the transit hospitals. Throughout the whole preliminary period, Middleton held frequent conferences with the medical consultants in the First and Third U.S. Armies and Southern Base Section to correlate and define their respective functions.

IN PREPARATION FOR THE FUTURE invasion of Europe, the consultants were given theoretical problems to estimate their medical requirements including hospital and bed needs. Brigadier General Paul R. Hawley, Chief Surgeon, Army of the United States, presented such a problem to his subordinates in a memorandum dated 26 December 1942. Middleton was quick to respond with a comprehensive analysis of the problem submitted on 24 January 1943. Hawley sent Middleton a note stating, *"You went to a lot of trouble and submitted a nice plan."*

## Middleton criticizes wartime handling of physician education

MIDDLETON CORRESPONDED DAILY with a multitude of people while he was in service. His deep concern for medicine was expressed in a letter to a friend in Philadelphia, Doctor George Wilson. Middleton lamented the shortened internships and residencies, and he was critical of the medical educators and advisers to the government in medical matters for assigning residencies primarily *"for the lame, the halt and the blind men and women."* He felt the military and subsequently the civilian specialist service would suffer because no able-bodied physicians were being trained during the war period.

On 23 October 1943, he wrote to the graduating medical students at Wisconsin, congratulating them first and telling them of the military challenge coming for most of them. He stated: *"There never was a good war, nor a bad peace. The stated objectives of medicine presuppose the ability to transpose the medical advances of war to civilian practice. This objective must never be overlooked."*



On 15 December 1943, he wrote to long-time friend Doctor Harry Arnold in Honolulu explaining that he relegated his administrative duties to a subordinate position and spent as much time in hospitals as he could. He added, *"Of course I do lip service to my post, but every occasion for consultation is seized upon with avidity."*

MIDDLETON MADE ESTIMATES OF CASUALTIES ONE month before the Normandy invasion including the type of patient to expect, whether surgical, medical or neuropsychiatric. He calculated 40 percent medical patients and 60 percent surgical in the first week with a reversal after that. He figured more psychiatric patients in the first week than medical also with reversal afterwards. These predictions were correct but the actual numbers of evacuees after the invasion were far below the anticipated level.

Shortly after the Normandy invasion, on 6 June 1944, Middleton went to France and was provided every facility to observe and study medical operations on the continent. During the period 6 June through 23 June, he was responsible for approximately

2,664 medical patients and 2,007 neuropsychiatric patients, which represented seventeen percent of the total patient load for the first two and one-half weeks of the invasion. By August 1944, the medical load of the theater, including neuropsychiatric cases, was down to fifteen percent with relapsing malaria the only continuing problem of any proportions.

As the invasion of France progressed, Bill Middleton and the headquarters-based senior consultants, Colonel Lloyd J. Thompson, Neuropsychiatry, and Colonel Donald M. Pillsbury, Dermatology, were transferred to France. They moved with the Office of the Chief Surgeon, Headquarters, first to Valognes, and later to Paris and Versailles. At this time, the direct responsibility for the guidance of the Medical Consultation Service in the United Kingdom transferred from Middleton to Colonel Yale Kneeland, Jr.

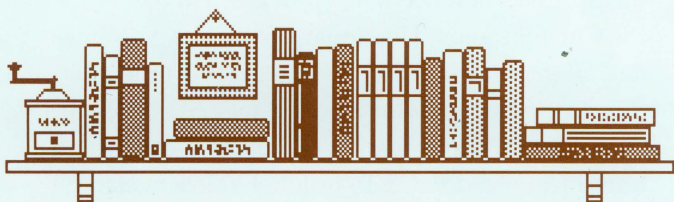
AS EARLY AS 18 DECEMBER 1943, Middleton proposed a plan for physician rehabilitation after the war. This plan envisioned the reciprocal advantages of transferring medical officers from tactical units to fixed army and civilian hospitals in Great Britain and on the





Continent. He outlined an extensive program of medical education, which included intensive independent courses at several hospital centers.

Middleton also proposed a preceptorial plan under leaders in internal medicine in Great Britain. Upon Middleton's personal request a number of the representative internists in Great Britain and Northern Ireland agreed to act as preceptors. The plan went so far as to assign some United States medical officers, but it was abandoned in the turmoil of redeployment for home and the Pacific phase of the war.



## The American Board of Internal Medicine acts upon Middleton's suggestions for qualifying candidates

THE AMERICAN BOARD of Internal Medicine certified physicians in the specialty by written and oral examination after a formal period of training and time in practice. Military officers, however, particularly those overseas, were missing their opportunity to take these examinations. As Secretary of the Board, Middleton felt a serious responsibility to remove this potential source of irritation. (Middleton was Secretary of the Board when he went into the service; an assistant secretary was named during his absence from the States.)

On 19 April 1942, the board authorized regional oral examinations under the supervision of a member of the Board "to meet the convenience of men in the Armed Forces," and, on 10 June 1944, the board ruled that "while on active duty, Colonel William Middleton ... and Captain William S. McCann, MC, USN, be authorized to conduct special oral examination for eligible candidates wherever they are." Middleton hand picked a number of examiners from his cadre of internists to assist in giving the examinations.

Medical officers passing the examinations would return to the United States after the war fully qualified to practice as specialists. In addition, this extra-curricular work obviated what would have amounted to a two or three year loss in their professional careers. (A total of 113 candidates were examined, four of them twice. The passing rate was 65 percent.) The contribution of the examinations to physician morale was considerable.

## "He should have been a general ... he was one of the greatest"

ON 27 MARCH 1944, Major General Hawley recommended Colonel William S. Middleton, 0-449557, Medical Corps, AUS., be promoted to the grade of Brigadier General, AUS. This promotion was never made, while Middleton's counterpart, Elliot Cutler, Chief Consultant in Surgery, ETOUSA, was given the Brigadier General rank 21 June 1945.

Middleton became a full Colonel on 3 February 1943. From that point on there was ongoing discussion of the prospect of advance to general officer rank. This took on added significance because his counterpart in the British Army had general rank, and his counterpart in the Canadian Army could not be promoted unless Middleton was. Middleton felt that rank was not essential to the performance of the duties he was called upon to perform. He thought career officers should be considered first in promotions. Perhaps this frame of mind and attitude, widely known, did not help Middleton's cause.

ROBERT M. ZOLLINGER, renowned Chief of Surgery at Ohio State and assistant to the Chief Consultant in Surgery, in the same command during World War II, described Middleton as a quiet, scholarly, and very efficient officer, who was recognized "tops as a physician." He behaved himself at all times," Zollinger noted, "and was never seen to take a drink." Once on the way over to Normandy he wouldn't let Zollinger have a drink. Zollinger said, "I suppose he followed this with a lecture on the dangers of alcohol." Middleton's know-



ledge about sports, especially football, came as a surprise to Zollinger. He went on to say: *"I think Middleton should have been a general officer like my chief, Elliott Cutler...Doctor Middleton was not the type to sing songs at the bar of the officers' clubs. I am sure the regulars considered him rather stuffy and straight. I never heard of any criticism of Colonel Middleton. In my judgment he was one of the greatest. I wish to hell we had more deans like him today."*

IN MAY 1943, Middleton was assigned to go to Portugal to examine a Colonel Spiegelberg, who had been in a plane crash in the Tagus River. He apparently became ill after swallowing river water when he ditched his plane. Middleton diagnosed leptospirosis, known as Weil's Disease, complicated by a heart valve lesion. Middleton was staying at the Avis Hotel in Lisbon and was scheduled to fly back to London on the third day.

He was bumped from the flight even though he was traveling VIP in civilian clothing, an event he thought was most unusual. Word later came that the plane was shot down by the Germans looking for Britain's Prime Minister Winston Churchill returning from North Africa. On the plane were a number of notables including the famous British actor, Leslie Howard.

## General Bedell Smith gets the word from Dr. Middleton—stop smoking!

GENERAL DWIGHT D. EISENHOWER asked Middleton to examine his Chief of Staff, Lt. General Bedell Smith; who had a bleeding ulcer. Because Smith was a chain smoker, Middleton said, *"General Smith, there's just one thing you must understand. My reputation is not good enough that I can treat a patient with peptic ulcer disease bleeding profusely who insists on smoking."* He added, *"You give up your smoking or find another consultant."* The next day Smith said to Middleton, *"I woke at three o'clock this morning, Middleton, lit a cigarette! I said 'am I a man or a mouse and who in hell is that man Middleton anyway,' and I put out my cigarette!"* The General and Middleton got along well from then on.



MIDDLETON WAS ASKED TO EXAMINE the famous French physiologist, Alexis Carrel, in Paris, twice in October 1944. The request came not only from the famous French physician, Menetrier, but also from the Chief Surgeon of the ETO, the American Embassy, and the American State Department. Carrel, a Nobel Prize winner, had worked in America, with among others Charles A. Lindbergh. He was suspect in France because in his naivete he had entertained and visited German occupancy physicians whom he had known in peacetime. An outcast in his own country, he told Middleton, *"I should never have left America, that's where my friends are."*

After Middleton examined him, he asked Carrel if there was anything he could do for him. Carrel requested an orange. Middleton combed the hospitals of the Paris district and found him citrus juices but no oranges. Carrel was in congestive heart failure secondary to hypertensive heart disease and died shortly after Middleton's visits.





*I've seen a good many internists from civil life in action in the Army, none quite comes up to Bill in efficiency and effectiveness ... He is an extremely influential person with the people running the "big show" and that is one of the reasons why the Medical Department there is so superior*

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MIDDLETON MET THE FAMOUS American General, George Patton, Jr., through Patton's physician, Colonel Charles Odom. Odom said that Patton was a high-grade neurotic who had acted on impulse when he slapped the face of a soldier patient in Italy who said that he did not know why he was in the hospital. The incident is reported in history books, biographies, and the movie, "Patton." According to Middleton, the soldier was suffering from malaria and had a high fever at the time of the incident.

### **He is an extremely influential person with the people running the 'big show'**

ON 20 APRIL 1945, Brigadier General Morgan wrote to Mrs. Middleton after his visit to the European Theater: *"I've seen a good many internists from civil life in action in the Army, none quite comes up to Bill in efficiency and effectiveness ... He is an extremely influential person with the people running the 'big show' and that is one of the reasons why the Medical Department there is so superior ... He has been able to indoctrinate his subordinates with a clear concept of what proper professional standards are and he has been equally successful in stimulating them to try to attain these standards."*

Theodore L. Badger, who was a Colonel and Senior Consultant for Tuberculosis, wrote what a privilege it was to work under *"a Chief Consultant with the insight, brilliant leadership, and friendliness of Colonel Middleton."* This was echoed by most of Middleton's subordinates.

