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WISCONSIN MEDICAL ALUMNI

BULLETIN

VOLUME IV, No. 11

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SUMMER, 1964



WISCONSIN MEDICAL ALUMNI

BULLETIN

VOL. IV—SUMMER, 1964—No. 11

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Send all letters to the editor, manuscripts and changes of address to the Bulletin, 418 N. Randall Ave., Madison, Wis. 53706.

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About Our Cover

Our cover this month is a portrait of Dr. Ovid O. Meyer, professor of medicine, who has been in the news several times since the Spring issue of the BULLETIN. He was given a significant honor Alumni Day by the class of 1944 (page 22); he presented a talk to alumni at the annual meeting of the State Medical Society in May; and July 1 he became a fulltime clinician and teacher (page 15).

The cover and other art are the work of Gloria Welniak.

TAPES AND PHOTOS

If you are interested in obtaining copies of any of the pictures which appear in this issue of the BULLETIN, write down the page and position of the picture or pictures, describe the content briefly, and send the information to us. All of the pictures will be available at a nominal charge until August 15.

All of the speeches presented alumni day were tape recorded. If you are interested in receiving a tape of any of the talks, let us know. There is a nominal charge and we will bill you later. Speakers were UW President Fred Harvey Harrington, Dr. Ovid O. Meyer, Dr. Roy Hertz, Dr. James F. Crow, Dr. Robert C. Hickey, and Dr. William D. Stovall.

FROM THE BULLETIN'S MAILBOX

Permanent dean

To the Editor:

At the risk of having my name appear in two consecutive issues of the BULLETIN, I feel the necessity of clarifying the excerpt of my note in the newsletter of the class of '62, which was published out of context and without my cognizance.

Each month that passes I eagerly look for news of progress at the Medical School. Since I travel to Madison frequently, I see the excellent progress in both the physical plant of the Hospitals and Medical School. Building of the library is momentarily expected (as we've been told for several years).

As a practicing physician in the state, I can vouch for the effectiveness of the Medical Center in keeping in touch with and helping the LMD. Never does a day go by that I fail to be impressed with the excellent preparation I received for medical practice.

However, little time elapses between glimpses of continuing difficulties within the Medical School. How long will the school continue without a dean? But for the excellence of Drs. Cohen and Crow where would the school be now? Is a dean really necessary? Can a man, however talented and dedicated, successfully carry the load of Dean and department head? Why, it was a full-time job even for Dr. Middleton.

And yet for over two years we've had an acting dean. And the Alumni Association courageously stands by, fearing to incur the wrath from the faculty who were unhappy that the Association thanked Dr. Bowers for the progress under his administration. Indeed, the firing of Dr. Bowers seems not to have been a cure-all. Could it be that problems of two and three years ago were but symptomatic of more basic and long-standing problems?

It is indeed difficult to assess the true nature of our school's present plight from this distance. Limited talks with faculty and students lead me to believe that conditions have not changed since the bickering we put up with as students two years ago.

The handicaps of distance, time, the demands of research or private practice, or relative newness in the profession provide trustworthy rationalizations for all of us to bide our time while nothing is done, or at least while a leader is not appointed, and intra-school problems continue to mount. I do not agree that either the "Medical School situation" or the publicity afforded thereto has been or will ever be "good for the school."

I marvel that a school with such excellent leaders in the past, now, suddenly has failed to produce one man who will stand up and ask, no, demand an end to this cancer. It is not trite to ask—how long?

Charles H. Miller III, '62
Portage, Wis.

Class directory

To the Editor:

The Alumni BULLETIN has been most gratifying in keeping abreast of changes in the UW Medical School. Also a word of appreciation to Charlie Miller for his class directory.

Mark Nammacher, '62
Seattle, Wash.

To the Editor:

Congratulations on the admirable manner in which you are editing the Wisconsin Medical Alumni BULLETIN. It's lots of fun to go through the issues and to get so much information as to what is going on. Here's hoping that you have much satisfaction from what you are doing so well.

I am glad to see that Dr. Donald R. Korst has suggested a collection of Bill Middleton's writings. This would be an admirable idea, and I think probably that the University of Wisconsin Press would be interested in undertaking it. It's something that should be done, and while it might not produce much money directly, it might help in getting more backing and support for the Middleton Library.

Chauncey D. Leake
Department of Pharmacology
University of California
San Francisco Medical Center

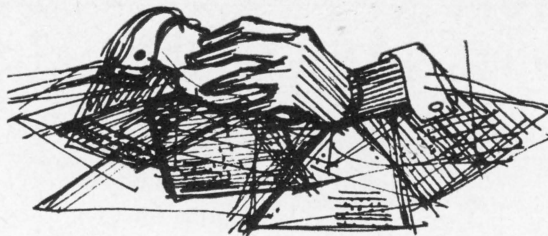
Medical School history

To Dr. Paul F. Clark:

It's really good to know that you are undertaking the very important program of gathering together the historical background of the great medical group at the University of Wisconsin. What a joy it will be for you to recall the many vivid personalities who contributed so much to those great early days! We are all delighted to know that the Alumni Foundation is helping to make the effort possible, and we do hope that you will get lots of support and plenty of ideas from the alumni.

This will all make Bill Middleton very happy, and it will also make all the other Bills around the place feel good too. Here's to Bill Stovall! And here's to Bill Bleckwenn!

You'll be happy to know that Harold Bradley is really enjoying things around these parts, and he and his delightful wife make their home in Berkeley a pleasant hospitable center for all kinds of Wisconsin people around these parts. Homer and Bea Kesten have built a beautiful home on a pine-covered hill in Inverness, and they go on long journeys with the Bradleys to such places as Death Valley. This is great



country out here, and it is very interesting that so many Wisconsin people seem to like it.

Here's hoping that your good work thrives happily for you and that you get a lot of fun in compiling the history of the University of Wisconsin medical program. There should be plenty of material for you in the William Snow Miller Library.

Chauncey D. Leake
San Francisco Medical Center

To the Editor:

In the BULLETIN, (Spring, 1964) I noted that Dr. Paul F. Clark asked alumni for memorabilia to be used in the new history of the Medical School. I am enclosing a photo taken in 1916 of the students. No doubt you will be able to identify every student through your records.

In 1919 I enrolled in Jefferson Medical College, from which I obtained my M.D. in 1921. After 18 months internship, I went to Strausburg, Pa., where I practiced for 23 years.

R. van der Bie, '21
Pasadena, Calif.

To Dr. Clark:

I have just read, with great interest, the latest issue of the Wisconsin Medical Alumni BULLETIN, and specifically, your plea for memorabilia, photographs, etc., of former Wisconsin alumni. This is indeed a noble assignment you are undertaking for more reasons than one. Congratulations! Enclosed is some material for you.

Louise and I get so much joy out of reading our Alumni BULLETIN that we can hardly wait between issues. Our many years at Madison have in the past and will always mean so much to us.

Stevens J. Martin, '35
Hartford, Conn.

(Editor: Dr. Martin is an anesthesiologist with a bibliography of over 70 papers.)

To Dr. Clark:

I wish you well in your endeavor. By way of introduction, I am an alumnus of Wisconsin and completed my work there in the summer of 1917 (at which time I took your course in bacteriology). Some of the men in school with me were Richard Te Linde, John Skavlem, Franklin Bogart, Joseph Taylor, Julian Malone, Eber Simpson, Harold Axley, etc.

I came to West Virginia University in physiology

in 1921 and have been ever since. I became dean of the School of Medicine and served from 1935-1940. I had the privilege of developing our new Medical Center. I have written over 200 papers and several books. I hardly think you want all this "stuff." Let me know what you would like to have me send you.

I have just finished the MS for a book, "The History of Medical Education in West Virginia." This should be out next autumn sometime.

Edward J. Van Liere, Ph.D., M.D.,
Dean Emeritus and Professor, Physiology
West Virginia Medical Center

(Editor: Several years ago, Dr. Van Liere and his late sister, Cora M. Van Liere set up an award, the "Cora M. and Edward J. Van Liere Award" in honor of their parents. It is given each year to the student with the highest scholastic achievement during the four-year medical course. This year it went to Judith A. Boone.)

To Dr. Clark:

Yes, I did read you have been assigned a new task and made myself a promise to order one!

The preceptorship was the high spot of my training both at the time and in retrospect. It meant so much to me I was even persuaded to take a U. of Pennsylvania student for 8 weeks one summer. Not until I faced that responsibility did I fully realize how much I was indebted to the preceptors who bothered with me. I confess to having less a sense of service than they, however, for I turned them down on further students despite the fact it was a most rewarding experience. My summer was too precious time for escape from the rat race of private practice. I would have taken one on during winter months but that was not the time U. of Pennsylvania scheduled such activity.

Elizabeth Grimm,
Chief, Student Health Service
Smith College
Northampton, Mass.

To Dr. Clark:

I read that you are doing the medical school history and want some material. My record is enclosed.

Clyde A. Stevenson,
American Medical Association

(Editor: Dr. Stevenson has trained about 40 residents in radiology to date.)

To Dr. Clark:

I noticed in the spring issue of the BULLETIN your request for memorabilia such as photographs, reports, etc., from former students. I assume that this means a person like myself. However, as you must know, this could be a rather large order. If not, would you mind describing in more details just what or how little you want.

I have not seen you for quite some time. I am looking forward with pleasure to the time of my 50-year class reunion next June.

John B. Youmans, M.D., '19
President,
United Health Foundations, Inc.

To the Editor:

Dr. Paul Clark is responsible for the revival of the enclosed subject. (Editor's Note: See "Deans and Dieners" on page 17.)

Some years ago, 1948 to be exact, I spoke to the Student Field Day group on the subject of "Deans and Dieners." When asked whether I had ever published the same, I replied that I had run across notes of that occasion in a nostalgic moment at home last Spring. I have consolidated these materials in the

hope that they may prove of interest to some of the older alumni.

William S. Middleton
Visiting Professor of Medicine
University of Oklahoma Medical Center
Oklahoma City, Oklahoma

New President

Dear Mischa:

Your prompt acknowledgement of my manuscript is greatly appreciated. . . . Your optimism in the leadership of Hoodie Weston is shared. He is tops in my book.

William S. Middleton
Oklahoma City, Okla.

To the Editor:

I thought you might be interested to receive a copy of Philadelphia Medicine, which is enclosed. (Editor: See item in Capsules, page 35.)

Thank you for your excellent job in keeping us informed about our Medical School. With sorrow I always read about the passing of faculty members who were my teachers. I want to tell you how much I enjoyed your story on Al Bookhout (summer, 1963). I will always remember him as a very important part in our anatomy sessions and off-hour dissections.

M. Ly Lehtmetts-Susi, '55
Media, Pa.

MOVING SOON?

If you do plan to move to a new address in the near future, we wish you luck and happiness. We also hope that you will let us know where you are going. The medical alumni association is undertaking some exciting projects, and significant things are happening in the Medical School. If we have your new address, we can keep you informed as developments occur.

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

NAME _____ CLASS _____

PRESENT ADDRESS _____

NEW ADDRESS _____

DATE OF MOVE _____

ANY NEWS? _____

EDITORIALS

To the Graduates

by Mischa J. Lustok, '35
Editor

The publication of the list of recent graduates of the University of Wisconsin Medical School reflects both joy in the pride of accomplishment and the sadness of parting. These professional sons and daughters of the faculty will carry the hallmark of Wisconsin to distant soils where the seeds of the flowering in Madison will take root and grow in stature, yet always turn their face to the warming sun of the teachers who gave them life and substance.

It has been thus for almost four decades. How different are the graduates of today from those of 30 years ago—and yet how similar! The newborn doctor leaves the womb of his medical school with genetics, autoimmunity, oncology, enzyme chemistry, ionic medicine, electronics, cellular bio-chemistry, chemotherapy, hemodynamics, cellular metabolism, and many other disciplines of medicine as his normal acquisition of learning experience.

Does he have much in common with the graduate of the same school, indeed to a large degree of the same faculty, who completed his medical school training without exposure to any of this technical knowledge and faced the problem of the practice of medicine with turpentine stupes and good nursing care as his chief modality in the management of pneumococcal pneumonia? Indeed he has.



Both the alumni of the four past decades and the neophyte of today have been innoculated with the great concept of Wisconsin—personal growth in the service of others. Both were infected with the spirit of restlessness in intellectual curiosity and the realization that the possession of skills and knowledge has

no true value until that magic moment when it is translated into service of man and society—then it becomes priceless. Here the old alumni and new alumni meet.

To Wisconsin men and women education begins, not ends, with graduation. The doctors just born will be surprised to find their older colleagues well versed in the professional disciplines which did not even exist in the medical school curriculum at the time of their graduation, and which they acquired through the gnawing hunger of learning and the insatiable thirst for knowledge.

When the four-year effort of accumulating and cataloging facts, the burdensome chores of methodology, and the regimented drill of requirements have waned and the real values of the medical education experience have room to flower, then the new doctor will preen his wings and, with his first unguided flight to the service of his fellow man, will realize the uncountable riches of the gift he received at the feet of his teachers. Then he and the older alumni will indeed meet and seal their bonds in the sanctuary of medicine.

Medicine is not just a profession. It is a way of life! We welcome the new alumni into our fold.

Contemplation

by Frank L. Weston, '22
President

We have just completed another most successful spring alumni weekend—a weekend of reunion, of discussion groups with fruitful considerations of alumni aims, alumni duties and alumni responsibilities, of meetings with interesting and productive presentations, and last but not least a banquet pleasant in a congenial, relaxed atmosphere where awards were presented, where officers terminated and took on their official duties, and most important of all where we welcomed to our group the newest class of Wisconsin Medical Alumni.

It is good that we have such weekends, for during them we bring ourselves somewhat up to date in several areas of both school and alumni activities. On the school, we learn regretfully that we are still without a permanent dean. This, a most regrettable situation.

ation in that it leaves both faculty and acting dean without a sense of finality in long-range vision and planning so essential to a complete school. Happily, however, we do find the school with ever better teaching facilities, with continuing excellent service to the patients and people of the state and with broad constructive research programs, all aimed at a satisfactory balance.

As we review the accomplishments of the Alumni Association we think first of the intangible moral force of some 4,000 men joined together for purposes so well-enumerated in our Certificate of Incorporation, that is "to support and render service to the University of Wisconsin Medical School and offer a medium through which alumni can contribute to its welfare; encourage professional and scientific progress in the field of medicine; and promote free and friendly social and professional relationships among the graduates of the University of Wisconsin Medical School as an incident to and to stimulate interest in the foregoing purposes of the Corporation."

Further, we consider again a still somewhat intangible accomplishment in a library for which we have available now \$1,100,000 for immediate construction and from which we hope for a structural reality in the coming year. Finally, as an accomplishment, we consider the many proposals, plans and problems set before your directors for study and for initiation of programs from which we hope for real definitive and fruitful action in the coming months.

Plans, Dreams, Ideals

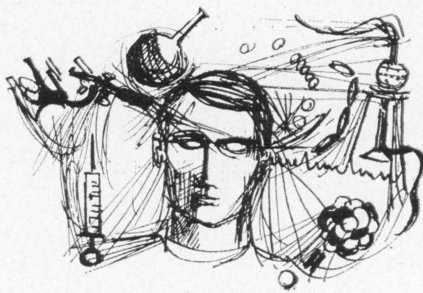
Norman M. Jensen '65
Senior Class President

In this my first communication with the alumni of our fine school as representative of the class of 1965, please allow me to express my humble appreciation to my classmates for the confidence they placed in me in electing me their president. I sincerely hope to prove worthy of this honor.

