WISCONSIN MEDICAL ALUMNI

BULLETIN

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About Our Cover

Our cover this month is a portrait of Dr. Harold P. Rusch, '33, professor and chairman of oncology, a rank and position he has held since 1945. Dr. Rusch is the leader of the men who have made the name "McArdle" an internationally-known synonym for cancer research. This month the McArdle laboratories move into a new 11-story building. The story of McArdle's development begins on page 14.

PLEDGE PAYMENTS

Alumni who have been waiting for the propitious moment to honor pledges made in support of the William S. Middleton Medical Library are urged to do so now. As the beginning of construction draws near, the need for funds becomes acute. Pledge payments may be made payable to the Middleton Medical Library Fund. Funds available now include more than $850,000 on hand and pledged as private and industrial gifts, and a $300,000 state appropriation.

Bids for nearly every new University building have exceeded the budgeted amount, so your pledge payment will help assure that construction will not be delayed because of inadequate funds.

FROM THE BULLETIN'S MAILBOX

Dear Bill:

This is my third "Dear Bill" letter, addressing all the Bills and also all those with other names such as John, Mac, Dave and Fred, as well as Helen, Frances and Katherine. I think of each of you, scores of you, one after another. I confess that both persons and years have become telescoped or better still, kaleidescoped, the picture full of color, light, shadow and changing forms.

Of course, I think especially of those who on the official books are listed as our "part-time assistants." Of all misnomers, that is one of the grossest. You all joined our working professional family with zest and increasing skill; you gave your enthusiasm, everything you had and that was a lot, whatever decile of the class you happened to be in.

I have been having great pleasure from the many letters I have received and from conferences. Especially rewarding have been those from several members of Dr. Bardeen's family. A long series of letters written by Mrs. Althea Bardeen to her father during her life in Madison has given me a clearer and warmer idea of Dr. Bardeen's reactions and family life than I could have obtained in any other way (keep and date your letters for the "historian" of the future). Mrs. Ruth Bardeen made a special trip from Milwaukee on a very hot day and William (oldest son) drove up from Rockford with letters and stories.

Most everyone asks, "How is the history coming on?" My answer is that the letters and other material come in highly satisfactory batches. The writing progresses at what I term "a millimeter a day." In a letter that I wrote to Mischa Lustok last February, I suggested that the manuscript might be completed "in about a year and a half." That still seems to me a reasonable guess, although during this next semester I expect to have more assistance, so we shall hope for two millimeters a day. At any rate, I can see progress and it is good fun. Through the BULLETIN, I am sharing some of my letters with you.

Paul F. Clark
Emeritus Professor of
Medical Microbiology

To Dr. Clark:

I have your note about the history of the medical school and was planning to send you a number of items. One about Dr. Bardeen represents my first installment; I hope that it interests you.

I particularly remember my first contact with Dr. Bardeen in gross anatomy during the fall of 1931. A group of us, including Sam Behr, had requested a quiz on the lower extremities and were assigned a conference time with an instructor during a certain three-hour period in the morning. We sat around a large table in an old room in Science Hall waiting for either Dr. Sullivan or Dr. Mortensen to come in. A few minutes after nine, we noticed a gnome-like elderly man with a cigar in his mouth enter the room. He was short and stockily built, his blue serge suit was dirty and crinkled, his face was puffy and he needed a shave.

We thought he was a janitor or non-professional visitor so we went right on talking about the forthcoming examination. Much to our surprise, he sat down at the table, blinked a bit, and said in a kind of a croaking voice, "Let's get started." We looked at each other and waited. He turned to me and barked, "What's the difference between the male and female perineum?" I gulped and started off on what little I could remember. What I had to say took about five minutes. He turned to the next student and said gruffly, "What else?" A few more points were added. There was no change in the expression on his face; he merely pointed to the next student after expectorating a large glob into a nearby spitoon. The quiz continued around the table, and we were all aware of the fact that he was getting more and more disgusted with the entire performance. When everyone had contributed, he puffed a while, blinked, used the spitoon again, and then said, "You damn fools! The male perineum has two holes in it and the female perineum has three."

He then turned to Sam Behr and said, "You played quarterback on the football team, didn't you?" Sam replied weakly, "I guess I did." "Well,"

drawled Dr. Bardeen, "What muscles do you use when you kick a ball?" As you can imagine, neither Sam nor the rest of us were prepared for this type of question. It had never occurred to any of us that anatomy was a "live" subject. At the end of the quiz, Dr. Bardeen rose, puffed his cigar a few times, grinned at us through tobacco-stained teeth, hit the spitoon a final time, and sauntered slowly out of the room. We all passed the quiz, but we never figured out how.

While I was a graduate student I had gotten to know Dr. Meek quite well. Among other things, he loved to play golf and often invited me to accompany him. I explained that I had not played much mostly because my inability to hit the ball squarely was frustrating to me. "Young man," said Dr. Meek, "I never let my game upset me. Exercise is the important thing, and golf is a fine way to keep physically fit. Forget the score; forget the mechanics; just enjoy the scenery and the walk."

One sunny afternoon I accompanied him using a borrowed set of clubs. The first hole was uneventful except that I had some trouble in the rough. On the second tee Dr. Meek lined up his shot and let fly. The ball sliced over a nearby street into somebody's yard. Very calmly Dr. Meek teed up his second ball and let fly again. This one he topped and it dived into some brush in the gully below. "That was an old ball anyway," he said without much strain in his voice. "Let's try a new one." The third shot hit the green, hopped a fence and went out-of-bounds. The next shot was sliced and short of the green. Dr. Meek let out a subdued yelp, threw his club across the gully to the fairway and marched off angrily in search of his equipment. We did play on several other occasions without any further philosophic comments on his part.

Arthur W. Frisch, M.D., '37
Professor of Bacteriology
University of Oregon Medical School

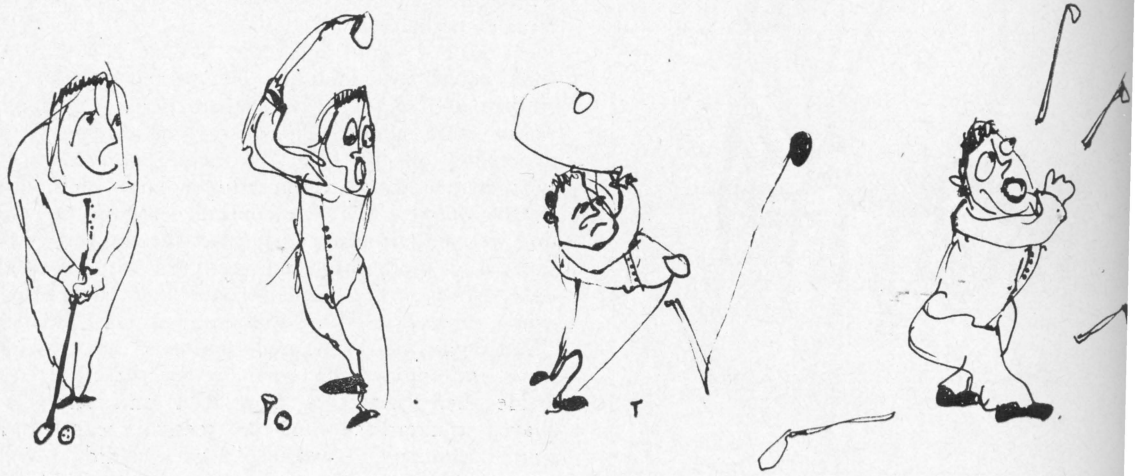
To Dr. Clark:

The course in human anatomy as Dr. Bardeen gave it had no didactic lectures. At the beginning of the course, Dr. Bardeen held a "convocation" in which he impressed on the student the seriousness,

the respect and dignity that must be recognized in dissecting a human body.

"You are privileged to be operating on a fellow human individual," he would say. After such an introduction to the anatomy laboratories you were privileged to choose pretty much your dissecting partners, advised to buy an anatomy text, assigned a cadaver and allowed to proceed at your own pace.

Incidents of discipline come to mind. At the end of a long day in the dissecting rooms, a group of students had gathered in the large room at the end of the long corridor for a bull session which became noisier and noisier. The door at the end of the corridor was heard to open and the shuffling gait of Dr. Bardeen coming, was recognized. All students quickly crowded into the small anteroom, closed the door and silence was deep. Dr. Bardeen came to the door of the large room, looked into the empty room, and said (speaking between his teeth as he always did) in a voice to be heard by the students



huddled in the anteroom, "Well, that was a lot of noise for nobody." With that he retraced his steps to his office and order was established.

John H. Skavlem, M.D., '19
Cincinnati, Ohio

To the Editor:

The Wisconsin Medical Alumni BULLETIN always makes pleasant and nostalgic reading and I do want to let you know how much pleasure it provides and how many happy recollections it arouses.