Doctor Tom F. Wayne, Sr. wrote the author a four-page letter on 29 June 1988 about Middleton. Wayne originally was Assistant Military Attache for Medicine in the American Embassy in London and later Chief of

Preventive Medicine with the 12th Army Group. He regarded Middleton as a highly motivated and respected person and physician, who had a profound impact upon the professional care of military personnel in the European Theater of Operations. Wayne stated: *"A purely subjective impression was that of a reserved, if not shy, person who seemed to keep others at somewhat of a distance; one was always impressed by the depth and breadth of his medical knowledge and wisdom; his associates accorded him great respect and even deference and had full confidence in his clinical and professional leadership, but there was not the warmth and comradery associated, for example, with Elliot Cutler."*

### **Colonel Middleton appeared like a revered professor of medicine, expecting much of his disciples and of himself**

WAYNE WENT ON TO DESCRIBE Middleton more like the revered professor of medicine, always with an entourage of attentive but deferential students, interns, residents, etc., but one who was intolerant of infraction of the rules or delinquencies. *"He seemed to expect everyone to measure up, including himself."* Wayne gained the impression that this was by intent, whereby the consultant system could be compared to a postdoctoral teaching and training program. The clinical staff of hospitals at all levels were learners from those of greater competence and teachers of those of lesser professional competence. This general concept did seem to permeate the medical services of the network of hospitals in the European Theater.

Wayne further wrote, *"Two major principles seemed to permeate the consultant system, in both of which I have*





no doubt that Colonel Middleton was instrumental, along with others, in conceiving, initiating and executing." The first was that a consultant be in a position to "lay on hands" that was Sir William Osler's bedside concept of teaching, i.e. to visit the hospitals of his jurisdiction often to learn first hand what the problems were, and to guide, teach, support, and supposedly sometimes chasten those in the "field." The second was direct communication on professional, clinical matters between echelons via telephone, teletype, letter, or by other means, but at all costs to avoid delays and interference often so characteristic of traditional, official military lines of communication.

"In a nut shell," Wayne summarized, "Colonel Middleton strongly believed in maximum use of medical talent to deliver maximum professional clinical care for the American (and Allied) soldiers in the ETO."

THAT HE SUCCEEDED IS ATTESTED by the official medical records of the theater. The annual admission rate for disease in the ETO., 1942-45, was 464 per 1000 as compared to the rate for all overseas theaters of 583 per 1000. For the same period, the time lost by American soldiers was 26.52 days per 1000 daily average

strength in the ETO., as compared to 31.17 for all overseas theaters, a differential of nearly eighteen percent.

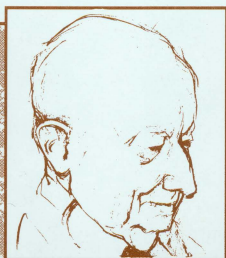
ON 27 JULY 1945, following the war's end in Europe, Middleton was ordered to Washington by the Surgeon General to attend the Pacific Conference. Middleton represented the European Theater from the standpoint of medicine. This conference was designed to form medical plans for the final push against Japan. Middleton was assigned by the Surgeon General to go to the Pacific Theater to review the medical situation and report back to him. Six days before the flight the plans were canceled because the collapse of the Japanese was imminent.

Middleton requested separation from service and was sent to Fort Sheridan, Illinois for discharge.

THE HONORS HE RECEIVED for his role in World War II included Legion of Merit with Oak Leaf Cluster (U.S.), Croix de Guerre with Palm (France), Distinguished Service Medal (U.S.), Honorary Officer, Order of the British Empire (Military), Kings Own Old Comrades Association, and Fellow, Royal College of Physicians (London). Middleton published six papers in the medical literature during World War II.

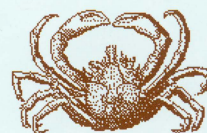


## Home Again



MIDDLETON QUICKLY RETURNED to to the Medical School in his dual role as Professor of Medicine and Dean, dividing his time between the two. He greeted the junior medical class in the fall of 1945 just as he had done in the past. On the first day of school, the internal medicine class was scheduled for 7:45 a.m. The first two to arrive late were greeted as follows: "So young to have a prostate," (an organ that causes delay in bladder emptying among older men) and "troubled with constipation this morning." No one was late again for a Middleton class.

As a teacher, Middleton was forever challenging his students with questions as he lectured or made rounds. He demanded of the young men and women in his charge exactly what he expected of himself. He wanted and received concerted effort born of a healthy spirit of competition. Although he was a tough and aggressive taskmaster, he took a lifelong interest in the welfare of his students and house officers. He always made the point, *"The examination given to students was as much or more the test of adequacy of instruction as it was the capacity of the student."*



DURING THE TEN YEARS FROM 1945-1955, Middleton continued to preach and practice his theme: *"Medical schools exist for the education of thoughtful physicians and co-professionals."* He went on to say, *"If they do not, if they become unbalanced in the interest of say, research or service, and overlook their primary mission, there's a day of reckoning."*

Middleton continued to publish as before. For the ten-year period following the war he published fifty-seven articles and contributed numerous chapters in prestigious medical books.

MIDDLETON'S GREAT LOVE OF MEDICAL HISTORY provided the opportunity to develop a department at the University of Wisconsin Medical School. Mr. Tom Brittingham, a University benefactor, asked Middleton in which two fields the University could find enrichment if he, Brittingham, endowed them privately.



Middleton recommended biophysics and history of medicine. History started in the fall of 1947 with Professor Erwin Ackerknecht as head of the department.

IN 1947 ANOTHER EVENT DEMONSTRATED Middleton's ethical and conservative nature. Wisconsin Congressman Frank J. Keefe introduced a bill to provide federal funds for the construction of facilities to study cancer. Wisconsin had made an initial start with the establishment of the McArdle Laboratory for Cancer Research, due in great part to Middleton's personal efforts. McArdle's early national reputation made the University of Wisconsin eligible as a site for one of the new facilities. The bill passed. Doctor Middleton suggested a lesser amount than Mr. Keefe had in mind for the University because the Dean thought a large addition could not be effectively used at the time.

*"Middleton was opposed to spending more than was required to accomplish a task, even though some people consider funds from the government as free money,"* Harold Rusch pointed out in his book *"Something Attempted, Something Done."*

DEMANDS WERE MADE OF MIDDLETON far beyond the borders of Madison and the State of Wisconsin. He served as Expert and consultant, Department of the Army, August 1946 to April 1950. Surgeon General Raymond Bliss asked Middleton to survey the hospitals of occupied Europe. The tour included all the hospitals of France and Germany except Berlin and also included Vienna.

### Middleton topples another sacred cow

WHEN ONE OF THE FOREIGN PROFESSORS described heart murmurs in a patient with subacute bacterial endocarditis, Middleton was the only one of a dozen physicians to use his stethoscope to listen to the patient's heart. This apparently startled the professor because in the European system, the professor "gave the word" and the visitors were supposed to stand by. Middleton did learn during the tour that positive bacteria could be obtained if blood



cultures were kept longer than two weeks as was the American custom.

At the University of Heidelberg, Middleton questioned the professor about class size and the continued use of didactic teaching to such a large degree. He indicated that in America, instruction was predomi-

nately in conference or in ward classes and demonstration. The response from the professor was that his father and grandfather taught that way and he would continue to do so.

In Wurzburg, Germany, Middleton visited the laboratory of Professor William Roentgen, the discoverer of x-rays. The colonel guiding the group opened drawers filled with valuable memorabilia, including letters, photographs, and signatures. He said, *"Here, take whatever you want!"* Middleton pushed the drawers shut and said, *"If I ever hear of you touching any of this material, I'll have your head, young man."* Upon returning to the United States, Middleton wrote to two foundations about the historical value of the Roentgen collection. He was upset by the negative response of both organizations.

### Middleton takes on more high level military assignments

FROM 18 JANUARY TO 20 FEBRUARY 1948, Middleton went on active duty in the Pentagon on the General Staff (G-1). His assignment was to coordinate certain elements of the personnel requirements of the Army Medical Department with the general procurement. Middleton directed his attention to the lack of a clear-cut plan for the recognition of superi-





or ability. He wanted a plan whereby an individual could receive a monetary advantage over those less talented, but this was never accepted. He also pushed for the Surgeon General to have a rank of Lt. General so he would be comparable to his counterpart in the British service and other allies. In addition, he sought the Surgeon General of the Army to have direct access to the Chief of Staff of the Army, a chain of command practiced in the Navy and the Air Force.

WHILE IN WASHINGTON he made two survey trips to Fort Benning, Georgia and Fort Bragg, North Carolina, where he was impressed with the facilities' dependent health care, including obstetrics and gynecology. This exposure modified his recommendation to medical students seeking internships and residencies in the Armed Forces hospitals.

DURING HIS ACTIVE PERIOD OF DUTY, Middleton lived at the BOQ (Bachelor Officer Quarters). He drove to the Pentagon daily with Surgeon General Raymond Bliss and became Bliss's emissary when problems of

the Medical Department were discussed. During the early years of the Korean affair, Middleton was General Bliss's medical adviser.

Middleton was appointed to the Armed Forces Medical Advisory Committee established in May 1949. The committee was made up of the Surgeons General, Chiefs of Staff, and representative civilian physicians interested in the problems of the medical reserve of the several armed forces. He was chosen chairman and asked to submit the committee's report. The problem was financial, the report concluded; without adequate funding there could not be developed the highest level of medical care, medical officer training, morale within the medical departments and rapport with the civilian profession. Some provisions of the report were implemented but there never was complete concurrence nor clearance at the higher levels.

THE DEPARTMENT OF DEFENSE also called upon him for highly important assistance as Member, Civilian Health and Medical Advisory Council, Department of Defense, April 1953 to March 1955; and Chief Consultant, Third Medical Planning Conference, North Atlantic Treaty Organization, Paris, France, Department of Defense, May 1954.

### **The American College of Physicians rejects Middleton's stand against commercialism**

MIDDLETON WAS ELECTED PRESIDENT of the prestigious American College of Physicians in Boston on 21 April 1950 and presided at its 32<sup>nd</sup> meeting in St. Louis, April 1951. As was his nature he spoke against commercial exhibits at their conventions, believing the financial support would tamper with the quality of education at the meetings. He felt the dignity of the College required that all commercial exhibits be conducted on the highest possible plane and not be merely technical commercial exhibits, and that they should include certain scientific expression.



*"I would cast the money changers out of the temple,"* Middleton opined.

His colleagues did not support him and voted to allow exhibits. This stand against financial support, where it might temper the quality of education, would come up again in Madison some years later and begin to erode Middleton's position with the University.