The class of '65, the newest of all senior classes, having completed the fabled junior final exams and having bid farewell to the class of '64, stands ready to take its place as the uppermost in upperclassmen. At this writing, however, we find ourselves scattered throughout the nation. Some of us are relaxing in Madison with or without our families; some of us have departed to our parents' homes for a much-sought, well-deserved, three-week break from school; and others, in anticipation of the inevitable internship, are scurrying about the country evaluating hospitals (and vice versa!) Most of us setting our sights on "name brand" hospitals only—a practice not without precedent or good reason in this school.

Being rather short on experience at this point, but long on plans, dreams, and ideals, we shall confine the remainder of our report to the latter.

Now that the air has been cleared of exams (save for National Boards in the spring) we find ourselves excitedly planning a rational approach to the selec-



tion of electives in our final year of school. First of all we must elect a path to school through all the many areas of construction and destruction in and around the University and Medical School, but this is another topic. Then the "medicine men" have us electing dermatology, allergy, chest, cardiology, outpatient and diagnostic clinic. The surgeons have us perfecting our "Bard-Parker" know-how in many refined ways. The pediatricians have us constantly electing to treat or not to treat with anti-biotics, the neurologists want to know whether Babinski really has a good sign or not, and it has been rumored that the obstetricians allow us to choose between delivering boy or girl babies.

Presently, however, the most exciting and perhaps most pertinent elective is the senior preceptorship quarter. As you know, a fourth of the class is away from the "ivory towers and hallowed halls" during each of four quarters of the twelve-month senior year, aging and maturing in the ways and means of medical practice in the raw. How we spend this quarter is mostly our own decision. The choices range from a small town rural practice to a well-structured large clinic, to research at the UW, or to privately arranged foreign or U. S. fellowships. Most of us are signed up to work closely with practicing physicians throughout the state; however, a record number are headed toward noteworthy educational experiences:

Howard Baker is off to Pierce Memorial Hospital in Southern Rhodesia on a Smith, Kline & French fellowship. Patrick Dowling and Art Norris are going to Hospital Castanner in Castanner, Puerto Rico. Gus Hodge goes to South America on an LSU fellowship. Studying psychiatry at Albert Einstein University in New York will be Joe Herzberg while John Milbrath is in Immanuel Lutheran Hospital in Wabag, New Guinea. The Mayo Clinic awarded a fellowship in the study of cardiovascular disease to Reese James. Tom Stevens is going to Evangelical Presbyterian Church Hospital in Ghana, Bill Teller to the Institute of Neurology in London, England, and Tom Weed will be in O'Antoni Hospital in LaCeiba, Honduras.

The variety of experience possible in each choice as well as in all the choices as a whole will certainly serve us well as future physicians and all of us await the sharing of many tall tales as these people return to the University.

PRECEPTORSHIP REPORTS

Costa Rican Experience

by Ronald L. Smits, '64

(Dr. Smits recently returned from a preceptorship in Costa Rica.)

Costa Rica is a small but beautiful country in Central America about the size of West Virginia and is located just north of Panama. The climate on the central plateau and in the capital city, San Jose, is nearly ideal with low humidity and temperatures that vary only a few degrees on either side of 74 degrees the year round.

Costa Rica differs from many of the Latin American countries in that it has a very stable democracy, a relatively large middle class, a high literacy rate, does not have an army, and is strongly pro-United States. Its economy is based on agriculture with its chief product being coffee.

It was my good fortune to be awarded a fellowship by Louisiana State University to study tropical medicine in Costa Rica during the preceptorship quarter of my senior year of medical school. LSU has set up an extensive program and the International Center for Medical Research and Training (ICMRT) in Costa Rica; and has been aiding in the develop-

ment of the new University of Costa Rica Medical School which will graduate its first class this year.

After leaving Madison March 8, I traveled to New Orleans for briefing and orientation and then on to San Jose. At the airport I was met by Dr. Antonio Peno Chavarria, a distinguished grey-haired gentleman who was to be the chief coordinator of my program in Costa Rica. He later proved to be one of the most remarkable men I have met; and an excellent physician and teacher. Besides having published nearly 100 medical papers, he was director of the 1,400 bed Hospital San Jaun de Dios in San Jose for nearly 20 years, the first dean of the medical school (now retired), an advisor in nutrition to WHO and INCAP, holds an M.D. from the National University of Colombia and Doctor of Public Health degree from Johns Hopkins, is program consultant for ICMRT, clinical professor of tropical medicine at LSU, and is and has been a senator in the legislature of Costa Rica for several terms. Among his numerous honors and awards is the French Legion of Honor for service to an impoverished French community in Costa Rica some years ago.

Kwashiorkor and pemphigus

Each morning at 8 we would meet with Dr. Peno for an hour or more to discuss cases; medical and public health problems; and occasionally economic, social, or political questions. There was always a wealth of information at his fingertips, and each session was always interesting and rewarding. After the conferences, we would go on hospital rounds to see selected cases of interest at San Jaun de Dios where there was always a great wealth of clinical material. Where else could one at one time find four active cases of chromoblastomycosis, cases of mucocutaneous leishmaniasis in all stages of the disease, six cases of pemphigus, several cases of tetanus, a child admitted with sporotrichosis who was found to also be harboring no less than seven different intestinal parasites, several cases of snake bite, Kwashiorkor and various forms of malnutrition.

The two most important health problems in Costa Rica are malnutrition and intestinal parasites, and the chief cause of death is listed as gastrointestinal disease. A high percentage of the patients in the hospital were found to harbor at least one intestinal parasite—*Entameba*, hookworm, *Trichuris*, *Ascaris* etc.; but bacterial and viral intestinal problems are also known to be very common.

ICMRT has been conducting an extensive study on diarrheal diseases in Costa Rica, approaching the problem from many angles—bacteriological, viral, parasitological, epidemiological. We spent some time





Alliance for Progress Mobile Health Unit in Costa Rica. Dr. Smits is at left.

with people who are working on various phases of the project. The project was so extensive it seemed nearly too big. When the results are finally correlated, much should be added to knowledge for the understanding of diarrheal disease.

At Hospital San Jaun de Dios, we saw other cases including malaria, hookworm anemia, amebic abscess of the liver, lupus vulgaris, infestation with *Tunga penetrans*, typhoid fever, herpes zoster, infection with *Balantidium coli*, Ehlers-Danlos syndrome, Wilson's disease, pinta, Sydenham's chorea, erysipelas, xenodiagnosis for Chagas' disease, and many more. Of course, we also saw the more usual conditions as well, such as measles and chicken pox. Our afternoons were usually spent doing short work ups on the most interesting cases. We were able to use the diagnostic laboratories for excellent exposure to fresh material with excellent experienced assistance and instruction.

A few afternoons were spent at the venereal disease clinic, where in one afternoon I saw more cases of the various kinds of venereal disease than I had seen in the rest of my medical training. Dr. Estrada was most anxious to teach, and the technicians gave some good microscopic and dark field demonstrations.

In addition to the ward work we had several interesting trips and experiences. I will illustrate by mentioning a few.

Public health problems

On my first morning in San Jose I was given a somewhat shocking introduction to some of the public health problems of the country. We joined Dr. Emil Kotcher, a parasitologist at ICMRT, and Dr. Pena on an epidemiological visit to a slum area of San Jose where several cases of strongyloidiasis had been found. We visited a home where a family of seven and a puppy lived in a one room hut with

two dirty beds. The floor was dirt or filth, and the stench was almost nauseating. The mother was holding an 18-month old girl who was suffering from Kwashiorkor with pitting edema of the feet, "pop belly," and other characteristic signs of the condition. Her four month old brother had previously been admitted to the hospital with strongyloidiasis and malnutrition. The rest of the ragged dirty children were standing about drinking "aqua dulce" (sweetened water) for breakfast. All the members of the family except the father were found to harbor *Strongyloides*, and the little girl was later admitted to the hospital where we followed her for many weeks.

Another day we visited the Leprosario des Mercedes near Cartago, where we saw cases of the different forms of leprosy and were given excellent demonstrations of diagnostic techniques. Leprosy is on the decline in Costa Rica, as it is elsewhere in the world. The leprosarium had room for 200 patients, but contained only 40. The effectiveness of the sulfone drugs in therapy was felt to be aiding the decline.

Leprosy is not the only disease that has declined considerably in recent years. Malaria is now extremely rare except in a few focuses near the coasts, as the result of the vigorous antimalaria campaign. Yaws has nearly disappeared completely since the advent of penicillin therapy. Yellow fever has not been seen since the epidemic in the early 1950's which killed most of the monkey population in Costa Rica, which supposedly acted as a reservoir for the disease.

At San Jaun de Dios, we witnessed the monthly "milking" of the snakes for the preparation of antivenom. Snake bite is not an uncommon medical problem in Costa Rica, although there are few snakes on the central plateau. Several species of poisonous snakes are grown in cages at the hospital, including various rattlesnakes and the dreaded fer-de-lance.

A few very interesting days were spent in the south

part of Costa Rica at San Isidro de General with an Alliance for Progress mobile health unit. The unit consisted of a doctor, a nurse, a public health supervisor, and a driver, who also acted as pharmacist.

The work this unit was accomplishing was truly impressive and readily visible. The unit would travel to 22 different back country villages, spending a day at each, and then restart the cycle. On each of the days we were with him, the doctor, a very capable Costa Rican, saw nearly 60 patients. The improvement in sanitation and the construction of cement privies was everywhere evident. The public health education was being put to good use. Nutrition was also being improved by education, and the administration of powdered milk to the children of the poorer families that could not afford the proper foods. The results were evident on the growth curve charts. The unit appeared to be well worth the money that had been invested by the United States.

The Alliance for Progress also assisted in financing the construction of the new 500-bed children's hospital in San Jose. It is ultramodern with every kind of facility, and is the most beautiful hospital building I have seen, incorporating simple ancient Indian designs into the brickwork. The space is needed because the pediatric wards at San Jaun de Dios are overcrowded. Two babies to a crib is almost the rule, and on one occasion I saw three. However, while the hospital is beautiful, the country has had considerable difficulty in raising funds to open and run it. Recently some new tax appropriations have been made for the purpose, but for several months the hospital

appeared to be just a white elephant.

On weekends we had opportunity to travel widely throughout the country. My first trip was to the volcano, Irazu, the active volcano near San Jose that has been discussed in several well-known publications recently. It began erupting on the very day of President Kennedy's visit about a year and a half ago. From its massive crater comes an almost constant billowing black cloud of steam and ash, which is lifted miles into the air and filters down on the countryside like fine black snow, gradually turning everything into a grey ash pile. As one walks down the street sprinkles of ash can be felt on the forehead.

Not only has the ash caused a mess, plugged the sewers and water supply of San Jose, caused a severe flood which buried part of Cartago with mud and rocks; but it is ruining the economy of the country by killing the coffee and other crops.

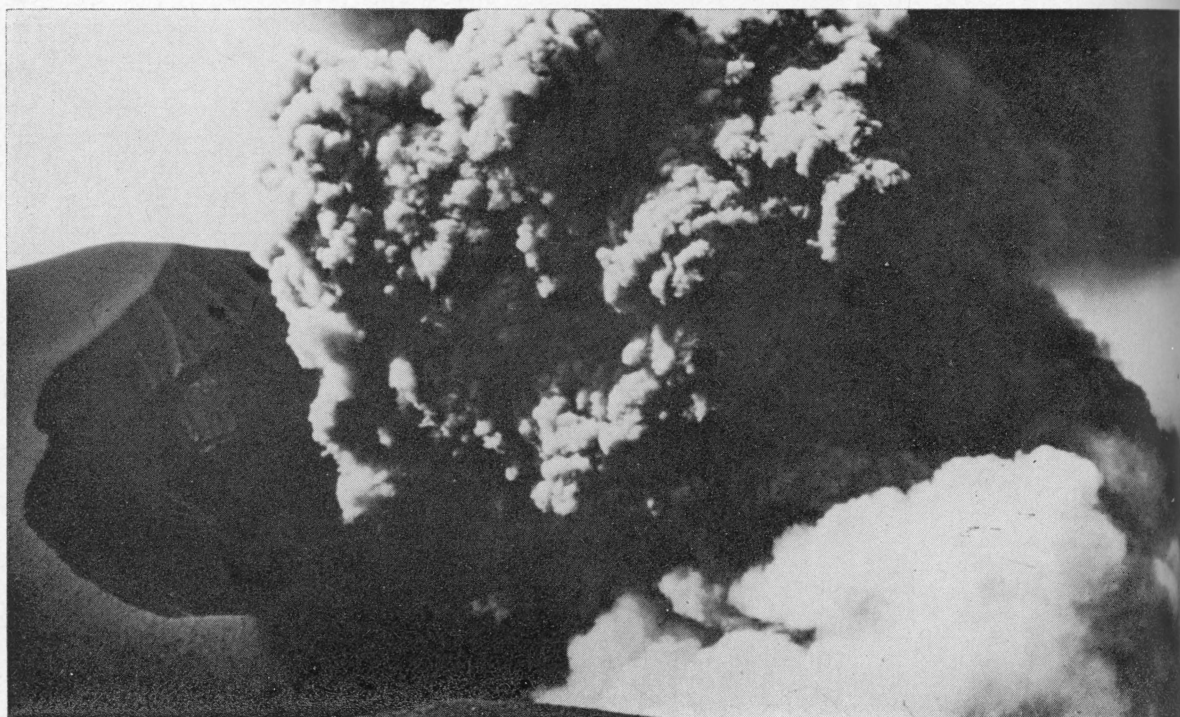
Sacrificial virgins

No effective way is known for stopping the volcano, although suggestions have ranged from using an atom bomb to casting a few virgins into the crater.

When I left Costa Rica in late May there were sad goodbyes to many good friends. I did see and learn a great deal about tropical medicine, but of perhaps equal value is the knowledge and understanding I gained for the people in Central America and some of their problems.

On the return trip, I spent three days in Guatemala

Costa Rican volcano, Irazu, 17 miles from San Jose.





across and participate in treating illnesses that are rare in the continental U.S.; to learn to deal with medical problems with less facilities than one has in the States, and to appreciate more the importance of preventive medicine and public health in the protection and promotion of health. Also, volunteering at a missionary hospital is a gesture of friendship which means considerably in building goodwill among nations.

Ryder Memorial Hospital is an 86-bed missionary hospital located in Humacao. Its medical director and my preceptor was Dr. John A. Smith, a medical missionary for more than 20 years' standing, and a graduate of Ohio State. The hospital had preceptees from other U.S. medical schools before, though I was the first preceptee from Wisconsin.

I was responsible to Dr. Smith as far as my training program was concerned, but I followed and worked under the supervision of the specialists, all of whom had their specialty training in the States. Humacao has a population of about 25,000, and has two municipal clinics in addition to Ryder, but people from a radius of 30 miles come to Ryder Hospital because of its relatively better facilities.

The hospital is departmentalized into four major departments: Surgery, Obstetrics & Gynecology, Pediatrics & Internal Medicine. But they have "contract" specialists to run the specialty clinics and take care of the consultations of orthopedics, physical medicine, radiology, dermatology, endocrinology, rheumatology, pediatrics, internal medicine, urology and ophthalmology. They succeeded in adding an otolaryngologist to the staff when I left at the end of May.

They have a school of practical nursing having an enrollment of 40. The x-ray department and the clinical laboratory are well equipped to handle most of the diagnostic tests and procedures. For the more elaborate tests, they have a special wagon to take the samples to a better equipped laboratory in San Juan, which is only 38 miles from the Hospital.