There is one unhappy comment that I should like to make and that concerns itself with news of the "West Coast." This area includes the three states of Washington, Oregon and California and there are a great many alumni in all of them. Oregon was among the first to have exchange internships and there are some who have been here longer than the 31 years since I first came out West. In spite of these many years, most of us still find a part of us clinging to Madison although we are not quite so communicative as are the alumni in our sister state to the south.

We here in the Pacific Northwest are sensitive about the high-handed manner in which Californians attempt to engulf us geographically from Crater Lake to the precious waters of our mighty Columbia River. Therefore we hope that when you talk about news from the West Coast and mention only alumni living in California you will name the state and let us in Oregon and Washington retain our sovereignty and our identity with the Pacific Ocean.

Frank Perlman, M.D., '33
Portland, Oregon

DIRECTORY QUESTIONNAIRE

The Medical Alumni Association has undertaken the long-needed project of publishing a directory of all Wisconsin Medical Alumni, including two-year graduates and former interns and residents. In order to have a complete and accurate directory, the Association needs current information about every alumnus. If you did not return a form already, please fill out this page and send it to: Medical Alumni Directory, 418 N. Randall Ave., Madison, Wis. 53706.

With quick return of the forms, we hope to have the directories to you this year. Once we have a directory, we plan to update it about every two years. Thanks in advance for helping.

(*Please print or type*)

1. Name ..... Married? .....
2. Address—Home ..... Office .....
3. City, State—Home ..... Office .....
4. Are you a: ..... two-year alumnus; ..... four-year alumnus; ..... former intern or resident?

   ..... Year you were graduated from Medical School (at Wisconsin or not).
5. If a two-year man, from which school did you receive your degree? .....

   .....
6. If a former intern or resident, when were you at Wisconsin? .....
7. Are (were) you a general practitioner? .....
8. What is (was) your specialty, if any? .....
9. Are you Board-certified? .....

   (Board and Year)
10. Types of practice .....

    (Group, partnership, etc., or academic—give title)
11. Any honors or awards you want mentioned? .....

    .....
12. What stands out most in your mind about your days at Wisconsin? .....

    .....

    .....

    .....

(Please use another sheet if necessary)

EDITORIALS

Janus Geminus

Mischa J. Lustok, M.D., '35
Editor

Like Janus geminus the Wisconsin Medical Alumni Association is looking into its past and recording its history and the history of the Medical School which gave it birth, and at the same time looking into its future with the anticipation of physical growth and intellectual maturity. But what of the present?

The past is no longer ours to mold. What we have done is done and shall remain.

The future can only be in the minds of men, and in their spirit. Tomorrow never comes.

Today is the only day we have to live, to work, to build, to play our part. Today is the tomorrow of yesterday. Today will write our past and absorb our future. Today, every precious moment of it, must be spent in a manner of deed respectful of the past to which it will be added and worthy of the future from which it will be taken. *To do nothing today is to rob the past and betray the future.*

To quote Emerson: "Progress is the activity of *today* and the assurance of tomorrow."

The Medical Library

Herbert Pohle, M.D., '38
Member, Editorial Board

"How can I get alumni to take an interest in an alumni association that isn't doing anything?" "What happened to the money we raised for the medical library? We heard you invested it and lost it in the stock market." "The weakest part of your alumni association is its effectiveness in communication."

These were some of the comments of class representatives at the last Madison alumni day. Your directors appreciate this feedback, and this note is an attempt to improve our communication.

The money you alumni personally contributed and solicited was *not* lost in the stock market. The optimists among us still hope to convert some of it into library construction this fall. Many of you will remember that when your alumni association was founded nine years ago, it took over a fund of $55,000 and a plan to build a medical library of less than 25,000 gross square feet. This library was to be housed in the addition to the Basic Science Quadrangle, (S.M.I.). During the nine years since then, this fund has grown to more than $1 million, including $300,000 of state funds, and the planned library to a separate building of 48,000 gross square feet, with ample room for expansion above and below ground. This is progress of a sort—even if it is only on paper.

There have been many frustrating delays. The N.I.H. construction grant wouldn't permit incorporation of the library with the S.M.I. Research addition. Since a separate building would cost more, time was needed for fund raising. This effort ended in January, 1962, with the announcement that ground-breaking on a $550,000 building would be done in May 1962. Then an anonymous gift of $200,000 necessitated revision of the building plans and further deferment of actual construction. Then came a two year period of anticipating Federal matching funds which never materialized. There were differences of opinion between the medical librarian and the architects over basic library design, differences which were finally resolved through compromise after consultation with library consultants of national reputation.

Much of this behind the scene work was done by Dr. Van Potter and his building committee. At one point they even resisted a move to incorporate the medical library into a larger university science library. It is to their credit that they have finally arrived at a point where the medical librarian and the university architectural staff have unanimously approved the library plan. The project architect is at work on the exterior treatment of the building. You may still contribute to the library fund, for we are already thinking in terms of the expansion plans. Nevertheless, the presently planned structure will be built without further delay.

Meanwhile your association is busy with a number of other projects. There is no recorded history of the medical school, but Dr. Paul F. Clark is at work filling in this gap. Your association has committed $5,000 to this important project, to date. Also there is as yet no complete alumni directory; but one is in the process of preparation and will be maintained on a current basis. The medical alumni award for distinguished teaching has been established on a continuing basis. Each year the senior class selects a teacher who, in their opinion, is deserving of this $1,000 award. Your alumni association provides the funds for this recognition. Each year a retired faculty member is also honored by selection for the emeritus faculty award.

In addition to these projects, your association holds six local, regional and national meetings each year: Alumni day, fall homecoming meeting in Madison, February's Milwaukee meeting, the May meeting in conjunction with the State Medical Society meeting, and the June meeting in conjuction with the AMA annual meeting. The class representative for the classes holding re-unions next Alumni day are already at work, planning these re-unions and special class gifts. Last year, the 1944 class initiated a project to raise funds for a new program in research in educational methodology in clinical medicine, honoring Dr. Ovid Meyer. They are continuing this project and hope that other interested alumni will give support toward eventually establishing a professorship in medical education.

Of course, the Medical Alumni BULLETIN is a project in which you all should take justified pride

the California, Southwest and other correspondents promise to make it even better.

By now you should feel that you belong to a working organization. Your influence is felt in many places. It is a working association, but its achievement will be limited by the importance of the projects it undertakes. We need new projects and we need big plans to solve the important problems that remain. Won't you send your suggestion to the BULLETIN?

Impressions of WMAA

Joseph J. Lalich, M.D., '37
Member, Editorial Board

The Wisconsin Medical Alumni Association serves many purposes. At various meetings one can see old friends and exchange news of mutual interest. Such gatherings stimulate discussions regarding developments and accomplishments at the Medical School. The alumni can be justly proud of their interest in and contributions to the construction of the Middleton Library. The recent institution of an annual faculty award proves that our alumni appreciate and respect energetic, dedicated and stimulating teaching.

Publication of the Wisconsin Medical Alumni BULLETIN suggests that the experiences of our alumni and the current innovations at the Medical School are important to our alumni. The institution of meetings in conjunction with sectional or national conventions bespeaks of a desire to see old friends and discuss topics of general interest. All of these activities are significant accomplishments of which our alumni can be proud.

What objectives might be entertained by our association in the future? It appears to me that whatever image our school and its graduates create is directly dependent upon the caliber of its students and teachers. The alumni should encourage the administration to secure the best qualified instructors possible in this highly competitive market where good medical teachers are scarce. Similarly, the creation of a student scholarship fund would benefit the school. Such scholarships would enable some outstanding students from other states as well as needy and deserving students from Wisconsin to attend school.

Lastly, the alumni might invite a faculty member who graduated from some other school to join the alumni executive committee. Such an act would show that our alumni realize that Wisconsin graduates are the product of efforts by faculty from many schools and prove that collaboration on all fronts is desirable.

Code of Honor

Norman M. Jensen '65
Senior Class President

At this writing the writer finds 20 odd classmates and himself just recently returned from exciting summer preceptorships reuniting with loves (or wives) and families and (sigh) reality. Back from the dream worlds where we saw the patient first, where we were known as "Doctor," and where for the first time we saw not only the blood but the bleeder. Returned we are and eager to challenge the remaining nine months hoping to assimilate enough knowledge so that come June neither Aesclepius nor Hippocrates will look down with shame on his newest of colleagues.