MIDDLETON, AS PRESIDENT OF THE COLLEGE, chaired the Advisory Board on Medical Specialties. The Board's functions included: to avoid confusion and duplication among the various certifying boards; to coordinate the activities of the American certifying boards; and to advise groups and boards that were in the process of formation. He felt the College should have better control over these boards.

Middleton also pressed for more physician participation in the survey, inspection and certification of hospitals, and he wanted to take the necessary steps to protect professional interests in establishing a new organization for hospital inspection.

For his presidential address, Middleton chose to speak about the historical development of colleges of medicine, stressing the chronicles of the Royal College of Physicians of London. From its humble beginnings in Gloucestershire, late in the eighteenth century, came the first account of vaccination for smallpox, and the early association of angina pectoris and coronary heart disease.

Middleton was awarded a Master of the College of Physicians in 1952 and received one of its highest honors, the Alfred Stengel Memorial Award, in 1962.

A MEMBER OF THE FIRST American Board of Internal Medicine, which began certification in 1936, Middleton stressed graduate training in the basic sciences and felt the Board should strive for the highest level of achievement. He was against the individual physician's objective of "working for the boards."

ON 5 NOVEMBER 1949, Middleton addressed the first annual dinner of the Wisconsin Chapter of the American Academy of General Practice in Milwaukee.

He admonished the physician who failed to grow, the physician who completed his medical education and thereafter took no additional training in a hospital setting and did not attend any scientific meetings. He went so far as to say that before anyone is permitted to enter a specialty, he should be required to spend three years in general practice.

## **Integration of the first black student into the Medical School is initiated by Dean Middleton**

IN 1949 THE UNIVERSITY OF WISCONSIN was chastised for not having any Negro students in the Medical School. Middleton, speaking for the Medical School, said, *"There exists no discrimination of sex, race, creed or politics in admission to the University of Wisconsin Medical School."* He pointed out that resident state Negroes had been unable to meet the scholastic grade-point requirement of the admitting classes. The first Negro, from Howard University, would be admitted in the fall of 1949; he would also be the only out-of-state student.

Middleton had requested the Howard dean to provide a student who met the required grade-point average, and he went on to say that Northern schools must begin to educate Negro students.

THE MIDDLETONS LED A RATHER SIMPLE LIFE outside of medicine. Although Maude took a deep interest in medicine, she never interfered in Middleton's decisions regarding the Medical School. They entertained simply and any larger parties they gave usually centered around interns, residents and faculty. They frequently picnicked weekends, weather permitting. Middleton was considered a great outdoor cook by his wife. His menu was generally steak, fried potatoes, soft drinks, toast and fruit. Maude enjoyed basketball but not Bill's enthusiasm for football.

Both Middleton and Maude loved to travel. They made five trips to Europe beginning with an auto trip in 1929 covering places they had been during World War I. Middleton made notes of their first





*"I can no longer conceive of a dean...coming into a medical school at the present time with the ideas that I had so far as time responsibility." He had assumed the position as Dean in 1935 under his terms — that it was a job he could do in the afternoon.*

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trip including points of interest, costs, ways and means. He intended to offer the information for publication but his wife was not favorable to the idea. Travel became a problem for her because she refused to fly, which left her at home when he went on his frequent trips.

WHILE MIDDLETON WAS IN EUROPE during World War II, there was almost daily exchange of letters. The separation affected her more than he realized, a fact that became apparent to him when she met him at the LaSalle Street Station in Chicago on 2 August 1945.

### **Friction develops among E.B. Fred, Dean Middleton, and some Medical School faculty members**

MIDDLETON ORIGINALLY INTENDED to stay on as Dean until age sixty and then return full time to teaching and clinical medicine, a plan that was delayed by World War II service. In 1953 E. B. Fred, who became UW President while Middleton served in the military, believed *"that some clinical departments in the Medical School were oriented chiefly to the care of patients and were lax in promoting research."* Middleton's stand against federal and pharmaceutical funds for research were well known and led to faculty unrest. Middleton was critical of Fred's inability to take positive action on certain administrative issues, leading Middleton to say, *"decisions that I was forced to make, may have led to disaffection on his part."*

There were rumors of political pressure for Middleton's resignation as well as unrest among the faculty. On 12 October 1953, President Fred called Middleton into his office and, indicating he thought

Middleton was carrying too heavy a load, suggested that Middleton might like to relinquish one or the other of his University functions. Middleton responded, *"You know, E. B., I am a reluctant dean. I never wished to be Dean but I have given it my best efforts."*

The faculty wanted to resolve their own problems, and the Executive Committee of the Medical School held a meeting on 19 October 1953. President Fred was in attendance and went so far as to suggest if Doctor Middleton dismissed the hospital administrator, Doctor Harold Coon, much of the difficulty would be resolved. Middleton himself offered his resignation.

### **The Dean retires...**

BEFORE THE ISSUE WAS FULLY RESOLVED, Middleton suffered a trimalleolar fracture of his right leg playing handball on 15 December 1953; it required surgery and delayed Middleton's decision. Fred was anxious for a public announcement, however, so on 10 February 1953, at a faculty meeting, Middleton announced *"my resignation from the Deanship of Medicine at the end of the academic year 1954-5—to allow full opportunity to name my successor."* He would be sixty-five years old then.

PERHAPS IT WAS THE RIGHT TIME for Middleton to step down. He said, *"I can no longer conceive of a dean...coming into a medical school at the present time with the ideas that I had so far as time responsibility."* He had assumed the position as Dean in 1935 under his terms — that it was a job he could do in the afternoon. He told the then University President, Glenn Frank, *"I want to continue my clinical work and such little research as I have, but bedside study and teaching are my primary interests."*



Middleton made several references to this period in writing to his friend, Doctor Oscar Friske. On 8 June 1954, he wrote: *"I shall be Dean until 30 June 1955 and, all things being equal, I shall continue my interest in the Medical School until the end...which probably will not be for the next twenty to thirty years. That should bring me somewhere between eighty-five and ninety-five. No, there is no occasion for lumbar puncture, nor have I a weeping towel."*

On 21 December 1954 he wrote Friske again: *"I presume that my retirement from administrative duties is bound to be misconstrued by certain individuals, wishing me less than well. As you know, this decision of mine to confine my activities to clinical medicine and teaching is neither recent nor forced. I am willing to leave the assessment of my deanship, or better my services to the U. of W. and the state, to history and to the performance of my students. No defense is offered or sought."*

CONTRARY TO WHAT MIDDLETON WROTE to Friske, there is evidence that he wrote to Major General George E. Armstrong, Surgeon General of the United States, shortly after Dwight D. Eisenhower's election to the Presidency in November 1952. General Armstrong responded on 17 December 1952: *"I make no commitments or prognostications relative to your possible utilization during the coming months. At the same time you may rest assured that I will assist you in any way possible, as long as it is not at variance with the national good, in obtaining a position with responsibilities and geographical location in consonance with your personal desires."*

### **... and becomes Chief Medical Director of the Veterans Administration**

MIDDLETON WAS OFFERED AND ACCEPTED the position as Chief Medical Director of the Veterans Administration. Although he assumed office in Washington, D. C. on 1 March 1955, his official retirement as Dean was 30 June 1955.

His farewell address to the medical students took place on 24 February 1955. He said: *"The true rewards of the teacher are not measured in silver and gold. He*

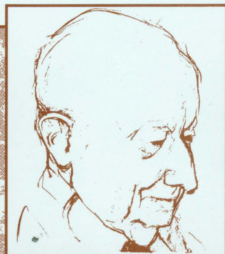


*lives in the thoughts and achievements of his students ... I can wish you no better fortune than that you, too, may become teachers."*

Appropriate to this farewell address came the following letter, dated 7 March 1955. It was from Samuel P. Asper, Jr., one of the bright young physicians he hand picked during the war to be a chief of medicine in England. Asper, now a Professor of Medicine at Johns Hopkins, wrote: *"In the years I have known you, sir, I have come to regard you as 'my chief.' To be sure I revered Dr. Longscope and Dr. Minot and I respect my present chief, Dr. Harvey, but during the war years I always considered you 'my professor.' Your kindly ways, your successful administration and, most of all, your forceful teaching kept me and many other medical officers alert and interested in medicine and medical affairs during a period overseas when it might have been easier, perhaps, to develop lackadaisical attitudes."*



## The Veterans Administration



**W**ILLIAM MIDDLETON WAS SWORN IN as Chief Medical Director on 1 March 1955. The University of Wisconsin continued his leave of absence until 1960 when he was named both Emeritus Dean and Emeritus Professor of Medicine.

Middleton's first contact with the Veterans Administration had begun in 1922, when, as a consultant to the Office of the Veterans Bureau, patients were referred for decision as to their status with tuberculosis. His association continued clinically until 1942 and began again in 1946 when he was then appointed as one of the original members of the Special Medical Advisory Group. This group, established by law soon after World War II, advised the Veterans Administrator and Chief Medical Director about care and treatment of disabled veterans.

WHEN MIDDLETON TOOK OVER the Veterans Administration position, the Agency was operating 173 hospitals, 21 for tuberculosis, 40 for neuropsychiatry, and 112 for general medical and surgical cases. He had under his care 106,855 patients being treated daily; 16,972 in domiciliary homes; and 21,297 eligible applicants on the waiting list.

In 1954, the Canadian government had asked Middleton to survey medical research in the hospitals of the Canadian Department of Veterans Affairs. His report, which Canada followed, contained many of the principles of research which he later followed.

### **Veterans Administration research grows during the Middleton years**

**T**WO FIRST STEPS HE TOOK as Chief Medical Director were to create an Advisory Committee on Aging and an Advisory Committee on Research. He realized he had large numbers of long-term patients who would be a source for geriatric research. The Research Committee was not only to review what had been accomplished so far but to encourage growth of the programs, keeping them both economical and productive.





**William S. Middleton Memorial Veterans Hospital**

HE PREPARED HIS FIRST REPORT to Congress, submitting it on 26 August 1957. It covered 3,644 ongoing research projects, a number that would grow to 7,000 projects at the time of his retirement.

His efforts resulted in the Appropriations Committee earmarking funds for research for the first time. More significantly, the mandate of Congress to the Veterans Administration was changed from "a complete medical and hospital service" by the insertion of the words "including medical research."

When Middleton was called before the Finance Committee of the Senate, Senator Warren Magnuson of Washington could not believe that Middleton had requested only \$15 million for research when a House Subcommittee had recommended \$30 million. Middleton was able to explain his reasons for an orderly growth of the research program with pro-

gressive increase in finances rather than a roller coaster approach to financing. During Middleton's administration, research funds grew from a beginning \$6.4 million to \$30.5 million.