Little parasitosis

The problems presented are not mostly parasitic or malnutritional as some might think. I was surprised to see that parasitosis is only a minimal portion (five percent or less) of the medical problems handled there.

Majority (80 per cent or more) of the complaints have something to do with the emotional responses or attitude of the patients to the stimuli they encounter. I saw a few cases of schistosomiasis, but the malnutritional cases I saw were all of obesity. Though one sees trichuris and ascariis in the stool specimen, the major complaints which brought the patients to the hospital are often "gas pain," "general run down feeling," "dizziness," or "ask my husband." Yes, they also have peptic ulcer, prostate trouble, skin problems, diabetes, and arteriosclerotic disease.

Their dermatologic complaints are acne, contact dermatitis, sandles and detergents and some actinic dermatitis, fungal diseases, etc.; no Yaws or leprosy seen, though. The specialty clinics charge \$7 for the first visit and \$5 for any subsequent visit; and the

for a visit to the Institute of Nutrition for Central America and Panama. The various research programs here were most impressive. The new high protein flour prepared from cotton seeds, Incaparina, is being used in several nutrition studies in Indian villages.

One day was spent in some of the Indian villages with a field study unit. The population of Guatemala is approximately 60% Indian, in contrast to Costa Rica, which has almost no Indians.

While the Indians are very backward and tenacious in regard to their old tribal ways, they are also very colorful and interesting from a cultural standpoint. This visit proved to be one of the most interesting days of my trip. In one of the villages I was able to purchase a beautiful piece of hand-woven material for which these people are famous.

There are many other points and events I would like to mention, but I fear I have already rambled beyond the interest span of many. I would only like to add that I wish many others could have a similar experience, and that I sincerely thank LSU for this wonderful opportunity.

Puerto Rico: Surprises

Thomas Y. Fung, '64

For my senior preceptorship, I was accepted from March 8 to May 30, 1964, by the Ryder Memorial Hospital at Humacao, Puerto Rico, under the auspices of the United Church Board for Homeland Ministries and the American Missionary Association. I had had a preceptorship in a small community in northern New York before. So, instead of going to one of the fifteen preceptorial centers in Wisconsin, I chose to go to Puerto Rico, an island in the Caribbean Sea. This, I hoped, would give me opportunity to come

general clinic \$4, \$2. Hospitalization is \$7 daily, not including medication and special diagnostic tests or treatment procedure. Most patients have health insurance. A social worker helps those who need help.

General clinics run by six house physicians are open daily from 8 a.m. to 4 p.m. except Tuesday and Sunday; each physician sees about 35 patients daily. These six physicians also take care of the inpatients averaging about 10-15 per physician. The hospital is not approved for internship or residency.

Since I was the only medical student there, I benefited from learning and working under the supervision of the specialists who came only once or twice a week. I took care of their patients when they are not in the hospital. Of course, I had Dr. Smith for any advice should the circumstances indicate.

Also, I participated in the specialty clinics and helped in many diagnostic and treatment procedures and surgery, in which I was always the first assistant. I was allowed to do quite a number of procedures which I did not do in the states as a student. And the specialists are very nice and patient in teaching me. Despite the heavy schedule, they would pause to point out interesting cases, discuss the differential diagnosis with me, and many times wait for me to open the text on the spot.

All doctors and most nurses speak English, but

people with lower than high school education can only speak Spanish. About 10 per cent of the patients whom I had come across speak English, but with a good interpreter, a nurse who was in the States for nine years, I had no trouble in communicating with the patients.

The house physicians do a general practice type of work taking care of all kinds of patients who seek medical assistance.

OB cases came any time; radiologists read the x-ray films four mornings a week. I was welcome to do as much as I wanted and sit-in when the radiologists read the films provided I could find the time. Also when I finished my work-up on the inpatients I was given general clinic patients to see, when time permitted. There was no scheduled night duty for me, but I helped many nights at the emergency room and my work was appreciated by the hospital and patients.

As a student who finished his medical school work but had not started his internship, such a setting proved to be very helpful in gaining first hand experience in patient care, studying the acute medical problems and ambulatory patients, and evaluating my own training. The situation was such that I was let alone to take care of patients but not without supervision. I was not an intern; I was not a student; I was a preceptee working under close supervision.



REVIEW AND REVITALIZE

Computer for Sale

No one needed the statisticians this year. After shuffling and examining more than 78,000 medical school applications from 19,500 students, admissions committees across the country had no doubts that the upward trend in the number of applicants was gaining momentum. And many committee members could feel relieved that they did not have to meet the standards which next fall's freshmen faced and surpassed.

The statisticians later had confirming figures. American medical schools handled this year more applications from more students than in any year since 1954. Each applicant this year had sent about four applications to various medical schools. At Wisconsin, 691 applicants bid for 100 places in the freshman class. The average Medical College Admissions Test score for the 100 selected is considerably above the national median, and the average science grade point is 3.30.

Medical alumni attending Alumni Day activities May 22 were told by Dean James F. Crow that if they had had to meet present standards, some of them might not be alumni.

The Wisconsin freshman class this fall will have 93 men and seven women. Fifty-two are doing their undergraduate work at the University in Madison, four are at the University in Milwaukee, seven are from the state colleges, and 37 are from other colleges and universities. In addition, 83 have completed at least four years of college work.

Nationally, there were about 8,800 places available for the 19,500 applicants. This means 2.2 applicants per place. While the number of applicants has increased by 34 per cent since 1954, the number of places has increased only 16 per cent.

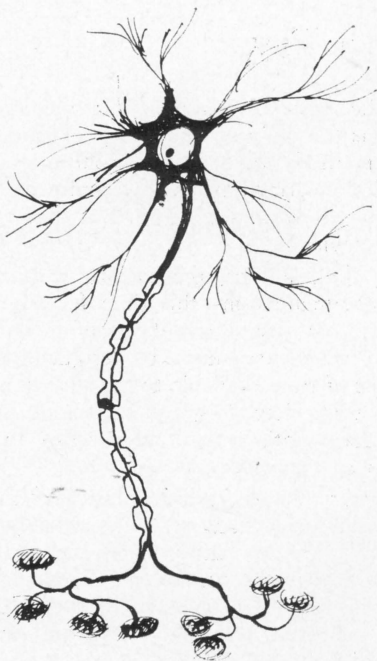
Dr. Robert D. Coye, director of admissions at the Medical School, pointed out that part of this increase in numbers of applicants is due to the beginning of the "population explosion." The number of

22-year-olds has increased 22 per cent since 1954.

"Since this increase is certain to continue, and since there will be only a very small increase in the number of places available, we can confidently predict that in the next few years at least, there will be more competition for admission to medical schools," Dr. Coye said.

What'd You Get?

A serious problem not confined solely to medical education is the heavy emphasis students place on grades. To counteract the problem, the Medical School last year began withholding grades. Students in trou-



ble quickly discover the bad news, if they don't already suspect it, through a conference with a faculty member. At the end of the junior year all students are told in which third of the class they stand.

Late this spring the Student Affairs Committee recommended that another step be taken to lessen emphasis on grades. A committee report asked the faculty to consider the use of learning exams during the semester, instead of the traditional graded examinations. The learning examinations, already tested in gross anatomy, are expected to "engender a sense of freedom which would emphasize scholarship and have a maturing influence on students and faculty."

Dr. David Smith, chairman of the students affairs committee, feels that the learning exams would reduce grading pressure and examination tension—which, it had been hoped, the withholding of grades would accomplish.

Learning exams work like this. Throughout a semester, students take a series of tests which would not be graded, either for the record or for the student. After reviewing a particular test, the instructor will sit down with a student and discuss the student's errors. The learning examinations would be coupled with one or more certification exams to "determine the students' possession of requisite knowledge for progress toward graduation."

Dr. Otto Mortensen, chairman of anatomy, reported that his department was generally satisfied with the learning exams used in gross anatomy during the past year. The exams did not interrupt lab work as much as graded exams have in the past, he felt.

The faculty has not yet taken action on learning exams, but some departments and year committees may try the procedure next year to evaluate its effectiveness.

Another Try

Over the past 25 years, as the medical sciences changed, as the body of knowledge expanded, and as teaching methods were refined, committees studying the medical curriculum have recommended significant changes on three occasions. But there have been no major revisions.

During the summer, the faculty will review the fourth recommendation—this time for a totally new curriculum, not just a modification of the existing one. The new curriculum is designed to increase the amount of time available to the student to exercise free choice in electing graduate school or medical school courses, with a resultant decrease in the time allotted to existing courses.

The faculty, which indicated last year that it was receptive to such changes, will probably meet in September to discuss and act on the recommendations. The curriculum committee, chaired by Dr. Robert F. Schilling, '43, hopes that if the recommendations are approved, the new curriculum can be implemented by the fall of 1965.



Dr. Mortensen

Long-Range Plans

After months of discussions with a legislative study committee about the Medical Center physical plant, teaching, research and patient care programs, the Medical Center administration outlined in May for the legislators a \$32 million, long-range building program.

It is expected that the legislative study will result in building and capital financing plans which will extend beyond the usual biennial period. None of the various projects have been given priorities, but the projects have been organized into phases: what was needed yesterday, what will be needed soon and long-range plans. It is hoped that the entire development can be complete in ten years.

The long-range plans call for expansion of the Medical Center across University Avenue. Under present plans, though the sites of the various buildings are subject to change, the buildings for the School of Nursing and paramedical programs, clinical sciences research, for the student health center, for parking and for a future research facility are all south of University Avenue.

North of the Avenue, the Wisconsin Psychiatric Institute building is proposed for the site now occupied by the Nurses Dorm; a 15-story hi-rise service and patient-care building, which will be coupled to a lo-rise three-story service building, is planned for the site now occupied by the Infirmary; a basic science research building is planned for the site presently holding Bradley Memorial Hospital.

The development north of the Avenue would also include an addition to Children's Hospital which would make the building U-shaped and provide space for either patient care or service facilities. After the beds in Wisconsin General are replaced in the hi-rise, WGH would be remodeled completely for outpatient clinics, service activities and offices. The hi-

rise will provide a backdrop on the south for the medical library on Linden Drive.

Bridging the physical gap created by University Avenue will be an enclosed overpass connecting Student Health, Nursing and the parking ramp with the main hospitals. The overpass will also channel student traffic across the avenue.

The cost of the various elements breaks down like this: School of Nursing, \$1.6 million; Psychiatric Institute, \$4 million; Clinical Science Building, \$4 million; Student Health, \$1 million; Library, 1.75 million; Medical School buildings, \$4.685 million; parking facilities (self-financing), \$1.365 million; University Hospitals, \$12.75 million; and land acquisition and overpass, \$850,000.

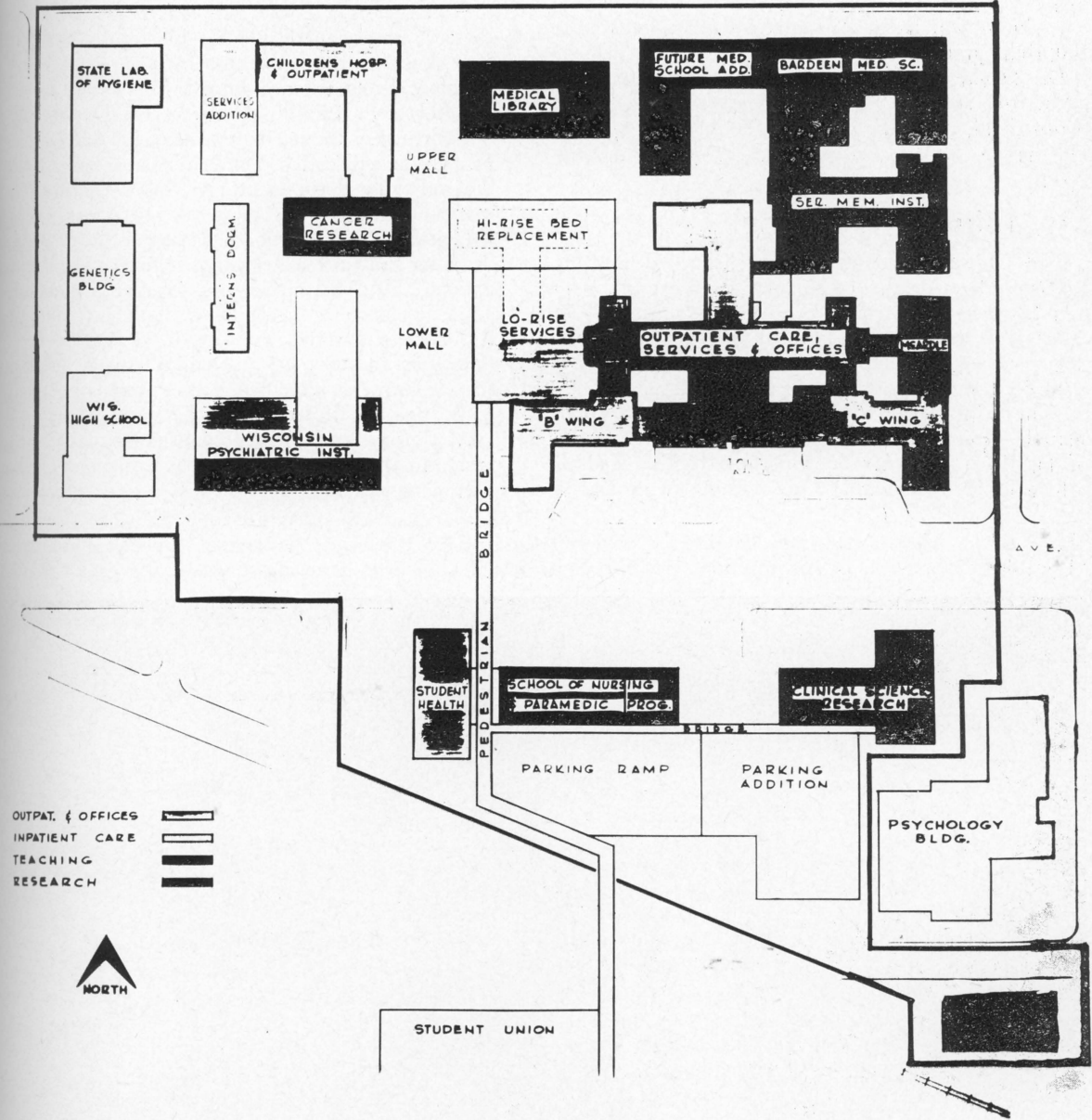
Of the total \$32-million cost, \$4.2 is already financed (for library, lo-rise service building and addition to the Hospitals B Wing). Of the remainder, the state will be asked to provide \$18.76 million, and the federal government, through matching funds, \$7.675 million.

Bon Voyage

Seven Medical School faculty members will begin leaves of absence this summer, and only two of them, Dr. Gabriele M. ZuRhein, associate professor of neurology, and Dr. Robert C. Buxbaum, instructor in medicine, will stay in the United States.

Dr. ZuRhein will work in the laboratory of Dr. Harry Zimmerman at Montifiore Hospital in New

The long-range development plan of the Medical Center.



York. It is a leading lab for electron microscopy of the central nervous system. Dr. Buxbaum, who is taking a two-year leave, will work in the area of socioeconomic aspects of medical care at Harvard.

Dr. Robert D. Coye, associate professor of pathology, will study with the department of pathology at the University of Edinburgh, Scotland. He will study the teaching program; the research, teaching and service activities of pathology department members; the curriculum, teaching methods and objectives; methods of examination; and the students.