Returning after a three-month absence always brings surprises in our fast-moving University. The addition to the east end of the hospital is completed so that now the west end can be torn apart. We notice that the entire skyline is being altered by the new dormitories, the math building, and our own cancer research building. Also changed is the chair of our medicine department. Dr. Ovid O. Meyer has resigned his chairmanship, but we all hope he will not leave us—we do not want to miss those teaching rounds. To the new chairman, Dr. Robert F. Schilling, we extend our congratulations and our confidence that he will carry on the work to make our school even better.

Last but not least surprising is the presence of many new and varied forms about school. Some of these forms would be new wives and old, most of them quite gravid (1, 2. . .). Rumor would have it that most of the class is now married, that the rest should be, and that all but two of the wives are pregnant—but more of the statistics of the class next time.

The other new forms about school would be the new freshmen, reportedly a class highly-selected from many hundred applications, looking a bit awed but anxious to get on with what must be done, including that first look at the cadaver. During orientation the writer had the very distinct pleasure of welcoming the newest students into our school and reviewing with them our Code of Honor. Since this honor system was adopted in 1962 along with the unconscious grading system (unconscious for the graded; hopefully not for the grader) I suspect many of you are unfamiliar with it and, if I may, I would like to review it.

It was proposed that it is essential for each future physician to develop a pattern of honesty not only toward dealings with his collegues and patients but to learning itself. The honor code came about when it became apparent that this kind of system would be a good step in this development. Briefly it states that dishonesty is an attempt to give or receive assistance during an exam and that this will not be condoned. Furthermore, since there will be no proctors in exams and because examinees are free to leave the room, it is the duty of individuals to enforce the code. If one sees what in his mind is a violation, he stands and states that fact aloud; then if this violation continues he reports it to the Student Affairs Committee which hears the case and makes recommendations to the Dean.

The Code itself seems to be well-accepted by the students and has needed enforcement only twice in the two years of its existence. It is my hope that it would never need enforcement.

ALUMNI NEWS

Unsuccessful Effort

Efforts to secure $300,000 from the Wisconsin Alumni Research Foundation for phase II of the Medical Library have been unsuccessful, Dr. Frank Weston, Association president, reported to a Board of Directors meeting in the summer.

He said that although individual trustees of WARF appear receptive, the Foundation's policies preclude award of funds without the approval of the University president or the dean of the Graduate School.

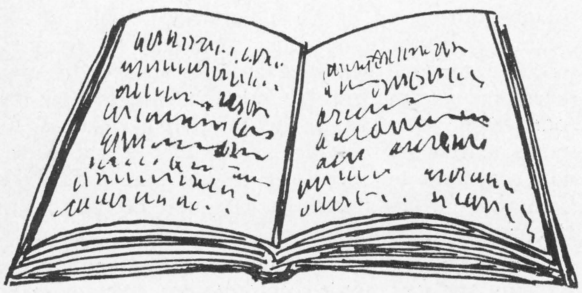
University President Fred Harvey Harrington said that he will not approve a request to WARF now because of more urgent University building needs than phase II of the library. He did indicate, though that he will support a high priority for state funds to complete phases II and III of the Library in the next five to seven years.

In addition to the history of the Medical School, the association is beginning one other major new project this year and will continue several others. The new project, preparation of an alumni directory, should be completed by alumni day next May. Already there are 1,600 returns on a questionnaire sent to all alumni; the same questionnaire is in this issue of the BULLETIN for those who did not make use of the mimeographed form.

The directory will list graduates, former members of the house staff and men who have completed two years at Wisconsin. It will also include maps of alumni distribution, pictures of the medical campus and information about the Association.

The six regular meetings for the year were scheduled at the board meeting. Heading the list chronologically is the Annual Fall Meeting in Madison October 31, which is Homecoming. The program will include three scientific presentations and a brief business meeting. Those who attend the scientific program may purchase tickets for the Wisconsin-Michigan State game in the afternoon.

The three scientific presentations will be made by Dr. Sture A. M. Johnson, professor of medicine, "Cutaneous Lesions as They Reflect Systemic Disease"; Dr. John F. Morrissey, assistant professor of medicine, on "Observations on the Use of the Gastro-Camera"; and a speaker yet to be announced.



Other Association meetings this year will be the Upstate Meeting in central Wisconsin; Milwaukee Winter Meeting February 12 at the University Club; Eighth Annual Meeting in Milwaukee in conjunction with the State Medical Society meeting; Alumni Day May 21, in Madison; and the meeting in conjunction with the AMA annual meeting. Details on most of the meetings will be announced when they are determined.

California Meeting

Fifty persons attended the Association dinner meeting, held in San Francisco in conjunction with the AMA meeting, June 21. Dr. Robert K. Salter, Stockton, Calif., was program chairman.

Those from Madison attending the meeting included Dr. Edwin C. Albright, professor of medicine, the speaker; Dr. O. O. Meyer, professor of medicine; Dr. Anthony R. Curreri, director of the division of clinical oncology; and Dr. William D. Stovall, emeritus professor. Dr. Herbert Pohle, Milwaukee, represented the Association's board of directors.

Non-Californians at the meeting included Dr. Cleveland J. White, '22, Oak Park, Ill.; Jackman Pyre, '37, Tucson, Ariz.; Marvin Olson, '44, Schofield, Wis.; Dermont W. Melich, former resident, Phoenix, Ariz.; Henry W. Aufderhaar, '57, Fort Atkinson, Wis.; and Leonard Lovshin, '39, Cleveland, Ohio.

Class Reunions

Plans for 1965 class reunions are already underway in some of the classes scheduled to reunite at Alumni Day. The classes which will reunion are 1930, 1935, 1940, 1945 and 1955. Dr. Eugene L. Weston, representative for the class of 1955, has asked Drs. John Siebert, James Whiffen, Kenneth Sachtjen, Paul Radlet and Phil Dibble to serve on the local arrangements committee for that class gathering.

At the most recent Alumni Day, the class of 1944 elected Arthur L. Scherbel class representative. In an effort to exchange more information at more frequent intervals about class members and the Medical School, Dr. Scherbel has formed a committee of class members in various parts of the country.

Members of the committee are Arvin Weinstein and Max Smith, Madison area; Louis Kagen, Marshall Weber, Milwaukee area; Jordy Daniels, Henry Szujewski, Chicago area; John Buesseler, Larry Schultz, central Midwest area; Gert Luther, Southern

area; Wally McCrory, New York area; Dave Halten, Rocky Mountain area; Karl Kundert, California area; and Allen Gay, Northwest area.

Where Are You?

Every few years, several alumni manage to elude the Medical Alumni Association. The missing persons bureau of the Association now has an active file of 24 missing alumni. Since these persons have also managed to elude the major directories, the BULLETIN prints the names, with the last known addresses. If anyone knows the whereabouts of any alumnus listed, please send a card to the Association.

Those missing:

William McKimmon Anderson, '30, New Lisbon, Wis.; Alan B. Bond, former member of house staff, College Park Medical Center, Great Falls, Mont.; Theodore A. Butzin, '28, 216 N. Lapeer Drive, Beverly Hills, Calif.; Richard C. Diming, house staff, 764 Union St., Jackson, Mich.; Thomas Sheperd Englar, '14, Box 132, Monticello, Fla.; Bernice L. Eversmeyer, house staff, Anamosa, Iowa.

James Robert Fitzsimmons, '53, 1415 Normandy Rd., Ann Arbor, Mich.; James Albert Goethel, '57, 1212 Shatto St., Los Angeles; Lawrence Marshall Field, '55, Armco Co., Dhahran, Arabia; Earl Ernest Holzman, '48, 15247 Sunset Blvd., Pacific Palisades, Calif.

T. Javelosa, 14519 Detroit Ave., Lakewood, Los Angeles; Ferdinand L. P. Koch, '33, 1701 N. Illinois St., Indianapolis; Charles Frederic Lecomte, '32, USS Canopus, Cavite, Philippines; Ralph L. Morris, house staff, 606 Eagle Heights, Madison; Oliver Otto Nelson, '13, 119 E. Washington Ave., Madison.

Joseph Arnold Opstedal, '18, Montana State Hospital, Warm Springs, Mont.; Loren F. Parmley Jr., house staff, 3268 Infantry Terrace, San Francisco; Harold Alfred Ramsey, '16, 108 N. State St., Chicago; Samir G. Salamoun, house staff, University of Iowa Hospitals, Iowa City; Maurice Silverman, '24, 17589 Westhampton Rd., Detroit; Leonard Marshall Smith, '26, 130 Main St., Oshkosh; John H. Spearing Jr., '38, 421 E. Silver Spring Drive, Milwaukee; James K. Wiggins, house staff, Ft. Worth, Tex.; and Ralph E. Wise, house staff, 410 E. Monroe St., Springfield, Ill.

Paying Double

By looking in a mirror and examining the area around and behind the ears, a medical school dean, faculty member, student, or even a University president could almost exactly guage when he would be holding the next impromptu clinical discussion with his colleagues at Steve's Barber Shop.