THE VETERANS ADMINISTRATION HOSPITALS tended to conduct many research projects with multiple hospitals and many individuals participating. Middleton felt strongly that most successful research arose in the mind of one individual thinking by himself, a position he stressed at the 10<sup>th</sup> Annual VA Research Conference in Memphis, 12-16 December 1958.

*"Without decrying group research, by contrast epochal contributions in the natural sciences and medicine have almost without exception been the product of a single inspired mind. My concern is less that initiative suffer by company than that independent thought be submerged in the community of interest and activity."*



## Middleton advances his anti-tobacco crusade with velvet gloves

MIDDLETON HAD AN OPPORTUNITY to demonstrate his strong feeling against tobacco usage and his administrative ability to deal with the tobacco industry in a positive manner. A Veterans Administration physician, Oscar Auerbach, reported on the link between smoking and lung cancer, which received national publicity. A letter from the Tobacco Merchants Association, addressed to Harvey Higley, Administrator, Veterans Administration, asked *"on what basis the Veterans Administration was crusading against an important industry."*

Middleton was asked to respond and did so on 28 June 1956. He indicated that everyone wanted the question answered including the tobacco industry. A researcher, whether with the VA or a university, must report his findings if the work is above reproach. Censorship *"by any governmental agency would not only impair the usefulness of such studies but would measurably impede scientific progress,"* he asserted.

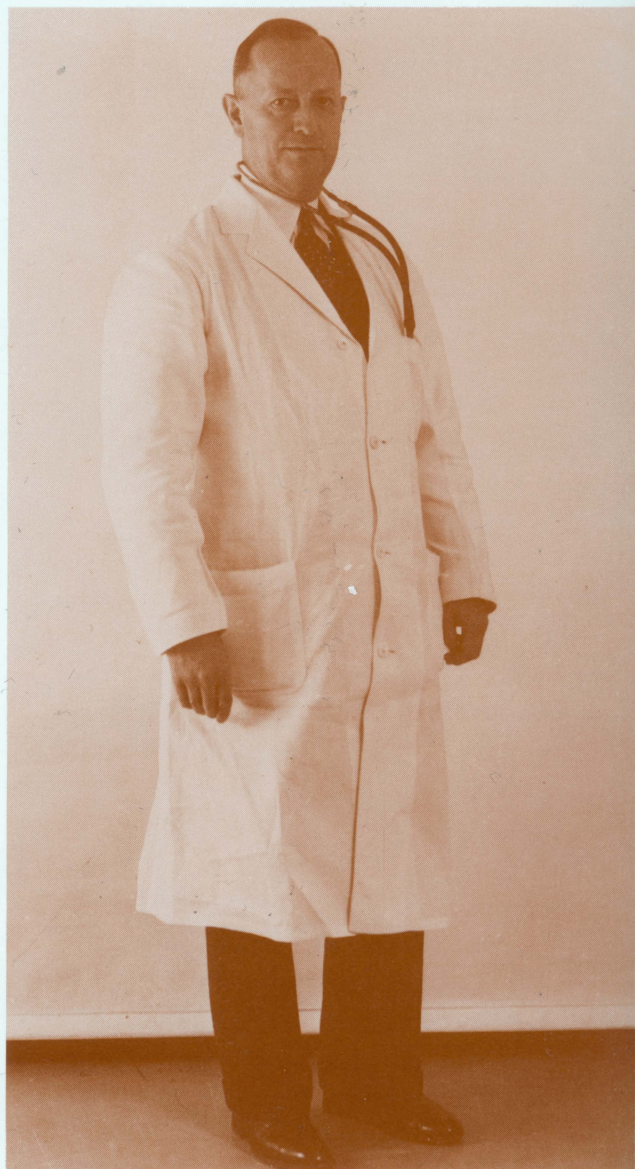
Middleton handled the situation so diplomatically that the scientific advisory board of the tobacco industry's research committee met and expressed their appreciation of his sympathetic understanding of the problem. Middleton admitted he had stayed up nights writing and rewriting his response.

## Close associations between VA hospitals and medical schools are fostered by Chief Middleton

THE VETERANS ADMINISTRATION Special Advisory Group was instrumental in establishing the close association between the Veterans Administration and leading medical schools. While Dean at Wisconsin, Middleton was one of the prime movers in convincing the nation's medical schools to institute training programs in VA hospitals.

When he became Chief Medical Director, Middleton continued to advance educational programs and training in VA hospitals. Where physically possible, new Veterans Hospitals were placed strategically near medical schools. During his term in office,

seventy-three medical schools conducted training in ninety-three Veterans Hospitals. Approximately 3,000, or 82 percent, of all the medical residents in the Federal service and 11 percent of all in the United States, received some part of their graduate training in VA hospitals. In addition, included in this program were 6,000 medical students and a large share of clinical psychologists, graduate dentists, student nurses, occupational and physical therapists, graduate students in social work, and dietetic interns.





MIDDLETON INSTITUTED THE PREBED CARE program paralleling the procedure used in civilian hospitals. This included pre-admission testing up to fourteen days before entering the hospital. The postcare program allowed release from the hospital as soon as the patient reached the point where full hospital care was no longer required. Necessary follow-up was provided on an outpatient basis either at a clinic or by return visits to the hospital. During Middleton's last year in office 225,459 patients were able to return to their homes earlier than they might otherwise have anticipated.

Middleton had an aversion to the separation of diseases in different hospitals. Each new hospital built or planned during his administration included not only accommodations for the general medical and surgical patients, but divisions for patients with mental illness and tuberculosis. Being equipped to take care of all medical problems allowed broader staffing of the hospitals and better care of patients.



DESEGREGATION IN VETERANS HOSPITALS had been completed before Middleton was appointed Chief Medical Director. He was insistent upon a strict follow-up of this policy and tolerated no deviation from it. In addition, he pushed for employment of qualified blacks in more advanced positions. Also, the number of physically handicapped persons employed in VA hospitals rose steadily during each year of his tenure.

MIDDLETON INSTITUTED A SERIES OF WORKSHOPS involving research in the medical problems of the aged. Intermediate services were developed to take care of those patients who did not need intensive hospital treatment and could not qualify for domiciliary care but still were not truly nursing-home cases. He sponsored the idea of establishing restoration centers where veterans, with proper treatment, could possibly be returned to their communities and carry on suitable occupations. The geriatric program was later enlarged to include nursing home patients at certain Veterans Hospitals.

### **Middleton locks horns with Speaker of the House Sam Rayburn—and loses**

MIDDLETON RECOMMENDED CLOSURE of the Veterans Hospital at McKinney, Texas based on authorization from the Truman administration. Built during World War II and badly in need of repair, it was to be replaced by an addition in Houston. Speaker of the House, Texan Samuel Rayburn, wanted it to remain open. Middleton told him, *"I'm sorry Mr. Speaker, it's a fait accompli."* Rayburn then added two million dollars to Eisenhower's budget for rehabilitating the hospital at McKinney. If Eisenhower wanted to cancel those dollars he would have had to reconstruct the entire federal budget. Rayburn won the fight.

IN 1959, MIDDLETON ESTABLISHED a pilot program for a seven-day work week in the Veterans Hospital at Coral Gables, Florida. At the time, in this country





*While Dean at Wisconsin, Middleton was one of the prime movers in convincing the nation's medical schools to institute training programs in VA hospitals.*

most hospitals, whether federal or otherwise, did not provide full service for patients on weekends unless an emergency existed. This caused an increase in length of hospital stay per patient and wastage of millions of dollars. In one year, the pilot program allowed the turnover of patients to increase by fifteen percent. The plan never was put into general operation but established a pattern that could become the standard for both government and non-government hospitals as costs of health care continue to rise.

MIDDLETON WAS A LEADER in contingency planning in case of war with its concomitant loss of hospitals and personnel. Estimates of losses were based on a massive



A dapper Dr. Middleton wore a hard hat at the Middleton Medical Library groundbreaking in May 1965. Behind him are Dr. Harry Waisman, (left) Madison and Dr. George Mangin, Marshfield

attack and bombing strategic hospitals as experienced in Britain during World War II. He laid out plans for the relocation of medical schools to train preclinical students, paramedical personnel and clinical students, and to provide specialty training. This included the utilization of Veterans Administration hospitals and their personnel. Middleton preached a good deal about the problem but little was done about the recommendations at the time. Plans of this type are being made today.

During the Cuban Refugee crisis of 1960-1962, Middleton recommended utilization of refugee physicians if there were places in the Veterans system. The Professional Standard Board of the Veterans Administration screened 167 refugee physicians for employment. Seventy-four had passed their American Boards in a specialty of medicine, and thirty-nine were placed in employment in Veterans Hospitals. The requirement for employment was based on meeting American standards, a working knowledge of English, and screening by the University of Miami Medical School and the Coral Gables Veterans Administration Hospital.

MIDDLETON KNEW RAISING THE LEVEL of health care throughout the VA system required his getting away from Washington and visiting the hospitals. He felt he was a judge of human nature, and he knew quality of medical care and who would best provide it in the vast Veterans system.

Middleton visited almost all the 170 VA Hospitals in his department. Although ostensibly his visit was in his official capacity as Chief Medical Director, it usually ended in teaching rounds. When he arrived, Middleton would confound the local group by asking for a white coat and the chart of the most difficult undiagnosed case in the hospital. Then he would assemble the staff with the patient and proceed to give as fine a clinical demonstration as this country has ever seen.





### **Middleton accepts an unprecedented second four-year term as Chief Medical Director of the Veterans Administration**

MIDDLETON WAS PERSUADED, at age sixty-nine, to accept a second four-year term, the only Chief Medical Director to ever serve two terms. He acceded because there were many programs which had not yet advanced to the point where he was completely satisfied; he was truly a perfectionist. A special law was passed in Congress allowing him to stay beyond the mandatory retirement age of seventy.

The second four years saw the completion of many of his projects. At his retirement there were 169 hospitals, 18 domiciliaries, and 217 outpatient clinics in the VA system. During 1963, care was provided daily for 113,000 inpatients in the hospitals, 25,000 members in domiciliaries or state homes, and 24,000 outpatients.



Upon leaving the VA at the end of his second term in February 1963, Middleton indicated that his basic interest and his contribution were at the level of patient care. He was proudest of the fact that the VA had reduced its tuberculosis hospitals from 21 to five since 1954. There were 15,960 tuberculosis patients in 1954 but only 6,150 when he left.

### **John F. Kennedy thanks William S. Middleton in person**

PRESIDENT JOHN F. KENNEDY took the unusual action of summoning Middleton to the White House for a personal expression of thanks and to wish him good luck for the future. In a letter dated 25 February 1963, Kennedy wrote, among other things: *"On your retirement from the Federal service, I am impressed by the example your life provides of the completely selfless dedication of an*





*individual to the needs of mankind, and for service to the veteran which provided vision, imagination and leadership that molded and energized the medical program of the Veterans Administration."*

THE DAY AFTER MIDDLETON returned to Madison he was teaching on the wards of the Veterans Administration Hospital.