Also off to the University of Edinburgh is Dr. John R. Pellet, assistant professor of surgery. He will study at both the University and at London in leading centers of pediatric surgery.

Dr. A. S. Evans, director of the State Lab of Hygiene, will be in the Philippines this summer to work with the World Health Organization, and Professor Caroline G. Thompson, director of the OT curriculum will be in Australia for 12 months on a Fulbright grant.

Dr. David W. Smith, assistant professor of pediatrics, will spend a year at the University of Zurich, Switzerland, where he will study human embryology. He has a Career Development Award from the NIH.

Dr. John B. Wear, Sr.

The University community was shocked in May on the sudden death of Dr. John B. Wear Sr., who had been on the Medical School faculty since 1928. Since 1950 he had been head of the surgery department's urology section. Dr. Otto A. Mortensen, associate dean, made the following statement:

"The University of Wisconsin Medical School shared significantly in the entire professional life of Dr. John B. Wear Sr. He came to the Medical School in 1928 to complete his training in urological

surgery. He was appointed instructor of surgery the same year and rose rapidly in rank and responsibility to a full professorship in 1949. In 1950 he was named chairman of the section of urological surgery and served as such until his death.

"Dr. Wear was a master surgeon and a gifted teacher. By precept and practice he contributed to the education of medical students and young physicians for more than three decades. Patients, students and colleagues share the loss of Dr. Wear with his family and remember him with affection."

Memorials may be given to the Medical Library fund in Dr. Wear's name.

Administration

Dr. Otto A. Mortensen, associate dean, will temporarily assume the duties of Dean James F. Crow while Dr. Crow studies at Stanford University during the summer. Dr. Crow said that he would continue to serve as acting dean after his return if a permanent dean has not yet been selected.

Before leaving for Stanford, Dr. Crow appointed Dr. Robert F. Schilling to replace Dr. Ovid O. Meyer as chairman of the medicine department, and Dr. John H. Juhl to replace Dr. Lester W. Paul as chairman of the radiology department. All other chairmen were reappointed.

Neither Dr. Meyer or Dr. Paul retired. Both are devoting full time to teaching, investigation and their patients. Dr. Meyer told alumni attending an association luncheon in conjunction with the State Medical Society's annual meeting in May that he feels that after 19 years in the chair it will be "better for the department if someone else steps up." He has seven years until retirement, he said.

At the time of the new appointments, Dr. Crow said that, "In the instance of the department of medicine I have named the department's second choice in the

Dr. Ovid O. Meyer, right, chats with Dr. Robin Allin, '34 and Dr. Jack Wishart, '38 at the Association's Milwaukee Luncheon in conjunction with the State Medical Society meeting in May.



advisory ballot rather than its first. My reason for doing this is that I think that Dr. Edwin C. Albright is badly needed in his present position as assistant dean for clinical affairs, and that the best use of the talents of Drs. Shilling and Albright is in the positions to which I have named them."

Dr. Schilling, '43, is now head of the hematology section of his department. He received last year a Research Career Award from the National Institutes of Health. He joined the faculty in 1951 as an assistant professor of medicine. He was made associate professor in 1956 and professor in 1962.

Dr. Juhl, who received his medical degree from Michigan, became an assistant professor in 1950, an associate professor in 1954 and a professor in 1960.

In his luncheon talk to alumni in May, Dr. Meyer traced the development of the department of medicine since 1945. He said that in 1944-45, the departmental budget was \$79,000 and in 1962-63, it was \$938,000.

"Money itself doesn't make a good department," he said, "But a number of things are happening." Second, third and fourth year students are now going to the VA hospital, and thanks to the VA about 20 physicians have been helping with the teaching load since 1958. He said a visiting professor program was introduced six years ago, and that the department is holding new conferences—salt and water, and endocrine.

New Jobs

Dr. Hartwell G. Thompson, professor of neurology, resigned June 30 to accept a position as professor and chairman of the department of neurology at West Virginia University Medical Center at Morgantown. Dr. Thompson pointed out that "the opportunity of this new challenge to start a department at a relatively new medical school which has a great need for neurology was something which we could not overlook." Dr. Thompson had been at Wisconsin for 4½ years.

It was recently learned that Dr. John Z. Bowers has been elected president of the Josiah Macy Jr. Foundation in New York. Dr. Bowers, now a staff member of the Rockefeller Foundation, resigned his professorship here June 30. After his dismissal as dean in 1961, he received the Alan Gregg travel fellowship of the China Medical Board, and was at Kyoto University School of Medicine in Japan in 1962-63.

Field Day

In addition to the student and faculty awards, which are listed below, the Medical School annual Field Day May 7 was highlighted by presentations of seven student research papers and a talk by a visiting professor.

Student research papers were presented by Thomas C. Wegmann, med 3; Gerald A. Mundschau, med 3; James F. Burpee, med 2; David B. Knutzen, med 2; Larry J. Malewiske, med 3; Douglass C. Tormey,

med 4; and Richard C. O'Connor, med 2.

The talk was by Professor Sir John Bruce, regius professor of clinical surgery at the University of Edinburgh. He was the Gundersen Visiting Professor of Surgery. The program is sponsored by the Adolf Gundersen Foundation of LaCrosse.

Of the 21 awards made during Field Day, the major presentation was to Dr. George G. Rowe, associate professor of medicine, who received the second Medical Alumni Award for Distinguished Teaching. He was voted the \$1,000 award by the senior medical class. The recipient last year was Dr. Ben M. Peckham, professor and chairman of gynecology and obstetrics.

In addition to the 21 basic awards, three faculty members were recognized Field Day at Junior Skits. They were Dr. Q. R. Murphy Jr., professor of physiology, best basic science professor; Dr. David Walls, instructor in medicine, best clinical professor; and Dr. Thomas Geppert, assistant clinical professor of pediatrics, best visiting professor.

The other Field Day faculty award:

Dr. Julius J. Chosy, research fellow in medicine, was presented with the \$250 Dorothy and Charles Inbusch Award for meritorious medical research.

Award-winning medical students were as follows:

The Bardeen Award to an outstanding student in anatomy, Carl J. Schmidt of West Bend; William J. Bleckwenn Jr. Award for Clinical Promise, Charles H. Engel of Brillion; Katherine Buerki Scholarship to a worthy student, James L. Esswein of Boyceville; Joseph Dean Award to a worthy student, John D. Sarbacker of Monroe;

Mosby Award of \$30 each to five sophomore students for outstanding scholarship: Stephen W. Zimmerman, South Arlington, Va.; David B. Knutzen, Mauston; Bruce C. Kirkham, Rice Lake; Theodore B. Berndt, Wittenberg; and Stewart W. Quisling, Madison;

Pfizer Laboratories Medical Scholarship Award of \$1,000 to Stephen W. Zimmerman, South Arlington, Va.; Lewis E. and Edith Phillips Awards of \$500 each to three outstanding medical students, Howard P. Gutgesell of Brookfield; Peter B. Fodor of Monroe; and Larry J. Walewiski of Oostburg;

Edwin L. and M. Etta Rasey Memorial Award Scholarship for outstanding personal qualities, Dean L. Martalock of Ontario; Roche Award to a student judged to exemplify the ideals of the modern physician, John R. Olson, Chicago;

Cora M. and Edward J. Van Liere Award for the senior student with the highest scholastic achievement, Judith A. Boone of Milawukee; University of Wisconsin Foundation Awards given by an anonymous donor to worthy students, Elizabeth A. Hogman of Merrill and Theodore B. Berndt, Wittenberg; Borden Award for outstanding research, Douglass C. Tormey, Madison;

Dorothy and Charles Inbusch Award for outstanding research, divided between Dr. Chosy and Andrew E. Horvath, New Providence, N.J., who also received \$250.



DEANS AND DIENERS*

William S. Middleton

An American young woman was enjoying her holiday in North Wales when another group of fellow-countrywomen joined company. Upon remarking the coat-of-arms of the Prince of Wales, one of them exclaimed, "I do so want to learn as many Welsh expressions as I can, while I am over here. What does, 'Ich dien', mean?" The tour conductor said, "Sorry, madam, I can't say." When the inquisitive one had left, he remarked, "Little I could have told her about Welsh; I am English myself."

The subject, "Deans and Dieners," admits of a logical approach and a ready resolution. By derivation the term 'dean' implies the chiefship over the men. Dignified usage finds the perpetuation of such a connotation in the clergy and in the diplomatic service. In Cambridge and Oxford the dean supervises the junior students in their preparation for graduation. In this country his functions range from registry and college representation at the university level to complete administrative responsibility. In certain academic circles the last named status affords virtual autonomy.

*Being in substance the remarks made on Student Field Day, May 10, 1948.

When I assumed the administration direction of the Medical School, President Glenn Frank permitted no exalted illusions as to my altered status. He asked, "Bill, do you know what is a dean?" I answered, "No, I have been attempting to answer that question for the three days since you offered me the position." President Frank said, "A dean is a fellow who is too dumb to teach and too bright to be president." In the thirteen years of my tenure as dean of the Medical School I have modified this point of view appreciably. I am convinced that a dean is the whipping boy for the faculty and the administration and the wailing wall for prospective and ill-starred medical students. And at Wisconsin—we CAN TAKE IT!

The University of Wisconsin has known but three deans of the Medical School. The first of these recalls an almost forgotten chapter of our University history. When Governor Nelson signed the act incorporating the University of Wisconsin (July 26, 1848), medicine was specifically named as one of four basic departments. Dr. Alfred E. Castleman of Delaware was the leader in the effort to implement this provision. Eventually eight men were named to the faculty that never functioned. As dean of this paper

faculty, after many frustrating experiences, Castleman gave up the fight and recommended its abandonment—ostensibly because of housing shortage!

Dr. Charles R. Bardeen came to Wisconsin in 1904. By reason of the alphabetical listing he was the first graduate of the Johns Hopkins Medical School. In his lighter moments he maintained that his degree was granted on the condition that he would never practice medicine.

He brought to Wisconsin the rich tradition of the graduate teaching of anatomy learned at the hands of Professor Mall. Already he had introduced the method of tissue study by frozen section. As professor of anatomy his inquisitive mind took him into the intimate study of myology, bodily stature, heart size and other fields. As dean his academic lot was not an easy one. For a number of years the two-year status of the Medical School found many of its students under the ultimate control of the College of Letters and Science in the granting of the baccalaureate degree. The vision of Dean Bardeen in selecting the first medical faculty continues to bear fruit in productive scholarship and research.

My first introduction to Dean Bardeen was unfortunate in a minor particular. On my arrival to join the medical faculty in the Department of Student Health (1912) I was invited to dine with the Van Valzahs. After dinner Van walked back with me to the Cornelius house (next to the Business Office of the University), which then served as the Student Health Clinic. On State Street we met Dean Bardeen, as he was leaving the University Club. When Van introduced us, after the Pennsylvania custom I tipped my hat. Chuck's obvious amusement taught me a lesson. I never again took my hat off to a Midwestern campus administrator.

Upon Dean Bardeen's death (1935) the present incumbent was named to this high office. The less said of his efforts the better. Apparently he still thinks that *the primary mission of the School is to teach medicine, and its major product, physicians.*

I understand that he continues to practice medicine, a heinous offense. He is said to hold classes which is unforgivable, particularly if he teaches anything. Aside from the observance of certain military punctilio, correcting grammar and spelling, picking cigarette butts and paper from the floor, his major activities consist in handball, tennis and the protection of the morals of callow youth. At least he has no delusions of grandeur.

An assistant dean has been described as a mouse that aspires to be a rat. Doctor Meek has none of the characteristics of either rodent. A splendid team-worker he finds time for basic research and proves himself a master teacher and counsellor to a host of students.

Turning to a more profitable subject, by definition a diener is a male servant or attendant. The German verb, dienen, affords, a fine dignity in the translation, to serve, to be of service to, to do service, to be good for, useful to. The recent death of Clarence Rowley brought vividly to mind the stalwart company of

dieners and orderlies, with whom it has been my privilege to work at Wisconsin. A bronze plaque in Science Hall commemorates the services of George Willet in the Anatomy Laboratory. His dedication and high sense of moral values left their imprint on generations of Wisconsin medical students and staff members. William Young was a self taught chemist whose meticulous attention to supplies and apparatus made him the trusted associate of Dr. Loevenhart, Dr. Tatum and all of their associates and graduate students.

'Everything but the squeal'

On one occasion I incurred his displeasure by holding a special thermometer, by which I was checking thermocouple readings of alterations in the esophageal temperature, longer than he had anticipated. In Dr. Bunting's laboratory Arthur Otis ruled supreme. Certainly he was another of our most worthy collaborators. How he could sharpen a knife. His warm and cheery morning greeting is missed in our midst. On one occasion in mild protest against my acknowledged proclivities in affording pathological materials for section, he said, "Doc, this time you brought back everything but the squeal!" John Mullen is his worthy successor and he plays a good game of handball!

Clarence Rowley operated effectively for 40 years in the Department of Physiology, trusted and respected by his fellow-workers and legions of medical students. In his unobtrusive fashion he would speed laggard staff members as well as students when the clock crowded five o'clock.

In many ways James Hipple tops this outstanding



group. A mechanical genius he has the most capable hands I know. Possessed of one of the most clearly analytic minds I have ever encountered, he intuitively goes to the basic principles of every problem. He never fails to improve upon the original design of a staff member. Mechanical ingenuity of a remarkable order is his forte. On one occasion he constructed an Edelmann electrocardiographic apparatus with the original as his sole guide. His grasp of all technical devices continues to amaze his associates of the faculty.

The establishment of our hospitals, Bradley Memorial Hospital, Student Infirmary and State of Wisconsin General Hospital, introduced a new and vital member to our team, namely, the hospital orderly. Many of our clinical staff had their hospital training in large hospital centers of the East and elsewhere. With my derivation from the Philadelphia General Hospital (Blockley), with them I was prepared to greet the proverbial hospital tramp. Irresponsible and undependable he was driven from one hospital to another over the land by addiction to the bottle or needle. You may imagine my surprise and gratification when men of sound mind and sterling character filled these important positions in the University. It has been a privilege, to which I would publicly testify, to work with Bill Lazear, Gene Gerfen, Nick Pfeiffer, Carl Skrenes and a host of other splendid orderlies in the past 28 years. I hold them in high esteem as teammates.

In a special category I place Wilhelm Kaplan, for he not only serves as orderly (or general factotum) in surgery; but he has charge of the Laboratory of Animal Surgery. Dr. Erwin Schmidt rendered a signal service to the Medical School when he brought Wilhelm to us. Each morning I am greeted by a familiar, "How are you, Doctor Middleton?" "Fine—and you, Wilhelm?" "Parfait, Doctor Middleton, Parfait." I salute them all.

These men have been and are an integral part of the University of Wisconsin Medical School and its tradition. The University of Wisconsin with its Hospital is richer for their presence and their service. In this sick world, we, as medical men and women, can take a significant lesson from their example and face the daily task and the challenge of practice with the watchword, "Ich dien."



Part I

STUDENT HEALTH AN HISTORICAL PERSPECTIVE

(This report first appeared in the May, 1964, issue of the *Wisconsin Medical Journal*, and is reprinted with permission.)

The University of Wisconsin, well into its second century, finds itself with the problem of educating increasing numbers of young people. Committed firmly to the policy of admitting any qualified Wisconsin resident, as well as certain out-of-state residents, Wisconsin will soon face an enrollment in excess of 30,000 students on the Madison campus alone. The University sets certain standards for students, notably in the fields of academic performance, physical education, housing, career selection, to some extent morals, and health. The last of these has been the subject of a continuing dialogue, occasionally violent, for more than half a century.