Since 1924, it has been a strong tradition around the Medical School, when the civilized well-groomed look begins to frazzle, to adjourn to Steve's shop for a haircut and conversation.

Steve, whose last name is Maloney, has been cutting hair in the shadow of the Medical School and Hospitals for 44 years. His first shop was on the site of the present Rennebohm drugstore, but in 1924 he moved roughly 100 feet to the west and has been in the same location since.

Dr. Ovid O. Meyer, professor of medicine, is one of those who sees Steve regularly. Dr. Meyer said that "Steve has always been a great lover of sports, notably baseball and football, and a skillful forecaster of game results (too many times for pleasant reflection I've paid double for a haircut)."

But, Dr. Meyer added, Steve is not infallible. For years Steve has advised, "Never bet against the New York Yanks or Minnesota." But this sage advice has not always been reliable, Dr. Meyer said, remembering happily the autumn of 1962 in football and the World Series of 1963.

Steve is a native of Dane County and remembers when cows grazed on University Heights, and when the city limits of Madison were at Breese Terrace. In those early days he charged 20 cents for a shave and 40 cents for a haircut.

Steve says that barbering techniques have changed since he began the battle to keep his fellowman freshly trimmed and neatly groomed. He stated, without a trace of regret, that "there is now more work with an electric clipper, and very little with shears and a comb."

He also said that shaving was down, and this he attributed to the growth of electric razor popularity. Facial and scalp massages aren't much in demand either, he said.

Dr. Meyer summed up the sentiments of Steve's numerous customers and friends: "We continue to be proud to call him our friend and it has been a great pleasure to know Steve Maloney these many years. It is my wish that he have many more good years in the same shop. I shall see him about every second week."

California News

LET IT BE SAID

William H. Oatway Jr., '28
Correspondent

About the time that this is printed *Dr. Robert B. Woodhull* of 2015 Clarmer Way, San Jose, Calif., will be looking for Wisconsin alumni at the Olympic games in Tokyo. . . . Bob is still in OB and Gyn work, and a staff member of five local hospitals and consultant at the County (Santa Clara) Hospital. He was a graduate of the Medical College of Virginia in 1937; had his specialty residency in the John Harris-Ralph Campbell-Madeline Thornton era at the Wisconsin General Hospital; and was chief of the OB and Gyn service at Northwest Clinic and Trinity Hospital from 1940 to 1945. . . . Bob attended the Alumni dinner at the San Francisco meetings but got called away (guess what for) after supper.

J. Harold Batzle Jr., known at Wisconsin as 'Lefty,' a graduate of Wisconsin Medical in 1940 and resident in medicine in 1943, has been nicely located in Riverside, Calif., for years. He and his wife Kathleen have three children, Jr. HB III and Kathleen in college, Kurt in high school. . . . His practice is pediatrics; he is on the staff of three local hospitals; he is a licentiate of the American Board of Pediatrics, a fellow of the American Academy and S. W. Ped. Soc., and assoc. clin. prof. of Pediatrics at Loma Linda University (now withdrawn from Los Angeles to Riverside County).

Another Wisconsin and Riverside, Calif., M.D., is *Phil Corr* (W. Philip Corr Sr.), who began his medical work as a two-year man, and went on through a most interesting educational trek. . . . He continued at Rush Medical (1921-23); interned at L. A. County General (1923-24); tried general practice in Denver (1924) and Juneau, Wis., (1925-27).

He had a year as pathology instructor with "that fine gentleman, Dr. Charles Bunting"; took three years in internal medicine at Mayo's; practiced in Los Angeles for four years; and has been one of the three Corrs in the internal medicine section of the Riverside Medical Clinic since 1935 (allowing five years out for service in the Army).

Dr. Jackman (Jack) Pyre of Tucson doesn't live in this area but (being a correspondent), he can't write about himself in Arizona. So, we write on the behalf of his holiday visits here (Oceanside) and his many friends. His entourage consisted of his wife, Wyndham, and four daughters, Peggy, Janny, Jodie and Jane Jackman. . . . Jack has a deservedly fine practice (internal medicine), and is a wonderful help to patients and their families. He looks well and tanned, but none of his life compares with the pleasure of duck-hunting season. . . . He recently met his closest friend from the old 44th General Hospital days, Herb Pohle, (currently a leading Badger medical politician) and they and their wives had a whirl at the San Francisco AMA meeting.

Frank Van Kirk, once on the teaching staff at Wisconsin General (Rush graduate, resident in medicine, 1946) is happy and well-set in San Francisco. . . . 'Happy' since he likes it better than Los Angeles; is in internal medicine; and has a wife, Phoebe, a son, Frank (12), and daughter, Susan (14). . . . 'Set' because he is on the active staff of the Franklin Hospital, Childrens' Hospital, and associate clinical professor of medicine at U. of Calif., as well as member of the AMA, CMA, SFMS, ASIM, CSIM, AHA, CHA, SFHA, and president of the SFSIM.

Jerome Sugarman, a native Californian and graduate of USC Medical School, has been back there since he finished a residency in medicine at Wisconsin in 1943, moving on and up in internal medicine and cardiology. He began with a senior residency at the Los Angeles County General Hospital, continued with an instructorship at USC, and has proceeded to full 'attending' at Mt. Sinai and Cedars of Lebanon (where he is staff secretary). His interests include the California Society of Internal Medicine, the Society of Graduate Internists, but also that well-rounded trinity (golf, fishing and bridge). . . . His family includes his wife, Betty, and two teen-age sons, David and Roger.

Dr. Donald Pattison has moved from Artesia Street to 1135 N. Garvey Avenue, Pomona. This news came after an inquiry last winter, but not until a report on his brother-in-law (Hunter Sheldon of Pasadena) appeared in this column. . . . Don agrees to use of the data "if Mischa has to pad the next issue." Don graduated from Wisconsin Medical in 1936; has been a urologist in Pomona ever since; and actually is top man, as President of the Los Angeles Urological Society this year. . . . His family consists of wife Patricia Healey. . . . He misses recent news, not from Dr. Lustok who is generally available, but from his "best Madison correspondents," Bill Werrell, '27, and John Doolittle, '37.

Let It Not Be Said,—

"Alas 'tis now too late!" (Etherege, 17th Century)

If *you* have comments about people, or about memories (*les temps perdu*), or items of progress—and if you live in California—send them to the correspondent named in the byline, at LaVina Sanatorium and Hospital, 3900 Lincoln Avenue, Altadena, Calif.

MEDICAL SCHOOL NEWS

Unanimous Approval

Months of study climaxed August 18 when the special legislative council committee studying the Medical Center voted unanimously to recommend the Medical Center's long-range development program. The committee's recommendation was forwarded to the parent legislative council, which is now considering the proposal. Funds will be provided either through the State Building Commission, or through special legislation.

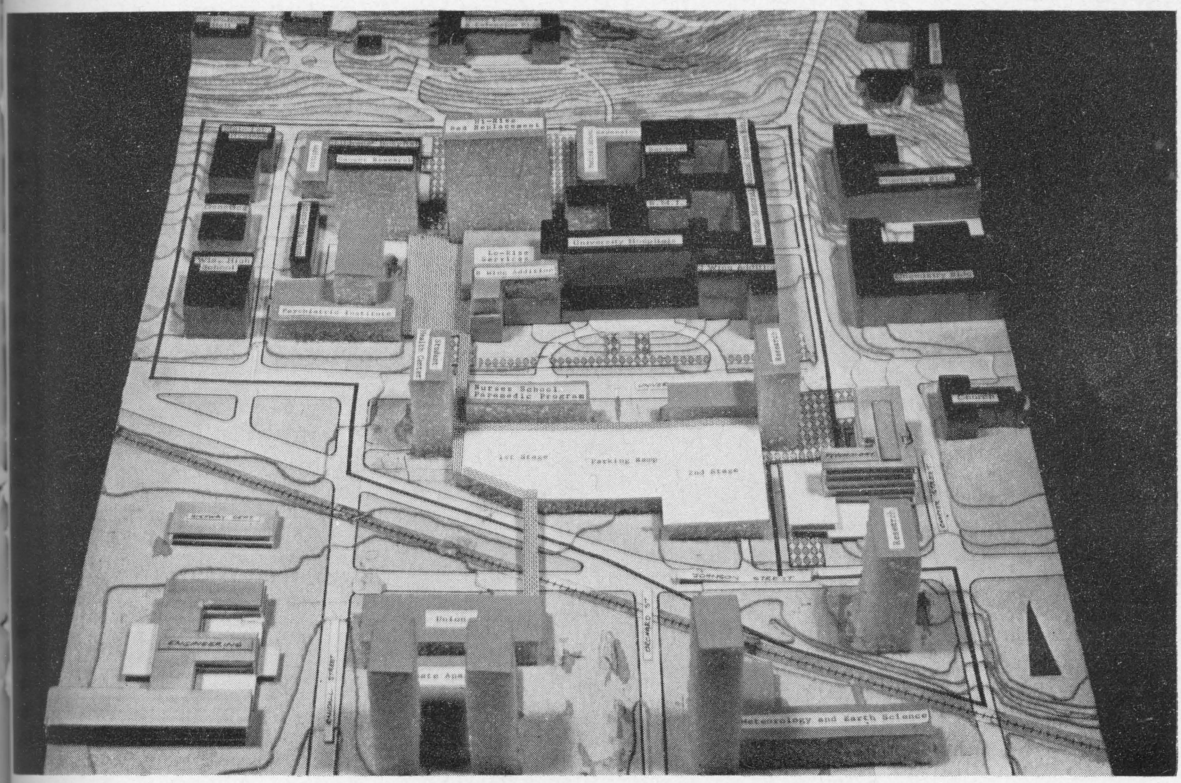
The $32-million building program needs nearly $18 million in state funds in the next six years to get off the ground. With state funds, the Medical Center can apply for matching federal funds, of more than $8 million. State funds provided over a six-year period also mean that the Medical Center will be freed from planning on the biennial basis. Edward J. Connors, who is in charge of long-range planning and the superintendent of University Hospitals, said that the first biennium of the building program would require a state appropriation of nearly $8 million, with an additional $10 million needed between 1967-1971. About $8.7 million could be expected from the federal government, he said, but added that the Medical Center would have to compete for federal funds, which are not guaranteed.