In June 1963, tree lover and conservationist William Middleton helped plant a Greek plane tree in front of the University Hospital and Medical School. Hippocrates taught under this type of tree, which was one of three "Mediterranean Sycamores" brought by the Greek Ambassador to the United States for a ceremonial planting at the National Library of Medicine, Bethesda, Maryland. Middleton managed to obtain one for the UW medical center.

## Oklahoma calls

MIDDLETON, VIGOROUS AND ENERGETIC at seventy-three, accepted the role of visiting professor at the Oklahoma University Medical School for the year

1963-1964. Stewart Wolf, the Chairman of the Department of Medicine, was on academic leave for the year and asked Middleton to serve in the capacity of acting chairman. Doctor Robert Bird, the vice-chairman, ran the daily affairs of the department while Middleton devoted his time to teaching at every level in the medical curriculum and in associating with and counseling students. His days were full and he even attended night lectures. Weekends were spent exploring Oklahoma, and holidays found Middleton and his wife traveling throughout much of the Southwest.

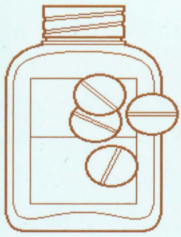
He corresponded with Professor Ovid Meyer in Madison regularly. On 20 October 1963, he wrote that he was teaching physical diagnosis, conducting conferences, and attending rounds, outpatient and inter-departmental meetings. On 11 April 1964 he wrote, *"The welcome return to bedside study and teaching has been rewarding beyond my fondest dreams."* Doctor Wolf wrote to the author on 16 March 1987. In the letter he said: *"Doctor Middleton's presence on the campus was enormously helpful in broadening the horizons of the students and house officers and inspiring them to do their very best."*

Before he left Oklahoma, Middleton was given an award at the general student-faculty gathering for the quality of his teaching.

IN SEPTEMBER 1963 Doctor Middleton was asked to be Chairman of the new National Drug Research Board. This Board, along with the Commission on Drug Safety, brought into sharp focus the several issues that were troubling the lay and scientific public following the birth defect tragedies accompanying the release of the drug Thalidomide. The Board was particularly gratified by the attitude of the Food and Drug Administration, which reassured them that the Board was a common forum to which might be referred any problems confronting them relating to drug therapy.

Among the Board's accomplishments was the establishment of a Committee on Continuing Education whose prime interest was in establishing a medium or media by which information relative to drug





*Middleton knew raising the level of health care throughout the Veterans Administration system required his getting away from Washington and visiting the hospitals. He felt he was a judge of human nature, and he knew quality of medical care and who would best provide it in the vast Veterans system.*

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therapy might be rendered current to every physician in the country. It also developed a Drug Compendium which would be complimentary to all physicians. The Drug Research Board was an impartial body to provide a forum for discussion of problems involving science, industry, and government. The Board was willing to advise in any matter that affected the American public.

A Drug Efficacy Study Organizing Committee was created 4 April 1966. It studied the immediate factual information available in the scientific literature about a drug and critical information available from the Food and Drug Administration review, and it solicited the experience and informed judgment of the science members of the panel. Over 4,000 drugs were reviewed with 80 percent of the reports completed by June 1968.

THE TRANSITION FROM OKLAHOMA to Madison posed a very serious question for the Middletons, for there were several attractive offers to consider. Oklahoma invited him to stay a second year. There came an offer to spend a year in the Department of Medicine in Damascus, Syria. The University of Miami School of Medicine asked him to come to that institution to pursue a program similar to the one at Oklahoma City. The Association of American Medical Colleges asked Middleton to evaluate medical libraries in foreign countries, and the National Board of Medical Examiners asked him to undertake an assignment with them.

THE MIDDLETONS CHOSE TO RETURN HOME to Madison and left Oklahoma with the completion of the academic year in late spring 1964. Middleton refused to return to the University Hospital in any capacity because that meant replacing a younger man. He

wrote to Meyer, still Chair of Medicine, on 23 February 1964, that he did not want to disrupt the University Hospital on his return.

Doctor John K. Curtis, Chief of the Medical Service at the Veterans Administration Hospital in Madison, offered him designation of Consultant in Research and Education to the Veterans Hospital, with no strings were attached as to time or assignment of administrative duties. It gave Middleton every opportunity for professional contact with students and staff, and he accepted the offer.

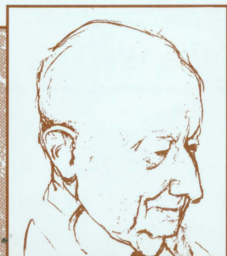
MIDDLETON FELT THE GREAT CHANGE that had taken place in the Hospital in the nine years of his absence. It was not only the strangeness of the scene and the unfamiliar faces, but also the bustle and pace were entirely different from what he remembered. In reality, the lack of familiar faces as well as changed staff attitudes seemed so different from earlier days that he concluded: "Clearly, the University Hospitals had outgrown me or had grown up while I was away. I felt almost a stranger in a strange land except for the occasional turn of a familiar area or face that brought me sharply into focus."

ON 11 NOVEMBER 1964, Middleton received a letter from Doctor Dermont W. Melick, Dean of the new University of Arizona Medical School at Tucson, seeking advice in looking for a Chairman of Medicine. Middleton's response on 22 November 1964 was predictable:

"Our primary mission was education and our by products—physicians. Human service, superior as it was, existed primarily for the training in medicine and the health sciences. Research is and must be a byproduct. It must not dwarf and submerge the primary mission. Qualification for chairman in my book must be a clinician."



## Politics, Honors and Personal Observations



MIDDLETON, A REPUBLICAN, in childhood asked his maternal grandfather, Dewitt Clinton Shainline, what it meant to split your voting ticket. His grandfather responded, "William, I am a Pennsylvania Republican. For fifty-two years I have voted the straight Republican ticket. A Pennsylvania Republican never splits his ticket."

Middleton opposed President Harry S. Truman both because he was a Democrat and because of his policies relating to the Korean War. On 3 April 1952, he wrote to friend Oscar Friske, "*I did not wish to miss the most important enunciation of his Presidency — 'I will not run again.'*"

### Middleton meets with Eisenhower

MIDDLETON WAS A STRONG SUPPORTER of Dwight D. Eisenhower. During the war he never knew the general by direct contact, although at headquarters, Eisenhower spoke to him and others as they passed in the corridor. On 9 June 1952, again to Friske he wrote, "*Eisenhower's speech [was] like a breath of fresh air.*"

During his eight years in Washington, Middleton met Eisenhower on a number of occasions and even went to an Eisenhower birthday party in Hershey, Pennsylvania. Middleton wrote to Eisenhower on 9 March 1964 to praise Ike's book, "Mandate For Change." In the letter, Middleton particularly mentioned Veterans Hospitals desegregation ordered by Eisenhower and carried out effectively during Middleton's term in office. There was great warmth and admiration in the tone of the letter.

Middleton was an honored guest, distinguished speaker or award recipient on numerous occasions. On 19 May 1961, he was the commencement speaker at the University of Pennsylvania Graduate School of Medicine Certificate Presentation Ceremony. He warned of the danger that "*laboratory methods could make cowards out of all of us.*" Apparatus in the field of medicine should be "*held down to the position of handmaiden and never permitted to become mistress,*" and he again stressed his theme, "*That's why the most important thing today in clinical medicine is still the physician's own God-given senses, plus whatever he has acquired in the way of intuition.*"



MIDDLETON DELIVERED THE CENTENNIAL Commencement address at the Norristown Senior High School on 11 June 1962, fifty years after his graduation. He first presented a genealogical review of his principal, Alonzo D. Eisenhower, and established his direct relationship to retired President Dwight D. Eisenhower through their common great-grandfather. Colonel John Eisenhower, the President's son, was the other honored guest at this ceremony.



Middleton in front of library

In Middleton's address to the students he drew upon the philosophy from two quotes he had saved. They were given by Principal Eisenhower in his high school report for the school year 1878-1879, and they reflect Middleton's life in most ways.

*"Our aim is to create a taste for good historical writing, to draw those moral lessons nowhere else so vividly presented as in the panorama of history, and to inspire a love for our country and its institutions — in a word, to make good citizens and good men and women.*

*"It is our aim, however, to do what we can to send forth those entrusted to our care with a good foundation as to knowledge, discipline, and moral and religious principle; to make intelligent and patriotic citizens, industrious and capable workers, and good honest men and women."*

IN 1967, THE AMERICAN COLLEGE OF Physicians initiated the first of its Medical Knowledge Self Assessment Program leading to voluntary re-examination for the American Board of Internal Medicine. Middleton was honored by the College, being the first subscriber to the program.

### **The Chief balks at WMAA's extravagant plans to raise a million dollars**

EXPANSION OF THE UNIVERSITY OF Wisconsin Medical Library was one of Middleton's chief goals during the mid-1960s. He initiated the idea of soliciting contributions from faculty, alumni and friends and turned over all honoraria he received to a library fund. Before he left for Washington he had obtained some seventy thousand dollars.

The Medical Alumni Association took on the task of raising funds for a new library. Middleton was asked and





William Middleton and Ruth Addams Middleton

gave permission to the alumni for use of his name in the drive. When he heard the alumni were planning on raising one million dollars he told the Chairman, Mischa J. Lustok, he needed a lumbar puncture (as mentioned previously, a spinal fluid examination to determine syphilis of the brain, which gives rise to delusions of grandeur). More than 800,000 dollars was raised among alumni, former patients and friends of Doctor Middleton.

The building, the first on the University campus built primarily with private funds, was dedicated 26 May 1967. The alumni anticipated it as a memorial to Middleton. As he was very much alive, the Board of Regents of the University waived the death rule and the library was named the William S. Middleton Library, University of Wisconsin-Madison.

IN THE PERIOD OF RACIAL and student unrest and the Vietnam war, Middleton continued his correspondence with Oscar Friske. On 20 April 1968, commenting on Martin Luther King, he wrote: *"In certain details I respected the man and thought him sincere but misguided leader. Condoning violence invites more rioting. Educational opportunities and position was the answer."*

On previous occasions he had commented similarly to Friske, as on 13 August 1967: *"In the last analysis self and (race) improvement must come from within by education."* And on 23 July 1967 he again emphasized, *"Education and improvement are the answer."* Earlier to Ovid Meyer, 26 December 1956, he had written that Marion Anderson's autobiography, *"while slanted, interested me greatly. In all human relations there is a sympathy with a people that has yet to find itself. We could help."*

### Maude dies and Bill eventually remarries, all the while continuing to teach

IN 1964 MIDDLETON'S WIFE, MAUDE, suffered a heart attack. From that point on, her physical activities and travel were restricted. A second heart attack occurred in 1967 and she passed away on 7 June 1968.