An Historical Perspective. Student health services in the United States were brought into being and nourished by departments of physical education.¹ In many cases, American universities of the nineteenth century adopted mass physical education techniques previously used in Europe; to these departments were often attached physicians whose function was to perform routine physical examinations and to care for injured students. A small infirmary was sometimes maintained to isolate cases of infectious disease.

Although student health services in the formative era were dominated by an almost mystical reverence for concepts of physical conditioning originating in Germany, forces were present which helped bring about the transformation of these organizations into more recognizable models of medical care centers. One of these was the realization by universities that absences from class, and therefore lost educational

*Dr. Buxbaum is an instructor of medicine, and Dr. Eichman is director of Student Health.

H PROGRAM PERSPECTIVE

M.D.*
M.D.*

potential, were due more often to illness than to idleness or lack of interest. In 1901, following a survey of the causes of absences from class, the University of California originated a comprehensive medical service.¹

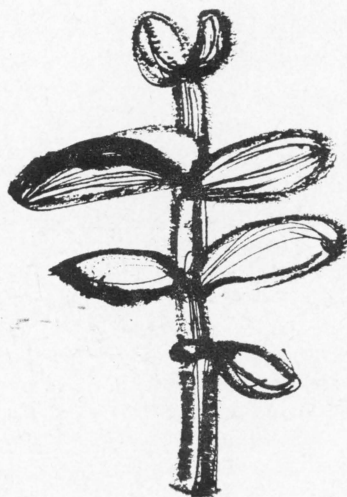
A second, more compelling reason was the pressure on several campuses of epidemic disease in the early part of this century. A typhoid epidemic in 1903 caused Cornell University to begin health services to students. In 1909 the University of Wisconsin called Dr. Joseph Spragg Evans from Philadelphia to head a new Student Health Service as the direct result of an epidemic of typhoid fever, originating with a carrier who worked as a student waiter in a boarding house. Several of the 5,000 students then enrolled died, and the University, now uncomfortably aware that students living in crowded, often substandard conditions, had no services to oversee their medical care, acted quickly to remedy the situation.^{1,2}

A third factor generating change in student health services was the vision and hard work of Dr. Edward Hitchcock, Jr., of Amherst College, where the first student health service was founded in 1860. This remarkable man was the first in the United States to appreciate the impact of preventive medicine and the effectiveness of public health measures in the college setting.³ Indeed, it was Hitchcock who first applied scientific measurements, such as anthropometric data, to student populations. Hitchcock was interested in the prevention of mental disease among students, and in 1886, in the smoking habits of Amherst undergraduates, which he detailed statistically.³ He spoke and wrote copiously of his ideas on student hygiene, and from his 51 years of service at Amherst have come many of the present concepts, now greatly modified, of student health. If there is a

philosophy of student health, it should be credited to Hitchcock.

The Conflict at Wisconsin. Student Health became an issue at Wisconsin at a time when the Medical School, under Dr. Charles R. Bardeen, was attempting to expand in several directions. The school was then a two-year affair, founded in 1907. The students generally went from Wisconsin to schools in Illinois and Michigan, most notably Rush Medical College in Chicago, as well as to the University of Pennsylvania in Philadelphia and Washington University in St. Louis. There has been much talk of the development of a four-year medical course in Madison, vigorously opposed by the Dane County Medical Society; and as Student Health, the only clinical department, grew, the issues of Student Health and the Medical School became inextricably entangled.

In a letter dated Jan. 12, 1910, to Dr. Edward Evans of LaCrosse, a member of the Board of Regents, Doctor Bardeen outlined plans for the new service. Rather than impose an additional dollar fee to be designated as a health fee, he told Doctor Evans, the University should simply raise the incidental fees. This would have the dual effect of preventing the student from thinking that all medical care could be obtained through the University, as well as placating the fears of local physicians about "contract practice." The new Director of Student Health was to hold regular office hours, treat minor illnesses and injuries, and give "general advice." He was not expected to call regularly at the homes of students who could afford private care, but was to see them once in order to be sure they were receiving proper care. He was to see all those who could not afford private care. In a remarkable letter of Dec. 8, 1909, to Dr. John M. Dodson, the Dean of Rush Medical College, Doctor Bardeen stated his position regarding the establishment of a health service. "I think," he wrote, "the Regents can see as little reason why they should not hire a physician to look after the students at the students' expense any more than they should not put



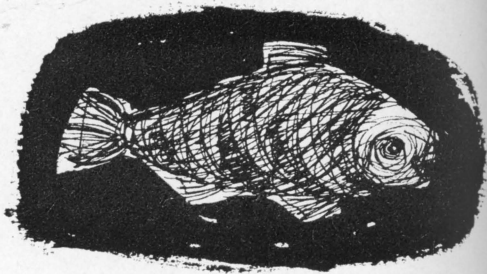
up dormitories for students because it would interfere with the income of keepers of student rooming houses and boarding houses. They look upon the university as a state and not a city institution, and do not feel that the Madison physicians have a right to object on personal financial grounds to measures taken by the Regents for the welfare of the student body." Dodson had objected to "contract practice" as it was exemplified by Student Health, and Doctor Bardeen answered that it was bad only if the physicians were paid too little for too much work.

Bardeen went on to explain: "It seems to me the time is likely to come when most people will insure themselves not only against death and accidents but also against sickness, and the tendency will be for the big insurance companies to look after the health of the person insured against sickness. If this time should come, the physician's duty will be primarily to prevent people's getting sick rather than (as) it is now to be called to help a person out of trouble when he is so far gone that it is difficult to do much for him. . . . The transition will doubtless be hard on many individuals, just as the transition from hand-made work to machinery has been hard on many individuals. . . . If there is a transition from the methods of private practice of today to general hospital and contract practice mentioned above, there will doubtless be a loss of that finer personal touch which the best family physicians have with their patients today; and this loss will probably be more than compensated by having greater scientific treatment given to the great mass of individuals."²

The pattern of medical practice has changed so drastically in the direction of Doctor Bardeen's predictions that his statements, half a century later, appear remarkably pertinent.⁴ The fact that this controversy raged for years over the establishment of a student health service in the first decades of this century is most enlightening in view of what has developed in American medicine since then.

Preventive in scope

The Wisconsin Student Health Service became operative in spite of local objections and much unfavorable publicity in the local press. In 1910, Dr. Joseph Evans, the first Director, saw 30 to 40 students per day. In the years 1910-1911, it was reported to the Regents, Doctor Evans was overwhelmed with nearly 19,000 consultations. In 1911, there were four physicians on the staff, including Evans; and in 1912, the staff consisted of seven physicians, two nurses, a laboratory technician and several student employees. The total budget was about \$16,000 per year. Bardeen saw the function of the Student Health Department as uniquely preventive in scope, in comparison to work being done at other universities. He defined this type of preventive medicine as: (1) personal hygiene, (2) the detection of constitutional defects and chronic disease, and (3) the treatment of acute illness with a view toward teaching undergraduates to recognize symptoms and to realize the value of seeing a physician early in the course of a disease. This, to



Doctor Bardeen, had the value of preventing life-long complications of disease and of avoiding epidemics among the university community.

On Sept. 21, 1914, a notice appeared in the Madison newspapers which stated that citizens of the state had repeatedly questioned the University policy of devoting its laboratories and staff to the service of students alone. Henceforth, the article stated, patients might be referred to the Student Health Service physicians by a family physician, "whenever practical," the fees received to go to the University Bursar. Indigent patients were to be treated free.

Earlier, in May, 1914, the Dane County Medical Society charged that the Student Health Service physicians were interfering with the practice of local physicians, and complained of "partiality" in referring students to specialists in Madison.

However, early in 1915, greater difficulties arose when the so-called "Bennett Bills" were introduced in the State Senate. These had the effect of curtailing the Student Health Service, of limiting the Medical School to two years, and repealing appropriations for a physics building. The legislative hearings were marked by vituperative personal accusations, with Doctor Bardeen and members of the University faculty and administration opposing the bills on one side, and Madison physicians, notably Drs. Louis Head, C. S. Sheldon, and A. G. Sullivan, with Senator Bennett, the bill's sponsor, on the other. Those supporting the bill argued that the Student Health Service excluded most Madison physicians from their referral panel, and that members of the Medical School had accused local physicians of being "dirty and reckless." The unpleasantness exposed by this uproar took many years to subside, but the Bennett Bills were modified and finally defeated, and the Student Health Service and Medical School passed their largest hurdle.

There is nothing particularly new or unusual in this situation of conflict between a medical faculty and a group of local practitioners³, but this particular series of events had significance for the University of Wisconsin, for it was from the Student Health Service that the Medical School, in 1925, formed its Department of Clinical Medicine, with Dr. Joseph Evans appointed as first Professor of Medicine. The local critics were, of course, correct in their predictions. The school was in fact expanding. What had begun as a service to students was now a service to the citizens of the state of Wisconsin.

(Part II will appear in the Fall issue of the BULLETIN.

ALUMNI DAY

Makin' Whoopee

Nearly 400 medical alumni and wives or husbands flew, drove, trained or bussed their way into Madison May 21 and 22 for Alumni Day. Most of them converged on the Park Motor Inn where they back-slapped, reminisced, hollered magnificent clichés, and as one reunioner put it, "had a damn good time."

Festivities more or less got underway May 21, Thursday, when 16 class representatives got together to discuss matters of mutual concern and interest. This meeting was followed by a Past Presidents' Dinner at the Madison Club. Many alumni not at reunions were at the dinner.

Meanwhile, back at the Park three classes, '29, '39 and '54, began to reunion. The class of '39, celebrating its silver graduation anniversary, and the class of '54 both had 49 inattendance. Sixteen wives and alumni attended the class of 1929 reunion.

Meeting on the boardwalk of the Edgewater Hotel was the class of '34, attended by 23 alumni and wives.

The class of '44 met at the Top Hat in Middleton, where they honored Dr. Ovid O. Meyer by contributing to the establishment of a new program in support of "Research in Educational Methodology in Clinical Medicine." As the BULLETIN goes to press, 38 of 54 four-year members of the class had already contributed \$4,000 to the program. Forty-seven wives and alumni attended the '44 reunion.

By 9 a.m. Friday, the alumni day registration was crowded with pre-program coffee drinkers, who continued to bring each other up-to-date on happenings since graduation.

After a welcome by University President Fred Harvey Harrington, the alumni heard five major talks—by Dr. Ovid O. Meyer; Dr. Roy Hertz, who delivered the silver anniversary class speech and the address by the recipient of the Medical Alumni Citation; Dr. James F. Crow, acting dean; Dr. Robert C. Hickey, chairman of surgery; and Dr. William D. Stovall, recipient of the emeritus Faculty Award.

Dr. Harrington had assurances for alumni on two points: the medical library and the selection of a new dean. He said medical alumni have worked hard for the library, and it is peculiarly their own.

"There have been some disappointments," he said. "We have been unable to acquire federal assistance in the past, and it is most unlikely now. However, with the \$800,000 raised by medical alumni, the \$300,000 provided by the state, and the land already available, we will be able to build phase I."

President Harrington told alumni that phases II and III will be a responsibility of the state, without, however, ruling out other possible sources of funds.

"There has been, and still is, some discussion for combining the medical library with a general science library on the west end of the campus," he said. "However, this administration feels that it is right to move forward with the medical library. We will honor its

The Sidney Wynns, left, and the Harold Werbels get together at the class of 1939 reunion.





University of Wisconsin President Fred Harvey Harrington is about to welcome alumni to the campus. He promised full-speed-ahead on the library and the acquisition of a new dean.

individuality, its unity, its association with your gift and its name. There will be further discussion of a science library, but you need not fear that these two will be one."

Dr. Harrington also reported that the development of a University administrative structure is now complete, and that the new structure will enable the central administration to spend more time working with the faculties of the schools and colleges within the University.

"It is my responsibility to see to it that you have a dean, and soon," he said. "We are working with the screening committee and the medical faculty to get a dean. The search has already taken more than two years, but we have set our sights high; we want a dean who will provide leadership and who will work well with the faculty, alumni and outside groups."

He reported that many people have been seen, and some of these received the endorsements of all University groups concerned. However, he added, it has not been possible to secure these people. Many of them have excellent jobs and are not anxious to leave them for administrative work.

"The administration, the screening committee and the medical faculty are now reviewing a list of six persons, any of whom may prove to be acceptable as dean," he said. "The appointment of a dean now has

first priority, even though we have been most successful with the acting deans—Drs. Philip Cohen and James Crow—who have actually moved the school forward."

The president also indicated that there had been some discussion in the past about moving the Medical Center to an outlying area and capturing its present physical plant for the rest of the University. There are two reasons why this will not happen, he said. The first is the price tag, and the second, and most important, is that the Medical Center is emphatically a part of the University.

Later Friday morning, during the annual business meeting, dues-paying alumni elected Dr. Frank Weston, '22, president of the association. Also elected were Herbert Pohle, '38, president-elect; Richard Wasserman, '46, secretary-treasurer; and Robert F. Schilling, '43, Silas Evans, '36, D. J. Freeman, '52 and Herbert Giller, '47 to the board of directors.

Three alumni were nominated from the floor for director positions. They are Dr. Fred Ansfield, '33, Dr. Leonard Lovshin, '39, and Dr. Sigurd Sivertson, '47. Dr. Van R. Potter told alumni about medical library progress. Details are in the meeting minutes on page 25.

In his "State of the Union" message at 2:15 p.m., Dean Crow pointed out that "unless our admissions committee is very bad at its job of selecting the best applicants, we have an excellent entering class." (See details, page 13.)

Dr. Crow also announced major faculty appointments, including that of Dr. Nikolas Mani as associate professor of history of medicine, Dr. Hickey as chairman of surgery, and Dr. Jack L. Strominger as chairman of pharmacology. Dr. Mani will occupy the

Dr. Frank Weston, new association president, pauses for a minute at the banquet to talk with his immediate predecessor, Dr. Phil Bland.



history of medicine chair that has been filled by only interim appointments since Dr. Ackerknecht. (Excerpts from Dr. Crow's speech are on page 29).

Dr. William D. Stovall ended the daytime program with his address as Emeritus Faculty Award recipient. He reminisced over the early years and the early men of the medical school. That evening at the banquet, he and Dr. Hertz were presented their awards.

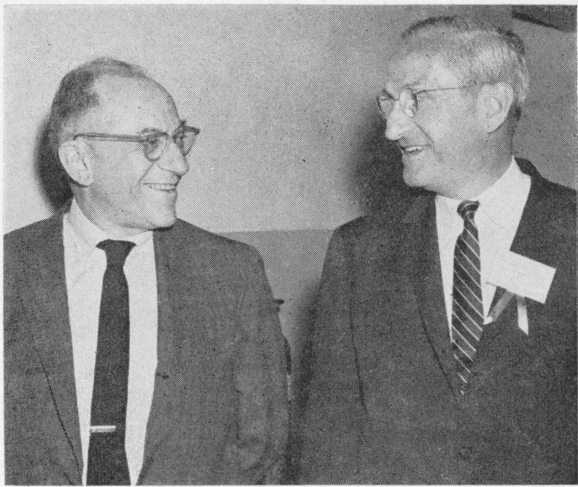
Other awards distributed at the banquet included a gavel to outgoing president Phil Bland, and senior class award and membership cards for the senior class to David Jaecks, class president.

Class Reps

Members of the organization of class representatives questioned its function, aims and development during the fourth annual meeting (May 21.) Members, however, felt that the organization has the potential of becoming a major force in the development and strengthening of the association.