The Medical Center already has $4.2 million of the $32 million needed. About $800,000 of the money on hand came from alumni and industry for a medical library. The rest was appropriated by the state for use in this (63-65) biennium. Part of the money has already been used for the three-story addition to the Hospitals' C Wing, another portion is being used now to finance a similar addition to the B Wing, and the rest will be used to build a three-level service building on the site now holding the infirmary. The $800,000 in private gifts and $300,000 from the state will be used for phase I of the library.

Planning for the three-level service building is underway, and contracts will be let by June 30. Mr. Connors said that in addition to the projects already financed, he hopes that in the 65-67 biennium financing can be assured for the School of Nursing building ($1,600,000), the Wisconsin Psychiatric Institute ($4,000,000), Student Health Center ($1,000,000), parking ramp ($615,000 and self-financing), a 15-story bed replacement building ($5,000,000), a clinical science building ($4,000,000), and several remodeling projects.

However, Mr. Connors cautioned that, depending on the availability of federal funds, some of the buildings planned for phase one may be held over to another phase, and other buildings may be moved from phase two into phase one.

Projects scheduled for phase two, in the 67-69 biennium, include a major addition to Children's Hospital ($2,500,000), and facilities for paramedical teaching ($2,000,000), conversion of Wisconsin General



Hospital for outpatients, offices and service facilities ($1,500,000), and minor remodeling projects.

In phase three, during the 69-71 biennium, a new medical school building ($2,500,000), an addition to the parking ramp ($750,000), addition to the medical library ($650,000), and remodeling projects are contemplated.

Damaging Chemicals

There is still no proof that any one factor is directly responsible for heart disease or arteriosclerosis, according to Dr. Joseph J. Lalich, '37, who is investigating chemicals that cause damage, similar to arteriosclerosis, in blood vessels.

Dr. Lalich, who is professor of pathology at the Medical School, said "There have been many studies that link general types of foods, such as fats, with arterial fat deposits which hinder blood flow. But to say that fat deposits are caused by these foods is not a complete explanation."

Scientists, he said, have yet to learn exactly what in these fatty foods contributes to the blood fat deposits and how it goes about forming them. "There may be statistical relationship between certain factors and heart disease, but statistics do not tell us how a substance causes vascular damage or whether it alone is responsible for the damage."

So far, he reports, two chemicals that cause vascular damage have been found in a variety of experimental animals. One is beta-aminopropionitrile (BAPN). This chemical, found in sweet peas, causes the aorta to rupture in chickens, rabbits and rats. The other is monocrotaline, a common component of many legumes. This has been found to attack lung arteries in laboratory rats.

Chemicals of the sort which Dr. Lalich is after would be useful in evaluating treatment for circulatory diseases. With such chemicals, vascular disease could be produced experimentally, and then treated.

"Undoubtedly, human vascular disease is the result of many different interrelated factors, such as age, sex, heredity, stress disease and diet," Dr. Lalich said. "It will be a long time before these interrelationships are figured out."

People in the News

One of three large predoctoral fellowships awarded to individuals this year by the American Cancer Society went to Michael S. Kappy, a part-time third-year medical student who has been in the Medical School's research honors program. Kappy received a four-year award of $17,980, which will pay his tuition, equipment costs and living expenses while he works in the Ph.D.-M.D. program.

Mr. Kappy is doing research in biochemical genetics with Dr. R. L. Metzenberg, physiological chemistry, and said that though he is aiming for a career in medicine, he is interested in research and would like a Ph.D. in the basic science. He has a bachelor's degree from Johns Hopkins.

The American Cancer Society makes the awards in an effort to recruit outstanding people for careers in research. In addition to the three individual awards, the Society made grants for predoctoral fellowships to two medical schools. The grants were for $64,000 and $84,000.

Dr. Edwin C. Albright, professor of medicine, who had served as assistant dean for clinical affairs for nearly three years, resigned the post September 1. Dr. Robert D. Coye, who is on leave in Scotland, has been replaced temporarily as assistant dean for student affairs by Dr. David T. Graham, associate professor of medicine.