In 1973 Middleton married Ruth Addams, a long-time friend of the Middletons, who had been the Assistant Chief of Nursing for the Veterans Administration in Washington prior to her retirement in 1964. She too, like Maude, had served in France during World War I.

IN SPITE OF HIS LOSS, Middleton continued teaching at the Veterans Administration Hospital in Madison. He kept a heavy schedule including making rounds with his students by seven-thirty every morning. He continued to write, publishing thirty-seven articles between 1963-1970 and thirteen articles between 1970-1975. His last article was published one year after his death.

In 1972 Middleton published *"Values in Modern Medicine,"* a book comprised of essays and lectures he had given throughout the years. They encompassed a variety of subjects: philosophy; medical history and biography; medical education; medical practice; and random reflections. Reading this book provides anyone who did not know the man an accurate impression of his character.

In 1974 Middleton was again honored, being the recipient of the highest honor of the American





*He was an old world gentleman. He was a tender, caring physician whose love for his patients was as visible as their love of him ... He shared his intellectual genius, his twinkling wit and his towering timeless wisdom freely and impartially ...*

College of Physicians, the Distinguished Teacher's Award. He said that the essential ingredients of education in any field included intelligent, receptive students; inspired, well motivated teachers; and ready, open channels of communication. He concluded his response with the following: "I have been given the privilege of preaching the only gospel I know, bedside medicine; and my greatest reward has been the emergence of the student's inquiring mind."

EXCEPT FOR HIS EPISODE with typhoid fever in 1909 and his leg fracture in 1953 Middleton had enjoyed relatively good health even though his diet was rich

David L. Williams '30 and William Middleton enjoy the Brown Derby once again



in red meats and desserts; he also loved candy. In 1954-1955, he developed a bleeding ulcer in his intestine. He hated taking antacids, the only medication available in those days. At about the same time he was diagnosed as having coronary heart disease.

### **Serious illness takes over**

IN LATE AUGUST 1975, Middleton was ill at home for several days with nausea and abdominal pain. He was taken to the Veterans Hospital by ambulance and operated on a few hours later for an acute appendicitis. His physicians also found peritonitis at the time of surgery.

Over the next several weeks he suffered heart failure, pneumonia and heart irregularity. He rallied on

several occasions but sustained a fatal heart irregularity on 9 September 1975. Postmortem examination revealed severe hardening of the coronary arteries.

DOCTOR MIDDLETON left an estate of \$286,927. In the will he created a marital trust for his second wife, Ruth. Upon her death, \$10,000 was to go to the Middleton Medical Library and \$10,000 to the University of Pennsylvania to establish the William Shainline Middleton Loan Fund for medical stu-



# MIDDLETON'S 80<sup>th</sup> BIRTHDAY PARTY







*I have been given the privilege of preaching the only gospel I know, bedside medicine; and my greatest reward has been the emergence of the student's inquiring mind.*

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dents requiring short-term financial assistance. An additional \$5,000 was to go to Madison General Hospital for the Maude Webster Middleton Library in the School of Nursing in honor of his first wife. His personal library was left to the Middleton Medical Library.

A MEMORIAL RESOLUTION ON MIDDLETON was issued as the University of Wisconsin-Madison Faculty Document 227 on December 11 1975. It included the following: *Above all, a dedicated teacher and physician, he will be remembered as one of America's very greatest of all time. He was modest, kindly, a strict taskmaster for himself and for his students, interns, residents, and younger associates, but (more) easily forgiving of others than himself.*

T. Grier Miller, Distinguished Professor of Medicine at the University of Pennsylvania Medical School, and a classmate of Middleton, read a memoir in his honor at the meeting of the prestigious College of Physicians of Philadelphia on 3 December 1975. He commented on Middleton's book, "Values in Modern Medicine," saying it "well portrays his intimate knowledge of history, not only that as recorded by physicians, but also by philosophers, poets, and others, most of them having a relationship with the care of patients, medical education, the eradication of disease, and public welfare."

### **President Ford designates the "William S. Middleton Memorial Veterans Hospital"**

ON THE NATIONAL SCENE, President Gerald R. Ford signed on 23 September 1976, Public Law 94-420 designating the Veterans Administration Hospital in Madison as the "William S. Middleton Memorial Veterans Hospital." Only six other individuals had been so honored.

MIDDLETON WAS ALSO HONORED by his high school as the first inductee into the Norristown Area High School Hall of Fame on 26 October 1978.

A survey of students, faculty, and family revealed many opinions about Doctor Middleton. Doctor Jules Levin, a Milwaukee neurosurgeon, remembered Middleton buying a winter coat for a medical student who could not afford one. Doctor Marvin Golper, a retired radiologist in Scottsdale, Arizona, had to leave school in 1939 when his father died; Middleton promised him a place whenever he returned and carried him as an enrolled student to avoid the military draft. Herbert Pohle, a Milwaukee internist, said many students were afraid of Middleton but they should not have been.

His student and later faculty colleague, distinguished oncologist Fred J. Ansfield, wrote, "All of us could feel the excitement when he entered the classroom and we hung on every word he uttered."

Doctor Harold P. Rusch, the first Director of the McArdle Laboratory for Cancer Research, wrote in his book, "Something Attempted, Something Done," "Although I had known him very well as a student, his stern manner intimidated me." He went on to explain that most students accepted Middleton's admonishments with good humor, but a few became quite embarrassed. Rusch wondered how students of today would react to Middleton's type of discipline. He concluded, however, "but all of his former students remember him as one of the best friends and teachers they have ever known."

### **A gentleman with intellectual genius, twinkling wit and timeless wisdom**

DOCTOR MARK JOHNSON served his internship at the State of Wisconsin General Hospital 1946-1947. During that year he worked on Doctor Middleton's service for two months. In expressing his appreciation



of the magnitude of Middleton's influence on his professional life, Johnson wrote: *"He was an old world gentleman. He was a tender, caring physician whose love for his patients was as visible as their love of him ... He shared his intellectual genius, his twinkling wit and his towering timeless wisdom freely and impartially ... Dr. William Shainline Middleton was a teacher of physicians; he understood medical education. He was a master who has no successors."*

Mrs. Patricia Groff, Lancaster, Pennsylvania, one of Middleton's three nieces, wrote a letter to Ruth Addams Middleton shortly after Middleton died. She recounted: *"Uncle Bill was adored by his mother and two sisters—as the years went by it became more like worship. This is not to say that his father and brother (my father) didn't love him and weren't very proud of his abilities and accomplishments, but they continued to see him as being human. The fact that he continued to be a loving and concerned human in spite of all this hero-worship is proof of the great man he was."*



#### Middleton Medical Library





*"He was always a very special uncle to Peg, Louise and me. We were trained to anticipate his visits to my grandparents with excitement and respect. We were always aware that someone special was coming. We were also aware that he genuinely loved us.*

*"I'm relating this to you because I feel Uncle Bill should be remembered first for the kind man he was and then for his professional achievements."*

Erwin H. Ackerknecht, the first Chairman of the Department of the History of Medicine at Wisconsin, wrote: *"I am convinced that, in the case of thousands of former students, colleagues, and patients, the acute sense of bereavement has been mixed with the feeling that, for future generations, it will be difficult to realize the stature of the man who influenced them so profoundly."*



Dr. Middleton remained active in practicing and teaching medicine until nearly the end of his life.

WILLIAM SHAINLINE MIDDLETON walked a straight line from the beginning to the end of his life. He always defined himself as a bedside clinician and teacher. He set his goal to teach the student and to serve the ill with great dignity. He often said, *"The physician is the servant rather than the master,"* and, *"I can walk but cannot think without a stethoscope!"*

Some of Middleton's anxieties about government and pharmaceutical money affecting medical schools have proven valid. Research money so freely available from the government during the fifties and sixties is now greatly restricted. Money from outside interests has more of a stranglehold on university investigators in many scientific fields. Medical students who sought internal medicine training in great numbers are now down to about twelve percent of classes in many medical schools. This is viewed as a medical crisis. Medical costs have increased not only because of technical advances but because the physician uses the laboratory and x-rays rather than the bedside knowledge Middleton preached all his life.

NO ONE WHOSE LIFE HE TOUCHED will ever forget him. It is easy, now, to understand the quotation under Bill Middleton's graduation picture in the University of Pennsylvania Yearbook, Scope, 1911. *"Why should a man whose blood is warm within, sit like his grandsire cut in alabaster?"*

The author's memory is that of a soldierly erect man, seven-thirty in the morning, standing at parade rest outside a medical convention hotel on the boardwalk in Atlantic City, greeting his "children" by nickname as they passed by.



*Recollections about*  
**WILLIAM SHAINLINE MIDDLETON**







*A little humility goes a long way* in these days of Rational Therapeutics, and when coupled with the relish of telling a story, as Dr. Middleton enjoyed doing, it refreshes the mind.

In the early 1970's, I had invited him to talk at the weekly University Health Service staff conference, asking that he share with us his experiences, starting in 1912, as a Student Health Service physician here on the campus. The reminiscence about the 1918 influenza pandemic was especially memorable for me.

Dr. Middleton had been concerned about the severe flu symptoms of a young coed who was a Christian Scientist, and he was pleased that he was able to convince her to enter the inpatient infirmary for appropriate medical care. As she was being discharged following her recovery, he, tongue-in-cheek, congratulated her on her good sense in agreeing to be hospitalized. She, smiling, thanked him for the fine care she had received from him and from the nursing staff, but added, as she emptied the contents of the bedside table drawer into his lap, "...and here, Dr. Middleton, are all the pills your nurses gave me."

*Joe Benforado.*

*In response to your Alumni Alert* on page 31 in the *Quarterly* which came today I am offering the following experience I enjoyed with Dr. Middleton in his early and late years. In my second year (1920-1921) at the University of Wisconsin Medical School, Madison, I was one of four students being taught on rounds by Dr. William (Billy) S. Middleton. He presented a standing male adult patient and asked each of the four to make a diagnosis by simple observation of the patient. One after another the other three failed. When it came my turn, the best I had to offer was, "he needs a

shave." I remember the withering look he gave me but I wasn't sure but what he enjoyed this awful attempt at humor. The patient had an obvious exophthalmic goitre.

I was with Dr. Middleton in Hawaii when he was there with his new and pleasant wife, a year or so before he died, at which time he gallantly tried to do a brief hula dance. At that time I reminded him of the above story. He recalled it promptly but thought classmate T.K. Brown had been the culprit.