Dr. Herman W. Wirka, chairman of an ad hoc committee appointed during the past year to study the organization and functioning of the class representatives organization, felt that a mechanism should be developed to periodically replace class representatives.

It was also suggested that the representatives be kept well-informed of alumni and Medical School



Dr. Philip P. Cohen, left, chairman of physiological chemistry, chats with old friend, Dr. Roy Hertz, who received the Medical Alumni Citation this year. Dr. Hertz, chief of the endocrinology section of the National Cancer Institute, delivered both the silver anniversary class speech and the talk by the recipient of the Citation. His talk was well received by those in attendance.

policies, aims, needs, problems, etc. Dr. John Buessler, '44, felt that "direction and directives from the Medical Alumni Office are required" and that an alumni directory revised every two years is a necessity. Dr. Buessler also said that the representatives had

Class of 1954 Recollections

Listed below are recollections of members of the class of 1954. Prior to their reunion, members were asked to list their memories of Medical School in a questionnaire. A few recollections follow:

"Party we had for the Dean before he left for Hawaii. He thought it was going to be Derby Day."

"Dr. Herrin telling me that doing turtle-heart experiment alone (my partner dropped out) was good training in learning to use both hands?!"

"The Dean—his lectures, rounds (And why do I palpate the D. pedis pulse . . .?)' By the way, while I was a medical resident at the VA in Florida, Dr. Middleton, as VA chief, visited and made rounds. While palpating the D. pedis he called upon me to explain "why?" I guess the answer was correct except for the date. Needless to say, it brought the house down with laughter. Never one to discriminate, the dean, during rounds, called upon of the doctors to feel the patient's chest and describe the respirations. The doctor was chief of

respiratory diseases at the hospital."

"One of the fellows—must have been John Davis—was approached by the Dean in front of Wisconsin General. A cigaret butt was directly in front of John's foot with smoke emerging from all of John's orifices. 'John,' said the Dean, 'Is that your cigaret butt?' The reply: 'Sir, you saw it first. You may have it'."

"There I was, cap, mask, gown and gloves, wheeling a cart with tray, cocktail glasses and pineapple juice. My fondest memory and moment of honor was that Mock Derby Day when I toasted Dr. Middleton prior to his trip to Hawaii. In anticipation of what I was going to do, I shuddered. With great relief, I saw Dr. Middleton take the stemmed cherry out of the glass, raise his eyes and face upward, open his mouth and pluck the cherry from the stem. It was then my memory returned for the toast I was about to recite. It began, 'Well, Bill! . . .'"

"The pie in Dr. Middleton's face."



Dr. Ovid O. Meyer speaks at the reunion of the class of 1944, which honored him.

not been kept fully informed of the reasons for delay in the construction of the medical library. He suggested that the *BULLETIN* be published more often than quarterly.

Response to a history of the medical School has been enthusiastic and widespread, according to Dr. Paul F. Clark, who attended the meeting. Dr. Clark, who is collecting and sifting material, said he would "canonize few saints and include in the portrait the warts on the noses—unless the warts were malignant."

Discussing a program for the year, Dr. Weston said that it is essential for the association to have a goal which would benefit the school and excite the imagination of the alumni. One of the projects mentioned was a project honoring Dr. O. S. Orth—perhaps a visiting professorship.

Dr. Buessler suggested that the project not be a building and that the 1944 class project be adopted by the association. Dean Crow said he would prepare a list of Medical School needs which cannot be supported readily by other sources.

Business Meeting

The meeting was called to order at 11:30 a.m., May 22 by President Phillips Bland. Dr. Bland stated that he would follow the procedure of recent years and report briefly on his stewardship as president at this time in order to have the evening banquet primarily social in nature.

Characterizing the past year as an active one for the Medical Alumni Association, President Bland cited the major accomplishments of the year:

—The initiation of the preparation of a history of

the Medical School directed by Emeritus Professor, Paul F. Clark.

The Medical Alumni Association has made an initial allocation of \$2,000 to support the project which has met with enthusiastic response from many quarters. Additional support will be provided.

—Improved liaison with the medical students has been effected through the participation of Senior students in Medical Alumni meetings, the selection of the recipient of the Medical Alumni Award for Dis-

Dr. and Mrs. Herman Wirka pause outside the banquet hall Alumni Day. He is professor of surgery at the Medical School.





The class of 1934 descends to the boardwalk at the Edgewater Hotel, where it held its 30th anniversary reunion.

tinguished Teaching by the Senior Class and a column by the Senior Class President in the alumni BULLETIN which is distributed to the Junior and Senior students.

—an increased number of regional and national alumni meetings were held with good attendance—the most striking of which was the Pacific Northwest meeting held in Portland, Oregon in December.

—The Alumni treasury is in excellent condition even though expenditures were at an all time high. This enabled an increase in the amount of the Alumni Teaching Award from \$500 to \$1,000. (The award was made this year to Dr. George Rowe, Associate Professor of Medicine.)

—Preliminary discussions have been held with the University Alumni Association to explore what relationships should exist between the two bodies. Dr. Bland stated that this should be pursued and clarified in the coming year since the Medical School is an integral part of the University community.

Dr. Richard Wasserburger, secretary-treasurer, reviewed the financial report which had been distributed. Major expenditures were printing costs for the expanded Alumni BULLETIN \$2,755, support for the history of the school project (\$2,000), teaching award (\$1,000) and salaries (\$1,995).

Dues received totaled \$9,275 as opposed to \$8,685 the previous year. The current bank balance is \$5,043.17.

Medical Library

Dr. Van R. Potter, chairman of the Library Committee, reported that the plans for the Library are moving forward as rapidly as can be anticipated. The site of the Medical Library remains on Linden Drive between the Children's Hospital and Bradley. The first phase of the Library is designed with a 27-foot module and will be 5 modules wide (135 ft.) and 3 modules deep (81 ft.) on four levels. The north side of the structure will provide stacks and space for readers and the south side work space and offices.

Dr. Potter stated that, of necessity, designing and securing approval of plans from all appropriate University and State bodies and officials makes construction of University buildings a lengthy process. The University has many building needs and is now constructing buildings at the rate of \$1 million per week. With great pressure for space from every area of the campus the University Administration and Campus Planning Committee are unwilling to provide funds at this time to build Phase two of the Library. President Harrington has, however, supported a high priority for construction funds to complete Phases II and III of the Medical Library with State building funds in the next five years.

Dr. Potter stressed that, although it would be desirable to have Phase II of the Library built with Phase I, Phase I will still provide a fine library in-

deed. It will not, however, provide the space anticipated to be needed 5-10-15 years from now. During this period, techniques for condensing, storing and retrieving information will be refined greatly.

Dr. Potter closed his remarks with the declaration that it was intended to proceed with plans for construction of Phase I at all possible speed. He reported possible developments of a science library in proximity to the medical campus indicating that he had opposed incorporating the Medical Library into this structure so as not to delay the Medical Library construction. It is still anticipated, he said, that Library construction will begin in the current summer. He expressed warm thanks to the Alumni body for their generous support and their forbearance.

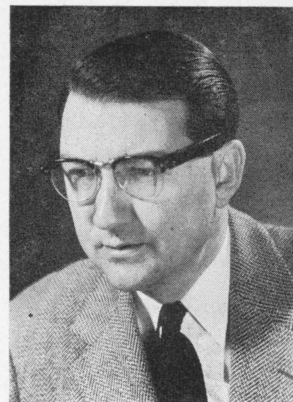
In answer to questions from the floor, Dr. Potter reported that \$1,100,000 is at hand which will be sufficient to build Phase I providing an estimated 40,000 gross square feet. Phase II will cost an estimated \$300,000 and provide approximately 10,000 square feet.

President Bland called on Dr. John Buessler, 1944 Class Representative.

Dr. Buessler reported that he was happy to announce initial success to the class project honoring Dr. O. O. Meyer. \$4,000 has been received or pledged to date to initiate a program in support of research in educational methodology in clinical medicine. It is hoped that this will be a continuing program which will attract other sources of support and, perhaps, be adopted as a major Medical Alumni project. The program can be initiated in many ways with the anticipation that it may eventually result in a chair in medical education to place Wisconsin in the vanguard of this important aspect of medical education.

Dr. Buessler also announced the election at the '44 class reunion dinner on May 21 of Dr. Arthur L. Scherbel, Head of the Arthritis and Metabolic unit at the Cleveland Clinic, Cleveland, Ohio to succeed him as '44 Class Representative.

Dr. Bland thanked Dr. Buessler and reported that a productive and stimulating Class Representative



Dr. Potter

meeting had been held on May 21 with healthy and frank criticism and suggestions expressed.

Election of Officers was held next and Dr. Bland called attention to the report of the Nominating Committee (Drs. Ben Lawton, President, Mischa Lustok and Albert Martin) which presented the following slate of nominees: President Frank Weston, '22; President Elect Herbert Pohle, '38; Secretary-Treasurer Richard Wasserburger, '46; Directors: Robert Schilling, '43 incumbent; Silas Evans, '36 incumbent; D. J. Freeman, '52; and Herbert Giller, '47.

The meeting was declared open for nominations from the floor. Dr. Joseph Stone nominated Dr. Fred Ansfield, Dr. Arthur Scherbel nominated Dr. Leonard Lovshin, and Dr. Richard Wasserburger nominated Dr. S. Sivertson.

After no further nominations were received, Dr. Bland appointed Drs. Ben Lawton and William Lewis as tellers and instructed the membership to vote for four directors from the seven nominees. Ballots were collected. It was announced that the results of the election would be announced at the evening banquet. (After a tally of the votes cast Drs. Schilling, Evans, Freeman and Giller were elected as directors.)

The class of 1929 is gathered in the Park Motor Inn awaiting dinner. The class celebrated its 35th anniversary this year.



STATE OF THE UNION

Following are excerpts from Dean James F. Crow's "State of the Union" message to alumni May 22:

"I should also like to call attention to the extraordinarily strong support of the Medical Center by the central administration of the University. At a time when the rest of the University is growing much more rapidly than the Medical School and when most of the appropriated funds are geared closely to enrollment increase, we have had more than our share of expansion funds. This is evident in a number of ways—new faculty positions, a large increase in maintenance and remodeling funds (including a remodeling of this room which will start as soon as classes are over this spring) and substantial amounts for salary increases."

* * *

"A change in the chairmanship of four major clinical departments offers the Medical School a great challenge. We want the best medical school that we can possibly get. No small part of Wisconsin's opportunity for greatness depends on further development of its clinical departments. Is it my expectation that each department and the administration will view these vacant positions as opportunities for reassessment and ways of adding strength.

"We improve only if new appointees are better than the average existing staff members (and of course, I refer not just to chairmanships, but to all new positions). There are real chances for growth in the near future. Wisconsin's medical school sits in the center of one of our Nation's greatest Universities. We have a far better chance than most medical schools to tie our teaching and research programs in with high quality University programs in not only biological and physical sciences but with the social sciences.

"In recruiting staff in both our basic science and clinical departments one of the greatest assets is the proximity of so much strength in biological and physical sciences. In my opinion, our Medical School's best opportunity to become more outstanding is by making the most of this opportunity."

* * *

"I hope that the forthcoming year will be one in which we give a real close examination to teaching and the curriculum. Having come from a graduate school rather than a medical school background, I think I can see the best of both educational ways. The graduate student can afford a certain amount of educational dilettantism by concentrating mainly on those subjects that interest him—something the medical student cannot and should not do. On the other hand, the medical stu-

dent hardly ever learns very much about any one subject the way a graduate student does, so that his knowledge is necessarily somewhat superficial. I think it is possible to combine the best of both of these, with a system that permits freer electives.

"With the tremendous rate of increase of new knowledge, full understanding of all of it becomes hopelessly unattainable. I see no alternative but opportunities for choice during medical school. In my opinion, if a carefully selected core of the present curriculum were combined with a system of electives (both within and outside the medical school) we would combine the best features of graduate and medical education.

"Those who were especially interested in some aspect of clinical medicine could learn a great deal more than they now do about it; on the other hand, those who wanted to know more about chemistry, sociology, electronics, or computer programming could do so. The result would obviously be a more diversified group of medical school graduates, but I think it would be a group who would be collectively better prepared to meet the diversified demands placed on M.D.'s of the future. I don't want to spell out details; the curriculum committee is already at work. But I hope next year will be one in which curriculum revision is a major topic for faculty attention."

* * *

"We have had in the last few years 3 Lederle Scholars (Drs. Pitot, Clatanoff, and Brown), 6 Markle Scholars (Rowe, Rankin, Parks, Smithies, Metzenberg and Cherry), one Heart Association Established Investigatorship (Dr. Dennis), two Cancer Society Lifetime Professorships (Price and Heidelberger), 5 Career Awards from NIH (Schilling, Graham, VanLancker, Hokin, and Mueller) and 9 Career Development Awards (Smith, Lobeck, Dick, Thompson, Wolberg, Rowe, Chosy, Welker and Metzenberg). There have been several prizes, honors, and elections to learned societies."

* * *

"Let me say that the last year and a half that I have spent as acting dean has been not only a full experience (needless to say), but a challenging and pleasant one. I expect that when you return for your next alumni meeting you will be greeted by a permanent dean. I hope (but I also believe) that the current period is not one of stagnation and indecision, but one of growth and consolidation that will make the incoming dean's job easier than it might otherwise have been. This has been due in no small part to faculty cooperation, and I wish to take this chance to express my thanks."

Dear Bill:

ERLANGER, GASSER BRADLEY AND LORENZ

by Paul F. Clark
Collector of Our Past

This is the second of my letters to all the "Bills" and to the other alumni, faculty and friends who have contributed so signally to the birth and growth of our medical school as a strong division of the University of Wisconsin. In the BULLETIN it is Dr. Joseph Erlanger rather than "Bill" that I am especially addressing. He was our first professor of physiology, coming from Hopkins as did most of the early pre-clinical men. He was strongly influential in setting the high productive standards and the close associations between faculty and students. After four years (1906-1910) here, Erlanger went as head of physiology to the reorganized Washington Medical School in St. Louis.

There he has remained for his exceptionally long and productive life. He and Herbert Gasser, also formerly here in the department of physiology as a student and instructor received the Nobel Prize in 1944 "For their discoveries regarding the highly differentiated functions of single nerve fibers."

Dr. Erlanger (now 90 years of age), has retained his fondness for Wisconsin and has recently sent us a tape recording telling of his early years here. (This was made possible through the assistance of George Bishop who was also formerly here at Wisconsin). The record shows his kindly interest, his pioneering spirit and with all his success, a humble very beautiful spirit. In his reminiscent attitude, he tells of his humble origins: "Both my parents were immigrants;

neither of them had more than an elementary education," but they urged their children to go on and Joseph did.

Of the letters I have been receiving both from older



and younger friends, those from Harold Bradley would especially please you all. The BULLETIN will print a portion of his last letter describing his early (1921) solo trip in the Sierras with inadequate equipment, not even a sleeping bag. The letter will give you something of the dangers and pleasures of that trip, and a picture of the man. Later, all the Bradley boys joined him in skiing trips in the Sierras. Dr. Bradley wrote:

"The solo trip across the Sierra was taken in January, 1921—starting perhaps January 1. I took train to Sacramento; bus from there to Placerville. There hired a couple of boys with a jeep to take me east as far as the road was passable—what is now Highway 50. We got almost as far as the American River bridge.