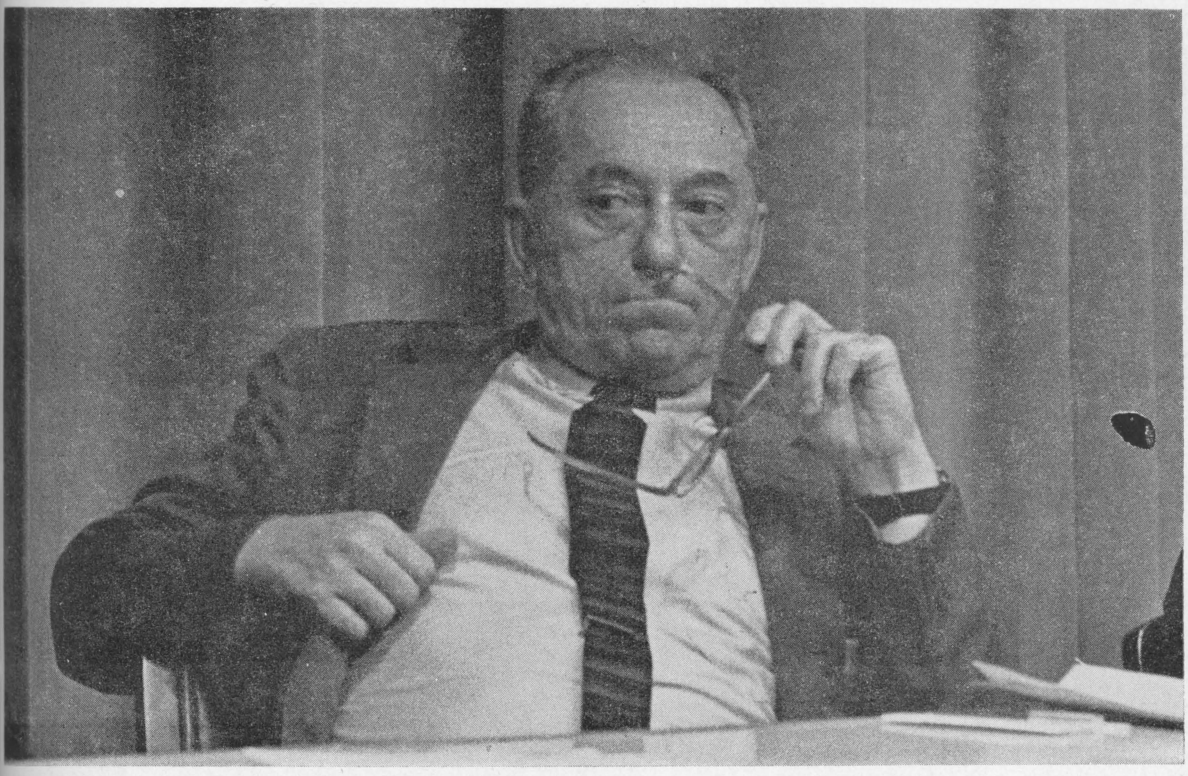
Cancer Conference

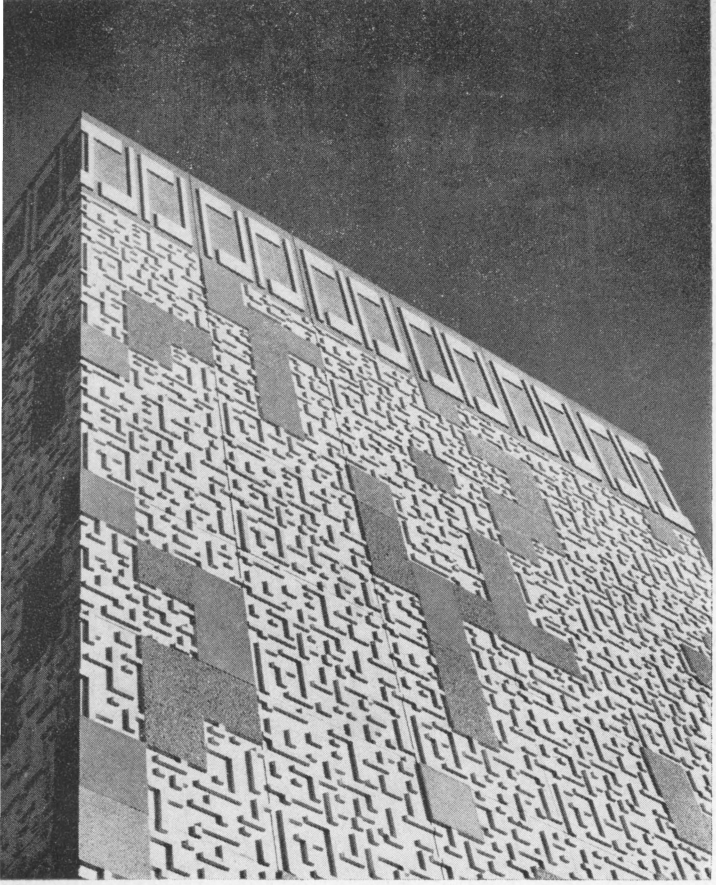
More than 150 persons attended an international conference on the treatment of advanced cancers this summer. The Division of Clinical Oncology sponsored the 2½-day conference on "Several Approaches to the Control of Advanced Cancer." In addition to the chemical treatment of cancer, the basic science considerations, especially the biochemistry of cancer, were discussed.

Taking part in the program were eight distinguished guests from all over the country, and 12 medical School faculty members. The UW faculty members were Dr. Anthony R. Curreri, '33, director of the division of clinical oncology; Dr. Fred Ansfield, '33, professor of surgery; Dr. Charles Heidelberger, professor of oncology; Dr. Van R. Potter, professor of oncology; Dr. William H. Wolberg, '56, assistant professor of surgery; Dr. John Gurland, professor of surgery, clinical oncology and statistics;

Dr. Philip P. Cohen, '38, professor and chairman of physiological chemistry; Dr. Henry C. Pitot, associate professor of oncology and pathology; Dr. Robert O. Johnson, '48, assistant professor of clinical oncology and surgery; Dr. Frank Gollin, '37, assistant professor of radiology; Dr. James M. Price, '51, professor of surgery and clinical oncology; and Dr. Robert J. Samp, '51, assistant professor of clinical oncology.

Right: Dr. Van R. Potter, professor of oncology, makes a presentation at the international conference on the treatment of advanced cancers. Below: Dr. Philip P. Cohen, professor and chairman of physiological chemistry, listens to a speaker at the same conference. About 150 persons from the United States and Canada were in Madison for the conference, which was a program in postgraduate education. (Paul Knipping Photos.)





The McArdle Story:

RETROSPECT and PROSPECT

Victor A. Triolo, Ph.D.

The University of Wisconsin will witness October 17 the dedication of the new McArdle Laboratory for Cancer Research. Since completion of the nearly $3,000,000, 11-story facility coincides wtih the tri-decennial of endowed cancer research at the Medical Center, the occasion provides an opportunity for a review of the department of experimental oncology.

The following lines recall past events which have contributed to making the University a critical site of fundamental research on cancer and related diseases. They conclude with a forecast of vistas anticipated in the Medical School's recently expanded research operations. (The indispensably allied clinical services in research, diagnosis, treatment, and prevention of neoplastic diseases, have attained equally distinguished levels of achievement at Wisconsin General Hospital in the past 30 years, and are a vital part of this story. However, this resume must be limited to McArdle history.)

Bowman Bequest. The foundations for a program in experimental research on cancer were made possible in the Spring of 1934 through a bequest of $420,228 provided in the will of Miss Jennie Bowman of Wisconsin Dells to support a program of cancer research at the University of Wisconsin, and to be named in honor of her father the Jonathan Bowman Memorial Fund.

Subsequently, a committee composed of Medical School Dean Charles R. Bardeen, who was directly charged with administering this fund, Dr. Walter H. Meek and Dr. Gunnar Gundersen visited various cancer research centers in the United States and interviewed many well-known investigators in the interests of devising a plan for this bequest. Their results, issued in a December, 1934, report to University President Glenn Frank, specified the need for a broad program in basic research involving personnel experienced in both clinical and fundamental problems in cancer.

The committee ultimately decided to allocate the Bowman funds for fellowships to promising young investigators among the medical graduates, permitting them adequate research facilities in the University's medical departments and travel and study opportunities elsewhere. It was the consensus of the committee that this policy would best insure for the University the preparation of its own future leaders in cancer research.

The first Jonathan Bowman Fellowships were awarded July 1, 1935 to Dr. Harold P. Rusch, '33, Physiology, Dr. Frederic E. Mohs, '34, Surgery and Zoology and Dr. Mead Burke, '28, Pathology. The

Victor A. Triolo was a 1962 recipient of a Ph.D. in the Department of History of Science-History of Medicine at the University of Wisconsin. Dr. Triolo is a post-doctoral fellow in the Department of Oncology.

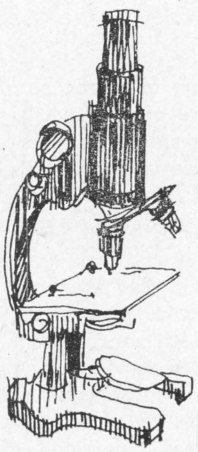
death of Dean Bardeen several months before the inauguration of the fellowships added a sombre note to the enthusiastic beginnings of this new medical venture.

McArdle Endowment. These early proceedings were given further impetus by a prominent Chicago industrialist and Door County resort hotel owner, Michael W. McArdle, himself a victim of cancer, who in May, 1935, bequeathed the University $36,455 in various assets. The bequest included common stock valued at $5,580 in the Chicago Flexible Shaft Co. (now merged with the Sunbeam Appliance Corp.) The terms of the will earmarked these funds for the study of cancer. Mindful of future needs, Medical School Dean William S. Middleton, as chairman of a University Cancer Committee, projected the establishment of a cancer research laboratory within the Medical School. The McArdle funds were to be employed for the construction of a suitable facility, the contracts for which were awarded in 1938.

On March 1, 1940, three days before the $240,000, four-story McArdle Memorial Laboratory for Cancer Research was occupied by the research and treatment specialists, it was learned through the secretary of the Board of Regents that the new building was rendered entirely debt free by virtue of a "modern financial miracle." The sale of the McArdle stock at an opportune time netted the University a 20-fold return; together with other holdings from the McArdle estate, the endowment had grown to $136,582. The addition of an $108,000 Federal PWA grant permitted an immediate liquidation of the mortgage at a time when the depressed resources of the University would have otherwise curtailed the full realization of this vital work.

The basement of the McArdle Laboratory, occupying the now familiar site on North Charter Street, initially housed a radium emanation plant. Facilities for the diagnosis and treatment of cancer by means of x-rays and radium were located on the first and second floors. The third and fourth floors were given over to fundamental research, among the first of such laboratories in the United States.

An executive committee including, together with Dean Middleton, Drs. Meek, W. D. Stovall, A. J. Riker, and M. F. Guyer, was charged with administering the premises. An advisory committee, composed of those actively engaged in cancer research, included by 1942 Drs. Rusch, Experimental Research; C. A. Baumann, Biochemistry; and Mohs, Clinical Research. The experimental program was filled out by three collaborating investigators, Drs. Van R. Potter, Biochemist, W. L. Wasley, Organic Chemist, Mr. B. E. Kline, Biochemist, six part-time graduate research assistants and several technicians.



The pulse of this new research endeavor was touched by Drs. Meek, Stovall and Ernst A. Pohle, members of the Cancer Building Committee, who, when asked why the McArdle Laboratory contained only two offices for its four floors, replied: "Our men will make their laboratories their offices. They will be laboratory workers, not chair warmers."