Not much of a story but thought I should try to help honor this great physician.

*Philip Corr, M.D., MACP '21*

*As a two year alumnus* of the class of 1933, I had very little contact with Dr. Middleton. I was returning to Madison after nearly four years service as a flight surgeon in World War II to get some advice from Dr. Middleton on badly needed postgraduate studies.

When I arrived at his office just before 1:00 p.m., his secretary said he was out but should return shortly and to wait. In less than five minutes Dr. Middleton arrived and with no contact with his secretary came up to me with hand outstretched, saying, "Dr. Gullord, it's nice to see you." I was so impressed and startled, I couldn't speak momentarily, but on regaining my faculties, returned his greeting. I had heard of his prodigious memory for those in his classes, but my scant contact with him through the basic science years was something else to provoke such a phenomenal memory feat.

In subsequent years, I saw him quite regularly at American College of Physicians meetings, but was always too embarrassed to inquire how he remembered my name.

*Edward G. Gullord, M.D*

*The latest WMAA journal* contained a request for some anecdotal material on Dean William S. Middleton. This may not be an entertaining item but an impression left on me. Dean Middleton was an impressive figure making ward rounds in his immaculate white gown with a direct ophthalmoscope in his pocket. He made good use of this instrument looking at the fundus in a well lit room noting interesting findings and refer-



ring them to the Eye Clinic for corroboration. Of course we didn't always agree with him but we had the advantage of dilated pupils in a darkened booth. His thoroughness impressed me while I was a young instructor in the Ophthalmology Service in 1946-48 involved with teaching fourth year medical students especially in ophthalmoscopy. Ophthalmology has felt then and still does, that funduscopy or ophthalmoscopy is a very important part of the general medical examination. We really appreciated Dr. Middleton's assistance along this line by giving us adequate time with the students. He set the example by using the instrument himself. I gave up on Wisconsin after 4 years because of my severe hay fever problems even with desensitization shots. The cold weather was difficult for us native Californians to take also so returned to California 42 years ago. I have been in private practice but also involved with residents having had a program at the White Memorial Medical Center, building up the program from 3 to 9 residents. I have my emeritus status as Clinical Professor of Ophthalmology at the University of Southern California and Loma Linda University Schools of Medicine. In the early years here I participated in courses for general practitioners on Funduscopy with USC given several years.

*George K. Kambara, M.D*

*I saw your alumni alert* in the Summer / 1990 Quarterly. With reference to Dr. William S. Middleton, I was an intern with the Department of Medicine at the Veterans Hospital here in Madison in 1974 and had the good fortune of having Dr. Middleton as an attending physician for my first two months as an intern. I realized immediately I was in the presence of a great human being and physician. Dr. Middleton taught me more practical medicine and more respect for patients as human beings than any physician I had been associated with up to that point. He was truly a dedicated physician and a great patriot, and his service to this country in the World War was well known.

Two personal recollections that come to mind. One of Dr. Middleton's great interests was in diseases of the spleen and he particularly examined every new



patient for splenomegaly—this was just part of his complete physical examination on every new patient.

His statement, "Let not the sun set when no spleen is felt" has never left my mind.

Dr. Middleton caught me leaning against a wall of the Veterans Hospital one day, probably because I had not slept the night before—I am not certain present-day residents do not know what this means (I am being facetious there). Dr. Middleton looked at me sternly and said, "Son, that wall has been standing there fifty years by itself. It does not need your support." I promptly removed myself from leaning on the wall and was much more attentive for the remainder of my time on his service.

I also remember Dr. Middleton calling several families to express condolences over patients that had died and his great concern for these families was admirable.

I was fortunate to have been exposed to this great man. His death from complications of appendicitis saddened me some years later.

I do look forward to receiving the *Quarterly* issue on Dr. Middleton.

Although I did not attend the Medical School per se, I was an intern and resident in Medicine there and Chief Medical Resident 1974-1978. I am returning to practice with the Department of Internal Medicine in September 1990 at their Middleton clinic and look forward to a renewed association with the University and with the Department of Medicine.

*Edwin Ferguson, M.D. '74-'78*





*Reminiscences on Dr. Middleton* are no doubt legion and of all colors of the spectrum because of his forceful personality and frankness. He was hard for me "to know" in many human terms, but one could not miss the vigor with which he applied his physical and intellectual gifts as he aged. I appreciated having such vigor in our dean prior to my graduation in 1955 and appreciate it even more as the years go by. When I returned from preceptorship my senior year, I found him making rounds in a wheelchair, loudly sounding a "squawk horn" at more or less appropriate intervals. This due to an ankle fracture he received playing hardball!—some 15 years before jogging was fashionable. A bit later, 2,000 miles from Madison at my internship, discussing my medical school with a former internal medicine professor of an eastern school, I spoke of Dr. Middleton in positive terms. The reply came back, "yeah, I met him at some conferences; a little guy, knows a lot about antibiotics." To impress your colleagues with knowledge in a budding branch of medicine as you near retirement age takes intellect and vigor. I feel the better person for my exposure to William S. Middleton, M.D.

*R. D. Brown, '55.*

*My first clinical experience as a third year medical student* was medicine at the V.A. Hospital with Dr. William Middleton as attending. The second half of my rotation was spent on the cardiology wing; during this time Dr. Middleton had an emergency appendectomy with subsequent stormy post-operative course. So, I think, I was probably one of the last third year students he taught. The rules were simple; no hands in your pockets, no leaning against the walls, punctuality, and perhaps most vital, courtesy and respect of the patient, meticulous attention to completion of a

detailed physical examination and the capability to admit errors in the process of ever refining one's skills in the art of medicine.

As we made rounds each morning at 8 a.m. sharp, it was amusing to watch other attendings straighten up, take their hands out of their pockets and assume an air of deference as they said good morning to Dr. Middleton. Despite this attention, Dr. Middleton spent time with the third year students in a very matter-of-fact manner. His specialty was imitation of gaits; the demonstration of general paresis was so real I had to struggle not to laugh at the thought of being instructed by a person with tertiary syphilis particularly when comparing him with the actual patient on the ward whom we had judged incompetent to sign a consent for a spinal tap to complete his evaluation.

The most lasting impression, though, was his courtesy. Each patient, no matter how dirty, drunk or otherwise sleazy, was addressed as sir. (We had only one ma'am in two years that I recall.) Perhaps this was a carryover from his military days but I suspect it reflected his whole attitude toward medicine.

*Sylvia M. Weir, '77  
Port Neches, Texas*

*When the Dean was leaving Madison* on his way to Washington, D.C. via Pennsylvania, two classmates and I played hookey to see him on his way. John Kreher, Paul Matricka and I (all '42) went down to the old Milwaukee Road Depot, to find WSM, resplendent in "green" jacket and "pinks" trousers. He wrung our hands warmly, after lacerating us for skipping classes. It was a farewell that we remembered for all our lives! Believe me, he looked grand in his Lieutenant-Colonel silver leaves and snappy uniform.

Enclosed are two items, both precious and revered: the first is a photograph of Dr. Middleton, autographing the Brown Derby of our class, presented in the fall of 1940; the second is a yellowing page torn from a pulp magazine, while on rounds on Male Medicine, autographed by W.S. Middleton himself. Lord knows how many such autographed pictures of Charles Atlas (AKA as "the Dean") are still extant! I have





The gentleman in the derby is Doctor Middleton as he appeared in 1952. The unscheduled occasion was celebrated by Juniors at the UW Medical School, continuing a 39-year tradition, which provided the medical students with an opportunity to josh their professors.

treasured mine for 50 years. (Editor's note: the picture Dr. Smith refers to is one of a muscle-bound Charles Atlas, advertising to turn puny 90-pound weaklings into men of giant power and energy in just 15 minutes a day. Across Atlas's torso, in red crayon, is a hand written "Wm. Middleton.")

Dr. Irvin Becker is to be commended for his biographical treatise and I congratulated him on his Master of Arts degree from University of Wisconsin-Milwaukee. We all owe him a note of thanks, even before publication.

Sadly, both Drs. Kreker and Matricka are deceased, but they shared my pride in bidding Dr. Middleton farewell and godspeed in 1941.

*Miles B. Smith, M.D. '42,  
Walla Walla, WA*

*Dr. William Shain Middleton* is a name to conjure up many anecdotal experiences in the minds of the University of Wisconsin medical school students in the classes of clinical medicine conducted by this superb medical teacher. Who can forget his imperative index finger directed toward a quaking individual accompanied by a staccato YOU? or the fateful "Brown Derby" if the answer was incorrect or lacking.

This brusque attitude was considerably softened in his later years especially when it was a pleasure to meet him on "one on one" basis in social surroundings.

This change was brought home to the writer of this anecdote. It was my pleasure to read an article written by Dr. Middleton and published in the Wisconsin Medical Journal. Since the piece was descriptive of the early days of the medical school, it described a time which ran parallel to my experience with the faculty, the core of which came from Johns Hopkins. In a letter to Dr. Middleton I expressed my appreciation of his article. His letter to me written in his "eighties" was in a kindly tone, much to my surprise in contrast to my earlier impression. He stated in his letter "that I too



had waves of nostalgia as I reflected on the good old days. Affairs medical have moved apace in our midst.

"The latest development finds the replacement for our old Wisconsin General. Its structural steelwork rapidly takes form while at the old scene I am boasting if I remember one in ten. I still have my innings, I make rounds at the VA Hospital each morning at 8:00. Students are my breath of life."

In private conversation he repeatedly emphasized his belief that a turn in general practice could broaden a doctor in his concept of medicine and prepare him for possible specialization later. He used as his prime example of his belief the experience of Dr. L.W. Paul who after a short time in general practice in western Minnesota specialized in diagnostic radiology and ultimately became the chief of radiology at the University of Wisconsin General Hospital, where his sometimes uncanny diagnoses were the source of admiration of many medical colleagues. The conclusion of his letter was: Warm Regards

Sincerely yours "Bill"

Dr. Middleton deserves a Presidential Freedom Medal (Post humous) if an equivalent military medal has not been given previously.

It is well known that Dr. Middleton was the director of Medical Services in France for the American Forces and after the war he became the head of the VA Administration in Washington.

*Marvin G. Peterson  
Brookfield, Wisconsin*

*In a recent issue of the Quarterly*, there was a request for personal recollections of Dean Middleton. From many memories, I submit the following:

1) At the time of my graduation, students needed to arrange their own internships. Consequently, I arranged for a year's internship, plus a promise of a residency, at a very well known hospital. Upon being asked to report to Dean Middleton, Dr. Coon, sitting at his left, informed me that I had been selected to be Dean Middleton's representative at the University of Nebraska. I thanked him for the honor and quickly notified the other hospital of my necessary change of



plans. I later found out that the Associate Dean and Director of the Medical Center at the University of Nebraska was a close friend of Dean Middleton's and forwarded a favorable evaluation of my performance.