"There the snow was too deep for further travel; the boys and I lifted the Model T (not a jeep) around and the boys headed back. It was nearly night and I had to hurry to find a camp spot on a small bench in the steep-walled canyon, and set up my fly sheets as a small tent, like a reflecting oven, gathered wood and cut a small tree for a green-log fire platform, eat my supper and snuggle down to sleep as long as the fire lasted.

"About every two hours I had to put on fresh fire wood and sleep again while warmed by the reflected blaze (I had no sleeping bag or blankets, but did have a sweater and a lumber-jack coat).

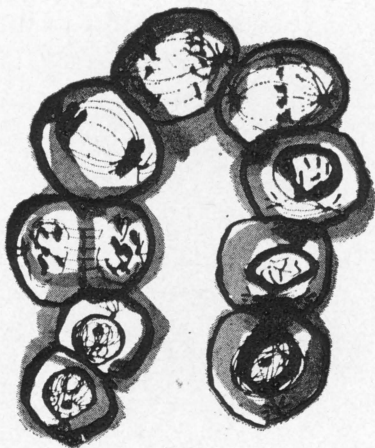
"Next day was spent in the long climb up to Echo Summit in snow that grew soft as the day warmed, and made the going very heavy. If heart attacks had been popular at that time—that was the place to have had one. I was really bushed as I reached a cabin into which I could dig, and make dinner and fall asleep.

Meyer's grade A cabin

"Snow began as I got there and it was still snowing in the morning—fluffy deep snow. Very lovely but hard pushing through. Down into Tahoe Valley was easy and at the bottom of Meyer's Grade A cabin had been left open, with a good stove and a flat iron! So I was able to replenish my "dope" and iron it on—which was the stage of the waxing technique of that day;—the "dope" was a mixture of rosin, paraffin and bees wax,—some of which I carried with me, of course.

"The eight miles of level going to Lake Tahoe was through deep, sticky snow, and was almost as tiring as the climb the day before. The caretaker at the Tallac Hotel (closed of course for the winter) was kind enough to take me in. I learned that the steamer was making its weekly round-trip from Tahoe City the next day—and I was all ready to get a lift, after a morning skiing up to Fallen Leaf lake and back.

"The final day was the 16 miles down the Truckee River to Truckee through a snow storm that started like a blizzard and ended in rain a few miles above Truckee. Train for Madison that night. An account of the trip appeared in the Sierra Club Bulletin, Vol. 11, page 292; 1922.



"This trip was notable chiefly for its ineptness,—but it did mark the start of Sierra ski touring, involving camping in the snow, and for the fact that it was made as a solo trip. Not because I wished to go that way, but because I could find no one who could or would go with me. It was a case of go alone or give up the trip."

If I were to include excerpts from the letters from all interested in the History, I should be taking space belonging properly to other interests. I must include several bits from earlier letters between an early Bill—Bill Lorenz and Hans Reese. I found a whole evening spent with Hans going over some of these letters all too short.

The early days of the Psychiatric Institute and the decision to join the medical school here in Madison were so vitally important for the development of the clinical and experimental interests both in syphilis and other diseases involving the central nervous system here at the medical school. To a remarkable degree, Lorenz represented the clinical, the laboratory, and broad public health interests. The support he finally obtained to perform the Wassermann reaction and later other laboratory tests for all the physicians of the state was a public service which some maintained was a long step towards socialized medicine. Lorenz was such a powerful man physically, and his melodious deep fog horn of a voice commonly carried the day.

"The important creative role which the Wisconsin Psychiatric Institute under the leadership of Dr. Lorenz and his associates, has played in the progress of psychiatry, mental hygiene, and social welfare in Wisconsin is difficult to estimate." It is certain, however, that the history of this division of state service and our medical school will be an exciting and colorful part of our proposed history.

(Editor: At a recent meeting, the Association Board of Directors committed an additional \$2,500 to support Dr. Clark's project.)

CLUSTER WITH LUSTER

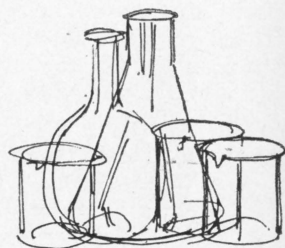
Jerome Sugarman, resident in Medicine at "WGH" in 1945 (and a graduate of USC School of Medicine) is in the practice of Internal Medicine in Beverly Hills, Calif. He is on the attending staff of Mt. Sinai, City of Hope, Los Angeles County General, and the Cedars of Lebanon Hospitals (and he is secretary-treasurer of the Cedars staff). . . . He was married in 1945 and has two sons, 16 and 13 years of age.

John Morton, who once stood in the ample shadow of the late and admired John Harris, is in private practice on Wilshire Blvd., Los Angeles, and is now limited to gynecology. . . . John graduated from Wisconsin Medical in 1934; interned at WGH in 1938; and had a residency in OB-Gyn in 1943. . . . He is on the staff of the California, Good Samaritan and Glendale Memorial hospitals, which *is a cluster with luster*.

Long-time friends of *Gerald W. Shaw* haven't heard enough of him for years. Jerry was a two-year Wisconsin man, 1928; a Harvard graduate; and a resident in medicine, WGH, 1930. He then did what many dream but few do—spent a year at the American Hospital in Paris. . . . At present he is an internist on the Santa Monica medical and surgical group staff, and was chief of staff from 1957 to 1960. He is on the staff of St. John's Hospital (famous for movie-land people), and has been chairman of the Bureau of Research and Planning of the California Medical Association. . . . His family (second) consists of his wife and three sons now between Junior High and the Army.

Joel Ripsteen, last seen by this reporter when he was stationed in the medical corps at Davis-Monthan Field in Tucson, circa 1944, is long established in Berkeley, but at a new address (3031 Telegraph Ave). . . . Joel graduated in medicine, U of W, in 1939. He practices EENT, and is a U of California consultant. He has a daughter aged 10, and two sons in pre-med studies. . . . He is a member of numerous societies, American Board, and his hobby is skiing.

The notes about '*Sarge*' *Leake* in a previous column put him in touch with *Ross Paull* in LaFolla. It resulted in some news of *Dr. Harold Bradley*, active in the Sierra Club and conservation programs, and also news of *Homer and Bea Kesten* who have built a fine home in Inverness. (Homer finished 2 years at



Wisconsin Medical in 1924, and pathology at Columbia where he worked for years).

It says here,—“*Dr. John Rankin*, University of Wisconsin department of medicine discussed the role of agricultural dusts” at the seventh annual Air Pollution Medical Research Conference in Los Angeles. . . . He came back again in May. . . . He says he may return yet again. . . . Missed him both times, except by telephone though the John Urabecs entertained him while here.

Dr. Tony Curreri also lectured in Los Angeles this spring, but we missed him entirely. He was on the Guest Faculty of a symposium at UCLA, “The Use of Cancer Chemotherapeutic Agents”. . . . Tony really produced, since he gave three papers in two days.

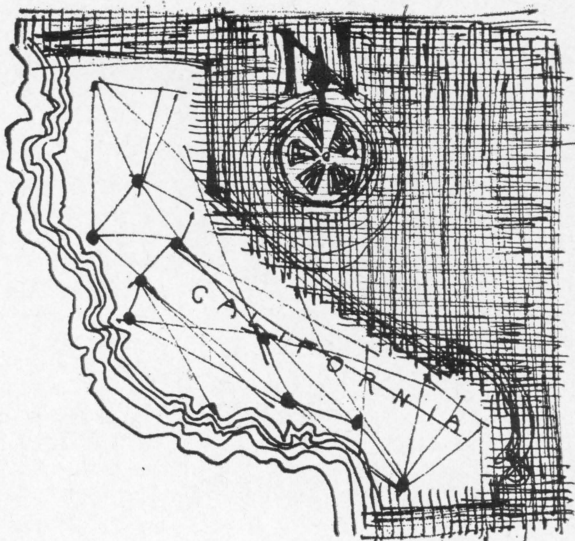
One of the most pleasant things to happen to the West Coast this spring has been the stop-offs of *Dr. and Mrs. Karver Puestow*. They visited a son (John) and family in the Los Angeles area; saw a place called La Vina; brought news of Madison events; and then left for San Francisco (by way of Hawaii) for the AMA meetings, and probably the Wisconsin reunion. . . . Who knows, Karver may be the “well-known faculty member” referred to in the announcement of the meeting (plus the much-honored Bill Stovall and Ovid Meyer). Welcome all, even in retrospect.

Hunter Sheldon

The news about *Hunter Sheldon* concerns top-notch neurological surgery in Pasadena, though less about top-notch golf than it once did in Madison. . . . Hunt was the son of a famous Mayo physician (and anatomist?). He finished 2 years at Wisconsin in 1932, and joined that ‘long red line’ which went on to Pennsylvania during the years of the influence of Drs. Evans, Middleton, Van Valzah, and others. . . . He is a member of all Pasadena and two select Los Angeles staffs; has been president of the American Academy of Neurological Surgery, and the Western Neurosurgical Society; and has two sons in the Marine Corps and one in high school.

The least we can do for a typographical error is to correct it and send champagne. “*Mory Tasker*” of Sacramento (mentioned to us by a colleague who writes that way) is actually *Mary Tasker*, or *Mary Beth Jones Tasker* of the class of 1956. . . . We’ll send the wine, Mary, as soon as a directory more recent than 1951 is published.

Harold Behneman has replied from San Diego with appreciation of the news about Drs. Sevringhaus, Bradley, Leake, and Loevenhart. He is listed in the records as ‘Harold Mayo F. Behneman, class of 1925’, and in practice at Palm Springs. . . . A further search shows that he has had a wonderfully versatile career, including an AB in Journalism (U. of California) an MS in Pharmacology (U. of Wisconsin),



and an MD at Washington in St. Louis. He served in the US Army Hospital Corps in 1917 and the US Navy Medical Corps in 1925. He had a residency in Medicine at U. of California in 1927, was on the faculty for another ten years (four of which he spent as a director of laboratories and in practice with Dr. Falcouer). . . . He then founded the ‘Desert Clinic’ in Palm Springs, where he worked from 1943 to ‘52; served for a year as director of Arizona Crippled Childrens’ Services, and Hospital and has been Chief, Medical Care Services of the San Diego County Dep’t of Public Welfare since 1957. . . . Along the way he has published 40 articles; was Honorary Sigma Xi and Sigma Sigma; won the Wellcome Prize of Ass’n of Military Surgeons; has been president of the Riverside County Medical Society and the California Society of Internal Medicine; has been field representative of JCAH; and is a consultant in Hospital Accreditation.

George Ablin, who was mentioned by Richard Dickmann as being in Bakersfield, has answered a query (and the Dickmanns have sent a progress report, by postcard, from Abou Simbel in Egypt). . . . George is a neurological surgeon, graduate of and has been active on the staffs of the three Bakersfield hospitals (chief of neuro-surgery, Kern General; chairman surgical committee; Mercy; new president of the Bakersfield Surgical Society. . . . The Ablins have seven children between five and 14 years of age, and are a real part of Bakersfield (which is the nearest thing to Texas that there is in California).

(Editor: West Coast residents, send your notes to Dr. William H. Oatway Jr., ‘28, at LaVina Station, Altadena, Calif.

SURGICAL TEAMS AID VIETNAM CIVILIANS



Early one morning in April, two bare-foot Vietnamese farmers carried their neighbor, Mr. Nuen Van Von, into the hospital in the city of Can Tho, a provincial capital in South Vietnam. There was a gaping wound in the patient's throat. The base of the tongue was visible, as well as the glottis and epiglottis. But the major blood vessels were not involved. A tracheotomy was performed and a two-layer wound repair was made by Dr. Martin Donelson, member of a U. S. Public Health Service surgical team to aid the civilians of South Vietnam.

Within a few days Mr. Von was learning how to speak by holding his finger over the tube in his throat. He said he had been attacked by guerilla fighters while he was working in a field. They had cut his throat with a pair of scissors.

Last year, the government of South Vietnam asked the United States to help meet the critical need for surgeons to care for the civilian population. There are only 700 physicians in the country. More than 400 of these are serving with the Armed Forces in the war against communist North Vietnam. Dr. Tran Dinh De, Secretary of State for Health, reports that some large towns in rural areas do not have a doctor.

The U. S. Agency for International Development, which is in charge of the non-military American aid

This article has been contributed by Dr. James V. Lowry '37, director of the California Department of Mental Hygiene. Until April he worked with the Public Health Service as assistant surgeon general and chief of the bureau of medical services. He points out that the surgical teams stationed in South Vietnam provide greatly needed surgical services and the opportunity for demonstrating and teaching techniques used in the United States.



program in South Vietnam, called for the assistance of the U. S. Public Health Service. Three teams of surgeons, nurses and medical technologists are now on duty in provincial hospitals.

Malaria is the leading cause of illness, and until 1959 was the first cause of death. Modern methods of mosquito control introduced with the assistance of AID have reduced the incidence of the disease dramatically. Other major health problems include tuberculosis, intestinal diseases, pneumonia, trachoma and leprosy.

The Vietnamese Department of Health operates all of the hospitals in the nation except a few private institutions. The hospitals in the provincial cities have about 250 beds. The hospital medical staff—in addition to the care of patients—supervises district “infirmary-maternities” and village health stations. The average village station is staffed by a nurse whose training usually ranges from 3 to 6 months, and who makes part of her living from farming.

Since 1954, when the nation achieved its independence, the government, with the cooperation of the U. S. Agency for International Development, has been improving the medical school at the University of Saigon. In 1954, the school graduated about 15 physicians. The graduating class of 1963 totaled 66. There are five American professors now serving on the medical faculty.

Thirteen Vietnamese are studying at U. S. universities and will return to take positions on the Saigon faculty. A new basic science building is under construction on the campus, and a new teaching hospital is being planned.

New surgical suites have been constructed by AID at the provincial hospitals where the PHS surgical teams are working. They contain two operating rooms, a scrub area, clean-up and sterilization rooms, a post-operative recovery room with six beds, and an office.

Each of the teams includes two surgeons, two sur-

gical nurses, an anesthetist and a medical technologist. Team members have been selected from both private practice and from PHS officers. The first team arrived in Vietnam in October, 1962.

In the hospitals where they are assigned the teams work side-by-side with the Vietnamese physicians and nurses. Most of the local staff speak French, as do many of the Americans. Since nearly all of the patients speak only Vietnamese, interpreters are used.

Cases treated by the American teams include traumatic injuries from traffic accidents, falls and burns. There are large numbers of patients—men, women and children—with wounds from bullets and shrapnel, resulting from the guerilla warfare in the provinces.

Dr. Robert Norton, writing from Can Tho, said: “We take care of many chest wounds with large chest catheters connected to water seal drainage. Results have been good. This was an innovation for this locality, and I am sure we have saved many lives.”

Americans welcomed

Despite differences in culture and language, the Americans have been welcomed everywhere. Dr. Frank Black wrote from the city of Pleiku, “The people of the various communities make you feel very welcome and highly value your presence and work among them.”

Dr. Norton's wife reports that it is quite possible to do most of the family food shopping in local shops, since there is a wide range of foods available. Hard goods are purchased in periodic trips to Saigon, where a well-stocked PX is available.

Before recruitment of the surgical teams got under way, AID began developing plans to provide medical supplies, transportation, housing and other necessities. Since this is an emergency project half-way around the world, supplies have not always arrived on time. Sometimes the limited resources of transport are not adequate, but the inevitable problems are eclipsed by the evidence of success the team members see each day in the progress of their patients.