The work of the experimental section so increased by 1951 that the basement and all four floors of McArdle were occupied by these "bench" workers. (Two stories were added to the building in 1950 to accommodate a cardiovascular research group.) Four thousand square feet of additional laboratory space in the infirmary attic, which became known as McArdle Annex, were acquired in 1960. Despite the expanding requirements for research space, only two offices were maintained to serve the secretarial needs of the laboratory.

Fundamental Research.[1] The University's 'coming of age' in cancer research was previewed at a Cancer Institute held at the Medical School, under the auspices of the Wisconsin Alumni Research Foundation, September 7-9, 1936. This gathering, attended by many noted American medical specialists and several distinguished European investigators, dealt with a broad spectrum of basic research problems; i.e., "Chemical Carcinogenesis" (Dr. Howard B. Andervont of the U. S. Public Health Service), "The Biology of the Cancer Cell" (Dr. Stanley P. Reimann of Philadelphia's Lankenau Research Institute), "Tissue Culture in the Study of Cancer" (Dr. Warren H. Lewis of Baltimore's Carnegie Institution of Washington), "The Genetic and Constitutional Aspects of Spontaneous and Induced Tumors" (Dr. Leiv Kreyberg of the University of Oslo), and "The Virus Theory of Cancer" (Dr. James B. Murphy of New York's Rockefeller Institute).

Dr. Rusch and other University participants at this Symposium, thus exposed to the market place of ideas, came away to chart a new course for future activities in a program of fundamental research. For nearly a quarter of a century this course at McArdle has been set toward the goal of elucidating the neo-plastic process under standardized conditions. There is an ample record of performance.

For more than a century medical workers have suspected that man's natural environment poses a

[1]The past and present research of McArdle scientists has been discussed fully in several reviews. For example, see Wisconsin Alumnus, January, 1952; *Ibidem,* November, 1961. An epitome of this research is presented here for the purposes of historical perspective.

carcinogenic threat. By 1940 this conclusion was abundantly borne out in the laboratory. A German dermatologist, for example, was the first to demonstrate (in 1894) the high incidence of dermal carcinomas in farmers and sailors, and he implicated exposure to ultraviolet radiations of sunlight as the source of this disorder. An English investigator in 1928 furnished experimental proof of the carcinogenic effects of ultraviolet rays in rodents. This problem, among others, came within Dr. Rusch's interests as a Bowman Traveling and Research Fellow (1935-40), and by 1941 the chairman and other members of the new department of experimental oncology published results on the carcinogenic activity of UV with reference to wave length and energy. This research contributed to the equipping of investigators with a valuable biodynamic tool in exploring the physiological pathways of the neoplastic process.

Tar and related products also have shared a prominent place in the cancer literature of earlier times. Soot as a source of scrotal cancer in chimney sweeps' was observed as early as 1775 by an English surgeon. The experimental production of tumors in rabbits by means of coal tar applications was reported by Japanese workers in 1915. Fifteen years later investigators in Great Britain isolated the first chemically pure hydrocarbons. By 1942 McArdle researchers were among the many to take up a study of the biochemical mechanisms of tumors elicited by the carcinogenic hydrocarbons.

This work is still vigorously prosecuted, utilizing chromatography and isotope techniques, as well as other essential resources provided by modern medical science. As a consequence, numerous McArdle data on the damaging effects of specific hydrocarbons and related compounds experimentally introduced into metabolic situations are part of the current bibliography in the field.

Probes into other crucial aspects of growth were initiated in the early years. Thus, the relations of diet to tumor growth susceptibility in mice engaged the interests of the McArdle group in 1941. Nutrition, as one among many suspected factors in cancer formation, suggested a wide range of research possibilities: for example, the biochemical correlations of carbohydrate reactions in normal and malignant metabolism. A part of this work implicated the role of enzymes in the tumor process. The services of Dr. Potter, another Bowman Research Fellow tutored in Wisconsin's biochemistry tradition and now assistant director of McArdle, are prominently associated with this phase of research.

Another segment of McArdle workers—a surgical wing under Dr. Mohs— perfected, at the same time, the experimental techniques of chemosurgey. This work was among the earliest to bridge the experimental laboratory and the cancer clinics at Wisconsin General Hospital. It is carried forward today, under Dr. Mohs, in the chemosurgical division of Wisconsin's Department of Surgery.

Postwar Trends. The exigencies of World War II notwithstanding, the labors at McArdle were expedited by virtue of continuing support ($10,000 annually) from the Bowman Fund. Recognition of this work by the State of Wisconsin came in 1941, as a direct yearly appropriation of $15,000. Moreover, a $5,000 award was received from the Wisconsin Alumni Research Foundation in connection with sponsorship of the 1936 Cancer Institute. Smaller grants were obtained from the Finney-Howell Fund for Fellowships (Baltimore) and the Abbott Laboratories (Chicago). By 1945 the original Bowman bequest was swelled to nearly $676,000 by the addition of grants from a total of 11 donors.

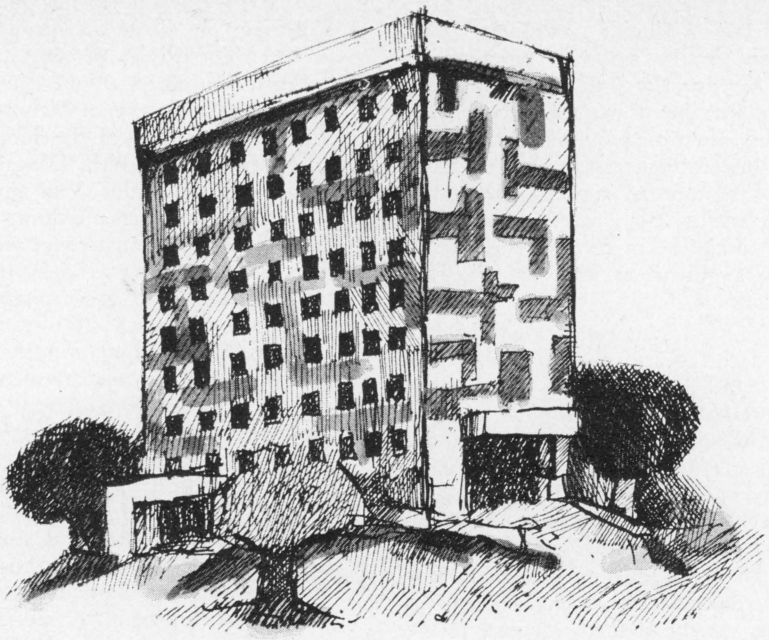
ABOUT McARDLE'S DIRECTOR

Dr. Harold Paul Rusch, born in Merrill, Wis., has earned Bachelor (1931) and Medical (1933) degrees at the University of Wisconsin. After his internship at Wisconsin General Hospital, Dr. Rusch became an Instructor in the Department of Physiology. Subsequently, he was awarded a Bowman Traveling Fellowship, a Research Associateship in the Department of Medicine, and a Bowman Research Fellowship. In 1941 Dr. Rusch was raised to the rank of assistant professor of Oncology, and to professor and chairman of the Department in 1945. Since 1946 he has been director of the McArdle Memorial Laboratory for Cancer Research.

Dr. Rusch served as a board member of the American Association for Cancer Research from 1952 to 1954. In 1954 he was elected President of the Association. Upon his 10th anniversary in 1959 as editor-in-chief of the Association's journal, *Cancer Research*, Dr. Rusch received a plaque for distinguished services. At the Spring 1964 meeting of the A.A.C.R., at which Dr. Rusch's retirement as editor was announced, he was given another meritorious citation for his journalistic endeavors.

Dr. Rusch's honorary affiliations include membership in the Society of Sigma Xi and the American Academy of Arts and Sciences. In 1961 he was invited by late President John F. Kennedy to serve on the Presidential Advisory Board on Cancer. His efforts as a leader in cancer research were given special acknowledgement in a recent award by the Department of Oncology.

He is a member of the American Assn. for the Advancement of Science, and the editorial board of Perspectives in Biology and Medicine. Some of his other national activities include membership in the National Advisory Cancer Council, and the Research Advisory Council of the American Cancer Society.



This support permitted greater strides in the new clearly-defined long-range policy of McArdle research: *to expose the fundamental aspects of the cancer process and the factors that alter its development.* Other experimental facets in the comparison of normal and neoplastic metabolism were sought. For example, the frequency of bladder cancers among men employed in the aniline dye industry was observed by a German clinician in 1895. The experimental production of tumors in rodents by means of the application of various dye-stuffs was later reported by other German workers. An *azo* dye was shown by a Japanese investigator (1937) to induce liver tumors when added to the diet of rats.