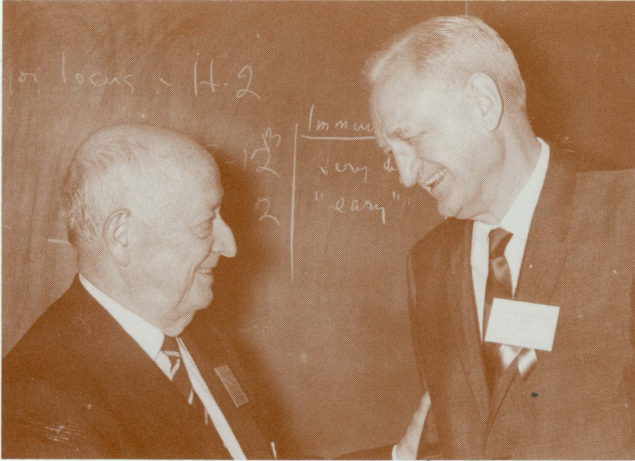
2) When applying for a residency in Radiology at the University of Michigan, I was discouraged by information that amongst the 150 candidates for 5 positions, one was a graduate of the University of Wisconsin, 2 years my senior, and more importantly he was the chairman's son. After being appointed, I learned that Dean Middleton had exerted some influence on the chairman, also a University of Wisconsin graduate, with the result that 2 of the 5 appointed residents that year were from the University of Wisconsin.

3) After I had completed my residency and a National Cancer Institute fellowship, I was asked to interview for the position of Director of Radiation Therapy at the University of Washington (Seattle). My first interview was with Robert Williams, M.D., Chairman of Medicine and the acknowledged "power" on that faculty. Dr. William's opening remark was that Dr. Middleton had talked to him and the position was mine and so "Let's discuss how you are going to start."

4) When I first started publishing articles, mostly in radiology journals, which would seem to be beyond Dean Middleton's immediate surveillance, I received short, constructive handwritten editorial criticisms from him. These continued until his handwriting failed him!

5) Even after his death, his influence continued. In 1975, Fred Rasmussen, M.D., Chairman of Microbiology at UCLA, led a delegation to Seattle to ask me to be the consultant on Radiation Oncology Programs for the new Jonsson Cancer Center at





WS Middleton and Vanderkamp '27 at Alumni Day 1967

UCLA. Upon entering my office, he saw Dean Middleton's inscribed photo on my office wall. This single happening turned up the interest of Dr. Rasmussen, who had been on the University of Wisconsin faculty. My initial consultant's role consequently was expanded to recruitment to UCLA to establish a new department of Radiation Oncology.

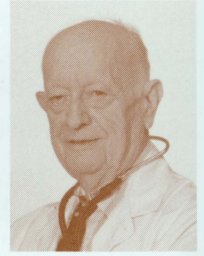
*Sincerely,  
Robert G. Parker, M.D.  
Professor and Chair*

(Editor's note: Dr. Parker, founder and Chair of Radiation Oncology at UCLA, received WMAA's 1990 Medical Alumni Citation.)

*The keynote of my writing relates to* two facts further proving Dr. Middleton's amazing memory, even his non-academia memory over and above his brilliant teaching-academia memory.

He and I had not seen each other for many years. Nevertheless, immediately after shaking hands he remembered my nickname "Trumpeter." He had conferred this "title" on me 52 years ago because I had blown my nose vigorously during our first class and he stated at that time that my nose (blowing) was indeed a "trumpet."

A second fact proving Dr. Middleton's non-academia memory requires more explanation. During World War II I was throughout Europe as an anes-

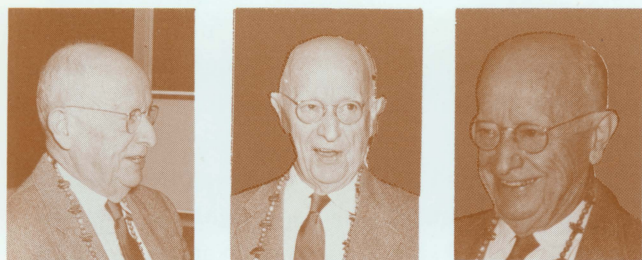


siologist in field hospitals and evacuation hospitals near front-line combat zones where over 5,000 anesthetics were performed. (I was awarded a bronze star for this and a number of other reasons). After pentothal induction we had available only ether, oxygen and very scarce nitrous oxide. For the many open-chest cases it was mandatory to use closed-system techniques necessitating exhaled carbon dioxide absorption by soda lime. All too often there was no new soda lime available. We experimented and learned that "exhausted" soda lime could be partially regenerated for one to two hours more use by low and slow heating. No low heat ovens were available. Accordingly, we emptied the soda lime out of the metal canisters from the portable anesthesia machines into cloth sacks which we kept close to our bodies inside our sleeping bags and this regained one to two hours absorption time. This information was given to a visiting evaluator from the highest echelon (believed to be Paris, at that particular time) so he could get my message to Chief Medical Officer Middleton. In spite of nearly overwhelming work at central headquarters, he remembered this soda lime problem for the forty years between his Paris work and our Spokane, WA meeting. Amazingly, our soda lime supplies became significantly improved up at the front lines.

Therefore, I submit just two of innumerable proofs of Dr. Middleton's fantastic memory as he jocularly reminisced in Spokane, WA re: (#1) the "Trumpeter" nick name he conferred 52 years ago, and (#2) my "going-to-bed with" soda lime! (40 year interval)

*Sincerely,  
Dave "Trumpeter" Wilsey Class of '39*





*On or about the Spring of 1940* when Dr. Middleton was a guest speaker at a medical meeting in Portland, Oregon, there was a dinner party at the Multnomah Hotel. When I arrived a little bit late I saw Dr. Middleton backed into a corner and surrounded by graduates of the University of Wisconsin Medical School. As you must remember, at one time there was a yearly exchange of at least two graduates of the medical schools of Wisconsin and Oregon. Many of them stayed for their residency training in one field or another, and after training became citizens of Oregon. When I observed that Dr. Middleton had no glass with a beverage in his hand I went to the bar and obtained two Scotch and sodas. I then forced my way between the throng of Wisconsin graduates and presented Dr. Middleton one of the glasses of Scotch. He raised it to his lips and at the same time asked me what it was. I responded that this was the best Scotch and soda served in the Northwest. With this he handed the glass back to me stating that I looked like an individual who could handle the contents of both glasses. As I turned away in chagrin the late Dr. Frank Perlman, a Wisconsin graduate, stopped me and said Dr. Middleton had never had a drink or hard liquor during his life.

Evidently Dr. Middleton did not forget my gesture or was a forgiving soul because not too long afterwards I was offered the opportunity to start and head a division of Dermatology at the University of Wisconsin after spending several wonderful years on the staff at the University of Michigan. When I accepted the position I reminded Dr. Middleton about the drink which he did not accept. He acted as though he remembered the

whole thing. He was a man who enjoyed being shown rare dermatological conditions, and would always thank me with a comment that I don't think I have ever seen a patient with a similar condition. RIGHT or WRONG?

*Stare A.M. Johnson  
Sax City, Arizona*

*Enclosed are some anecdotes* regarding Dean William S. Middleton that I can recall from my previous contacts with him.

I was one of his medical residents July through August, 1970, along with our intern who was Dr. Robert Kyle Bush. Both of us recall an incident involving Dean Middleton where he would relate his experience of swimming every morning at 6:00 am in Lake Mendota at the boy's dormitories on campus. He would initiate the swimming from the Memorial Day weekend through Labor Day weekend, then going home, having breakfast and then doing his work rounds. To his surprise, Dr. Bush, fellow medical students and I presented ourselves at the boy's dormitory that same morning, some of us swimming in the water with him. This was quite surprising to him, and he related the story subsequently on many occasions.

Some other anecdotal memories that we have of Dean Middleton, of course, are statements which he would frequently make regarding persons who would lean on the elevator walls or the walls in a hallway, instructing them that the walls did not need anyone to hold them up. He would also frequently address many on his rounding team as "soldiers."

*Robert J. Kriz,  
Madison*

To the Editors:

*For several years my sister Merle and I* were in the same class. When she married, Dr. Middleton called her "Miss Owen that was" and me "Miss Owen that is," and he never got it wrong.

I look forward to the issue devoted to Dr. Middleton.

*Betsy Owen Steele, '35*



*In the summer issue of the Wisconsin Medical Alumni Quarterly* I read that the fall issue would feature Dr. William S. Middleton. I have written a personal incident that happened in 1935

I was a third year medical student in Dr. Middleton's class. His subject was "The Social Diseases." Our lecture room was small with tiered rows of seats. Class began promptly at 8:00 a.m. No late arrivals. I sat in the second row.

Dr. Middleton's lectures were brilliant, informative, didactic, concise and inspirational. He used no notes, no books, no outline, no charts, and no humor. Everyone took copious notes. He was a medical genius. He was our teacher, our professor, our sage. He had our absolute respect and attention.

I was listening and writing when unexpectedly, a tightly rolled note landed on my desk. I carefully and quickly unfolded the paper. Someone had written a humorous poem. Dr. Middleton continued lecturing, but I had a gut feeling that he was watching me. He called my name. My heart raced; my fingers became clammy; my hands trembled; I could feel a surreptitious blush cover my face. I looked up, confused and embarrassed. His words were loud and clear. "All of us want to know the contents of the note. Please stand up and read it." I had no choice. Slowly and hesitatingly I read the poem.

The sexual urge of the camel  
Is more than anyone thinks  
In moments of arduous passion  
He makes love to the Sphinx  
But the Sphinx's posterior entry  
Has been blocked by the sands of the Nile  
Which accounts for the hump on the camel  
And the Sphinx's inscrutable smile

I sat down. My ordeal was over. There was snickering—but there was silence. Dr. Middleton continued his lecture.

This incident happened 55 years ago. I have forgotten the medical lecture of that humiliating morning—but I remembered the poem.

*Evelyn (Cohen) V. Golden  
Flint, Michigan*

*I graduated from the Medical School* in June of 1942. The last issue of the *Medical Quarterly* suggested sending in any anecdotal material we might have about Dr. Middleton.

One afternoon I was walking down one of the halls of the hospital puffing away on a cigarette when the Dean appeared. I was panic stricken and considered swallowing the cigarette. He relieved the tension by remarking, "Lodi you seem to be on fire."

I enjoy the *Quarterly* very much.

*Wallace G. Irwin  
Lodi, Wisconsin*



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