Dr. Norton wrote that “The feeling of accomplishment is great. Personally, I am having the time of my life. I am helping a very likeable people, as well as my own country, and am getting broad surgical experience that few surgeons two years out of residency could begin to approach.”

Because of the success of the teams and the urgent need for surgical care among the Vietnamese people AID has asked PHS to continue the project for two more years. Additional physicians, nurses and technologists are being selected now for duty in South Vietnam. Recruitment for the teams is under the direction of Dr. L. J. Gehrig, U. S. Public Health Service, 7915 Eastern Ave., Silver Spring, Md.

ALUMNI CAPSULES

Dr. Wilson S. Dunn, Madison, a former intern and resident, was named recently medical director of the Dane County Guidance Center, a Red Feather agency. Dr. Dunn has been a staff psychiatrist at the center since November, 1962.

In addition to that position, he has been a clinical instructor for the Medical School, a consultant to the Dane County Public Assistance Dept., and has been in private practice. He received his M.D. from the University of California.

* * *

Maj. Philip M. Bochrer, '54, resigned his Army commission in June and entered private practice with two ob-gyn men in Sacramento, Calif.

* * *

A letter from Dr. Harold J. Theisen, '31, of 10515 Carnegie Ave., Cleveland, was forwarded to us by Dr. Herman W. Wirka, professor of surgery. Dr. Theisen reports:

"Had a trip around the world set for last fall. Astronomy still a hobby and the plan was to go to India to help install and dedicate a new telescope at the University of Hyderabad. The dome was bungled in fabrication and had to be scrapped. A new one is being built, but the present target date is next September.

"I certainly envy you the serene college life! Seem to have missed you on my last two trips to Madison. On one of these I saw Mossman and Mortensen, so the miss was compensated for. Hope one day to make one of the May Alumni Days."

* * *

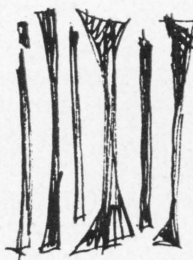
Dr. Christopher Robert Dix, '35, of Milwaukee, was elected

president of the Midwestern Association of Plastic Surgeons this spring in St. Louis. He has a private practice in plastic surgery, and is an assistant clinical professor of plastic and reconstructive surgery at Marquette.

Dr. Dix is immediate past-president of both the Wisconsin Society of Plastic Surgeons and the Mayo Foundation Association of Plastic Surgeons.

* * *

Dr. Hugh Greeley, Madison, a former clinical professor of medicine at the Medical School, was honored in May for 50 years of membership in the Massachusetts Medical Society. He is now a member of the Madison General Hospital staff.



Class of 1963 graduates are busy entering residency programs all over the country, or beginning general practice, according to the newsletter published in May by Dr. Timm Zimmermann, the class representative. Dr. Zimmermann recommends the Seattle, Wash., area to vacationing alumni: "Mountain skiing is tremendous and the many national and state parks and forest reserves in the mountains make camping, fishing and hiking excellent."

* * *

New treasurer of the Industrial Medical Association is Dr. Duane

L. Block, '51 of Dearborn, Michigan. Dr. Block is physician-in-charge of the Rouge Medical Service for Ford Motor Co., and is non-resident lecturer in occupational medicine at the University of Michigan.

* * *

Gus Mueller, who started at Wisconsin and graduated from Harvard in 1957, writes from Massachusetts General Hospital that he is anticipating setting up a clinical practice of surgery in Wisconsin, and wants to renew and reestablish old friendships.

He reports: "I did a year of research in Scotland in 1953 and 1954 and thus, there are two classes at Wisconsin that I might have graduated with: the class of '56 and the class of '57.

"I am particularly interested in those who may be in the Milwaukee area, but there are also others, notably in Madison whom I should like to contact; there exists the possibility that I may be locating in Milwaukee or Madison."

Dr. Mueller just finished a surgical residency at Massachusetts General.

* * *

Prior to Alumni Day, Dr. Ralph M. Waters, emeritus professor of anesthesiology, wrote to Dr. William D. Stovall, who received the Emeritus Faculty Award May 22.

"I should like to hear your address on May 22," Dr. Waters wrote, "But our retirement is a sort of hibernation in summertime—no travel. Congratulations on the faculty award.

"I see Dean Goodnight nearly every week and Mrs. Adam Mil-

lar, who is a near neighbor. Come and see us sometime."

Dr. Waters' address is Box 6433, RFD 3, Orlando, Fla.

* * *

Regretfully, we have the following deaths to report:

Dr. A. Dwight Spooner, '28, May 6, in Milwaukee. Dr. Spooner received a B.A. from the UW in 1925. He had been a basketball star and member of the W Club. He was a urologist, and was 62 at the time of his death.

Dr. Johnston C. Jackman, '14, in Springfield, Ill.

Dr. Marres H. Wirig, '28, in Madison, June 15.

* * *

New on the staff of the Dean Clinic in Madison is Dr. Phillip A. Dibble, '55, an otolaryngologist. He interned in Honolulu, took specialty training at Stanford and three years of residency with the Army. He was certified by the American Board of Otolaryngology in 1963.

* * *

The following item was pluck-

ed from Philadelphia Medicine, a publication of the Philadelphia County Medical Society.

"Dr. M. Ly Lehtmetts-Susi ('55) came to the United States to study medicine in 1949. She is still here, loves it, is practicing obstetrics and gynecology in Media, and is raising an American family just a short distance from the spot where Johan Prinz established the capital of New Sweden in 1643.

Her husband is Heino Susi, a Ph.D. in physical chemistry. Her daughter, age six, is Aita-Kai. Her son, two, is named Andres-Matti. Both are good Estonian names. Dr. Lehtmetts-Susi is certified by the American Board of Obstetrics and Gynecology."

* * *

Dr. Louis Fauerbach, '20, of Madison, who keeps busy not only as a physician, but also as a brewery president, was the subject of a feature article in the March 30 issue of Medical Tribune.

Dr. Fauerbach is in active prac-

tice at 70, has had his retirement from his position as assistant city health officer deferred, and three years ago became president of the family-owned Fauerbach brewery, according to the Tribune.

In addition to all of his work—it has been estimated that he has tuberculin-tested a half million school children since 1930—he has several hobbies.

His favorite is outboard motorboat trips. He likes to hunt, fish and work in the flower beds around his home.

* * *

Army Maj. and Mrs. Robert W. Edland, '56, have left Walter Reed Army Hospital in Washington for a new assignment at Tripler General in Honolulu. Dr. Edland recently completed a post-specialty research fellowship in radiation therapy, and will become chief of radiation therapy at his new post. They have two children.

Dr. Louis Fauerbach in his brewery.



1964 Class Members Begin Internships

Recently, an "old grad" recalled his internship days. After graduating he began his internship in a distant state; he was young, single and a bit anxious. He had been in the strange new city only a few days when an older Wisconsin alumnus looked him up. There followed a dinner invitation, introduction to colleagues and other Wisconsinites and even an introduction to a young lady. His acclimation to the new

city, the internship and the young lady made the beginning of the year much easier as most readers will understand.

We mention this little anecdote by way of reminding alumni that they may be able to perform a similar act. Listed below are the 1964 Medical School graduates and their internship addresses:

ARIZONA

Merlyn E. Eckelberg
Good Samaritan Hospital
Phoenix 6

Gordon A. Tuffli
Maricopa Co. General Hosp.
Phoenix

CALIFORNIA

John M. Ackerman
Mt. Sinai Hospital
Los Angeles 48

Fred M. Bannester
Unit 1, Los Angeles Co. Hospital

Melvin A. Forman
Cedars of Lebanon Hospital
Los Angeles 29

Frederick A. Fosdal
U.S. Public Health Service Hospital
San Francisco 18

Thomas Y. Fung
San Joaquin General Hospital
Stockton

Gerald A. Gehl
U.S. Naval Hospital
San Diego

Lawrence W. Margolis
Presbyterian Medical Center
San Francisco

Terry A. Michels
Unit 1, Los Angeles Co. Hospital
Los Angeles

Paul I. Sunahara
U.S. Naval Hospital
Oakland

Douglass C. Tormey
U. of C. San Fran. Medical Center

Robert A. Weiss
Mt. Zion Hospital
San Francisco

CANADA

Robert Coifman
Montreal Children's Hospital
Montreal 2, Quebec

COLORADO

Kenneth A. Crow
Denver General Hospital
Denver 4

Robert A. Lloyd
St. Joseph's Hospital
Denver 18



Mark Trewartha
Presbyterian Hospital
Denver 18

CONNECTICUT

John Marshall
Hartford Hospital
Hartford, Conn.

DISTRICT OF COLUMBIA

Ernest A. Pellegrino
Dist. of Col. General Hospital
Washington 3

FLORIDA

Joseph C. Kehm
Jackson Memorial Hospital
Miami

HAWAII

Roger W. Sherman
The Queen's Hospital
Honolulu 14

ILLINOIS

Karl P. Grill
Illinois Masonic Hospital
Chicago

Burton O. Neesvig
Chicago Wesley Memorial Hospital
Chicago

Peter C. Raich
Chicago Wesley Memorial Hospital
Chicago

INDIANA

Ronald L. Smits
St. Joseph's Hospital
South Bend

Carole M. Van Handel
St. Joseph's Hospital
South Bend

IOWA

John L. Duffy
Mercy Hospital
Des Moines

MARYLAND

Thomas A. Handrich
Johns Hopkins Hospital
Baltimore 5

MASSACHUSETTS

Lee N. Podoll
Boston City Hospital
Boston 18

Andrew E. Horvath
Boston City Hospital
Boston 18

MICHIGAN

Felix J. Bongiorno
Wayne Co. General Hospital
Eloise

Timothy J. Donovan
Wayne Co. General Hospital
Eloise

Edward A. Gaer
University Hospital
Ann Arbor, Michigan

John E. Hamacher
Wayne Co. General Hospital
Eloise

MINNESOTA

Haakon P. Carlson
St. Mary's
Duluth

Gary S. Clarke
St. Mary's
Duluth

David B. Pierpont
St. Mary's
Duluth

John D. Sarbacker
St. Mary's
Duluth

Josef F. Vosmek
St. Luke's Hospital
Duluth

MISSOURI

Kenneth P. Bertelson
Menorah Medical Center
Kansas City 10

Harris D. Murley
 Barnes Hospital
 St. Louis

 NEW YORK
 Judith A. Boone
 St. Luke's Hospital
 N.Y. City

 David M. Jacks
 Strong Memorial Hospital
 Rochester

 James W. Jefferson
 St. Luke's Hospital
 N.Y. City

 Chang S. Shim
 Bellevue Hospital
 New York 16

 OHIO
 William G. Fritschel
 St. Vincent's Hospital
 Toledo

 Milton B. Lambert
 Cincinnati General
 Cincinnati 29

 OKLAHOMA
 Joseph N. Kramer
 St. of Okla—V.A. Hospital
 Oklahoma City

 OREGON
 Roy A. Krueger
 Hood Samaritan Hospital
 Portland

PENNSYLVANIA Douglas J. Beseth Philadelphia Gen. Hospital Philadelphia

William S. Brennom
 Philadelphia Gen. Hospital

James I. Cease
 Philadelphia Gen. Hospital

Edgar L. Koch
 Philadelphia Gen. Hospital

Mark E. Mergen
 Philadelphia Gen. Hospital

Thomas J. Mockert, Jr.
 Philadelphia Gen. Hospital

Richard W. Rewey
 Philadelphia Gen. Hospital

Martin J. Rubinowitz
 Philadelphia Gen. Hospital

Frank L. Wolf
 Harrisburg Hospital
 Harrisburg

SOUTH DAKOTA David O. Ritzenthaler McKennan Hospital Sioux Falls

Neil J. Elkjer
 McKennan Hospital
 Sioux Falls

TEXAS Reginald D. Williams Brooke General Hospital San Antonio (Fort Sam Houston)

VERMONT
 Jacob V. Lulack
 DeGoesbriand Memorial Hospital
 Burlington

Robert C. Miller
 DeGoesbriand Memorial Hospital

VIRGINIA
 Larry R. Denius
 Roanoke Memorial Hospital
 Roanoke

WASHINGTON
 Thomas B. Dunkel
 Virginia Mason Hospital
 Seattle

James E. Gutenberg
 The King County Hospital System
 Seattle

William R. Lewis
 King County Hospital
 Seattle

Rolf G. Sommerhaug
 Virginia Mason Hospital
 Seattle

WISCONSIN
 Charles H. Engel
 LaCrosse Lutheran Hospital
 LaCrosse

William A. Flader
 LaCrosse Lutheran Hospital
 LaCrosse

Gary N. Guten
 Mt. Sinai Hospital
 Milwaukee

Robert D. Heinen
 LaCrosse Lutheran Hospital
 LaCrosse

John S. Honish
 LaCrosse Lutheran Hospital
 LaCrosse

William A. Paulsen
 Madison General Hospital
 Madison

Michael V. Schultz
 St. Joseph's Hospital
 Marshfield

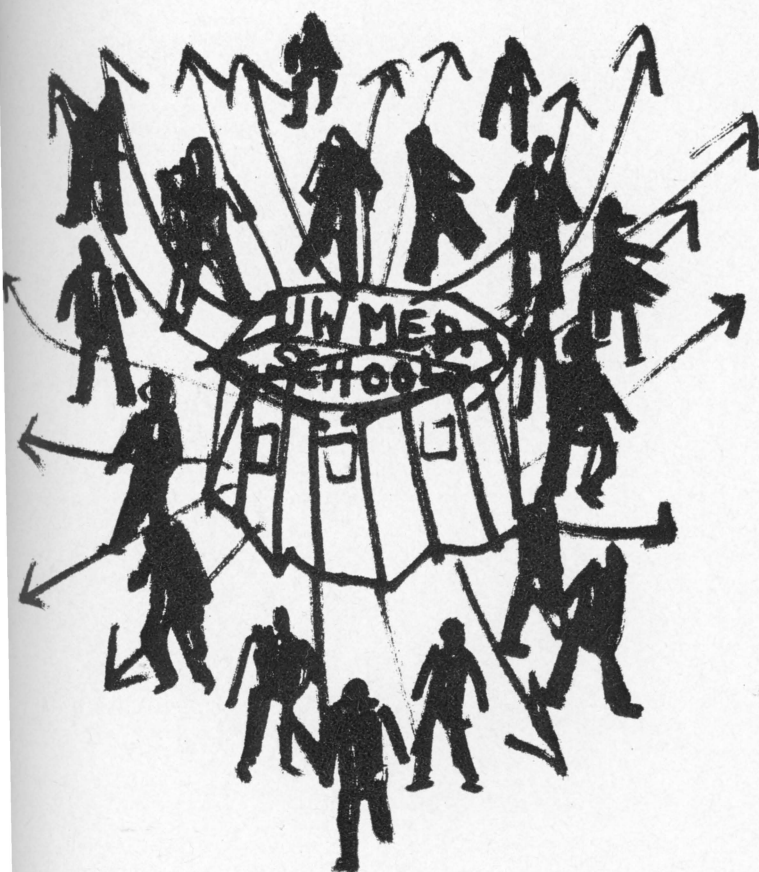
Ronald W. Stein
 Mt. Sinai Hospital
 Milwaukee

Thomas W. Stram
 St. Joseph's Hospital
 Marshfield

Palmer G. Tibbetts
 Madison General Hospital
 Madison

A. C. Van Elston
 LaCrosse Lutheran Hospital
 LaCrosse

Robert J. Ware
 Milwaukee County Gen. Hospital
 Milwaukee



Wisconsin Medical Alumni Assn.

University of Wisconsin Medical School

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