Scientists, now furnished with a carcinogen which targeted the organism's physiological power plant, were able to plot the metabolic course of the tumor process through controlled exposures of laboratory animals to dyes of this category.

This challenge was spearheaded at McArdle in 1945 by Dr. James A. Miller, through work begun in 1941 in conjunction with Wisconsin's Department of Biochemistry. Dr. Miller's subsequent research in collaboration with Dr. Elizabeth C. Miller now aims at a step-by-step description of liver cancer induction under experimental conditions.

Postwar research at McArdle advanced along older and newer lines. Dr. Roswell K. Boutwell, a staff member since 1945, gathered fresh evidence on the effects of nutrition on cancer incidence in mice. Dr. Boutwell's studies have led him in recent years to postulate a number of significant conclusions on the intrinsic and extrinsic promoting factors in tumor genesis.

Another attack on cancer at the cellular level was launched in 1945 by Dr. Gerald A. LePage (now at California's Stanford Research Institute). Dr. LePage probed the reasons for an unusually high build-up in cancer cells of nucleic acids, essential pieces in the jigsaw puzzle of cell division, a problem simultaneously tackled from other angles by McArdle's Dr. Potter and Dr. Walter C. Schneider (now at the National Institutes of Health). Among other results, these investigators improved techniques for detecting nucleic acids, a work given tremendous impetus in 1948 when Dr. Charles Heidelberger, a radio- and bio-organic chemist, joined the McArdle ranks. The uses of radioactive tracers led the McArdle group by 1951 to establish a new concept stressing fundamental differences in the dynamic architecture of normal cells and cancer cells.

A next step was to search out methods to deter the organic construction of neoplastic cells. In 1957 such a breakthrough was made by Dr. Heidelberger who, in collaboration with Dr. Robert Duchinsky of Hoffman-LaRoche, Inc., developed a drug, 5-Fluorouracil (5FU) which blocked the nucleic acid-making apparatus of the growing cell. This and newer, more potent compounds in the same series have enabled McArdle scientists to throw another life line to the clinical quest for cures in human cancer.

At the present time McArdle research seeks other experimental answers to the riddle of cancer. Studies by Dr. Gerald C. Mueller on growth rates of cells, determined partly by the meticulous techniques of modern tissue culture, are throwing light upon the hitherto hidden recesses of molecular mechanisms in cell division. Enzyme activities which regulate the minute, upward gradations of neoplastic growth are being explored by Dr. Potter and Dr. Henry C. Pitot. Molecular disordering in radiation damaged cells is one of the special interests of Dr. Waclaw Szybalski. New biochemical insight into viral induced cancer is being sought by Dr. Howard Temin. The problem of cellular specialization in a simple plant organism is among the current pursuits of Dr. Rusch and Dr. John W. Daniel.

Basic research, however, is but one of the tangible products of McArdle efforts. The laboratory has become a foremost American training ground for med-

ical research talent.[2] The double objective of McArdle's founders—one in the realm of research, the other in the realm of education—still remains before the eyes of its present day helmsmen. McArdle's training program encompasses time-honored principles in the making of the medical scientist: (*a*) preparation in the curriculum of the medical sciences, (*b*) personal supervision in the methodology of research, (*c*) acquisition of mental discipline in formulating and expediting a research problem, as well as effectively communicating its results.

The number (six) of graduate research assistants in 1942 has increased slightly over two-fold in 1964; the number (three) of post-doctoral fellows (post-graduate trainees) in 1942 has increased six-fold in 1964. Faculty members with the rank of assistant to full professor now stand at ten. Thus, the ratio of faculty members to training personnel in all categories is slightly more than 1:3, half the limit incorporated into the program's scope. A world-wide selection of students have received McArdle training, and many now occupy positions of responsibility as teachers and investigators in a wide variety of fields. Several former trainees have become world-recognized authorities in specialized medical subjects.

As in research and education, McArdle is also a focal point of scientific publication; the laboratory serves as the editorial office of Cancer Research, the official organ of the American Association for Cancer Research. Under the editorial guidance of McArdle Director Rusch for fifteen years, the journal has now become one of the three major American outlets for cancer research communications. Together with Dr. Rusch, Dr. Elizabeth C. Miller as associate editor, Dr. Ilse L. Riegel, as managing editor, and Mrs. Elizabeth B. Earley as technical editor, received in 1960 the annual honorary award of the American Medical Writers Association for general excellence in the field of medical publication.

New Horizons. Cancer research today requires intellectual and financial resources far beyond that envisioned in 1940. The annual working budget of the Department of Oncology now exceeds the combined totals of the original Bowman and McArdle bequests. Ninety per cent of this support is made available by the United States Public Health Service and the American Cancer Society. For several years it has been realized that the space needs of modern cancer research would soon outgrow the boundaries of the old McArdle.

Space extensions were discussed in March 1958 by Dr. Rusch and University President Edwin B. Fred. Additions to existing hospital facilities appeared to be architecturally unfeasible, but a temporary solution was found in the acquisition of McArdle Annex. Early in 1959, Dr. Rusch, seeking a long-range answer, applied for a matching fund of $1,000,000 from the Health Research Facility Branch of the National Institutes of Health. However, joint support from the University or private sources did not offer encouraging prospects for this approach.

Further inquiries resulted in the enlistment of support from Congressman Melvin Laird, R., Marshfield, a ranking member of the House Committee on Appropriations for Health, Education and Welfare, who in June 1959 introduced an amendment to the Public Health Service Act providing for appropriations of $30,000,000 for grants-in-aid without matching funds. This amendment was defeated. Renewed overtures by Dr. Rusch and other interested parties prompted Congressman Laird to introduce an amendment (Spring, 1960) stipulating that $5,000,000 from the Fiscal 1960-61 appropriation be used for special cancer research facilities without the need of matching funds. This amendment received full Congressional approval in August 1960.

The new McArdle was born on June 5, 1961—the day on which the University Regents accepted a grant of $2,475,000 from the Cancer Research Facilities Branch of the National Institutes of Health. An additional $377,000 was made available from cancer research funds on hand. A site (east of the Intern Resident Dormitory, south of the Children's Hospital) was allocated, and Dr. Rusch, Dr. Boutwell and Mrs. Helen Baldwin, comprising the McArdle Building Committee, began preliminary plans for the first unit in a high-rise structure proposed in the long-range development for the Medical Center. These plans began to materialize on October 13, 1962, when a ground-breaking ceremony was held.

The building was completed as scheduled on August 1, 1964. A completely modular exterior design incorporates a new architectural concept in textured surfaces employing pre-cast mosaic panels, developed by Professor Franklin Boggs of Beloit College, which stresses economy and functionalism. The interior has been planned in terms of potential for future expansion: about 35 per cent of the space will be available for necessary growing room. Internal arrangements allow for multi-operational uses and permit a maximum of flexibility. A minimum of expense will be required to up-date laboratory facilities at a later time. Since McArdle has become a password for many developments in cancer research, it will be retained in the title of the new laboratory. The designation *Memorial* will be discontinued.

What does the future hold? In coming days McArdle scientists will look with greater depth into the mysteries of the cell. The new McArdle makes possible the exploration of wider phases of biochemistry and molecular biology; in immunology and resistance to cancer cell induction, on the way in which functional information is genetically transmitted within the malignant cell, on the ultra-structure of the cancer cell (through use of the electron microscope), on the chemistry of cellular proteins, and on immunochemistry in cancer. This work will call for the addition of other specialists with the rank of assistant professor or above (two new members have since been added to the McArdle team). Thus, the University of Wisconsin stands on the threshold of a new vision in cancer research. This vision brings the hopes of yesterday closer to the goals of tomorrow.

[2]See Harold P. Rusch, "The Role of a Research Institute in a Medical School," *J. Med. Educ., 33*: 445-450, 1958; also *Wisconsin Medical Alumni Journal,* May, 1956.

Part II

STUDENT HEALTH PROGRAM: STATUS AND PROBLEMS

Robert C. Buxbaum, M.D.

Peter L. Eichman, M.D.

In 1932, the Infirmary was equipped to handle 110 inpatients and had outpatient offices for a dozen physicians. At that time there were approximately 10 full-time staff physicians serving a student population of 8,423. As the Medical Center expanded at a rapid rate, becoming a complex of hospital buildings and basic science laboratories staffed by an ever-increasing number of clinical specialists and scientists, the Student Health Clinic barely maintained its status quo. Against a background of an explosive postwar growth in the student body, the clinical staff declined in number and the physical plant aged and decreased in size as far as student use was concerned. For example, from a peak of 22,000 square feet used by the Student Health Service in 1932, there was a decline to the present 7,500 square feet. As it is well known, the student population has increased to 22,500 during that period of time.

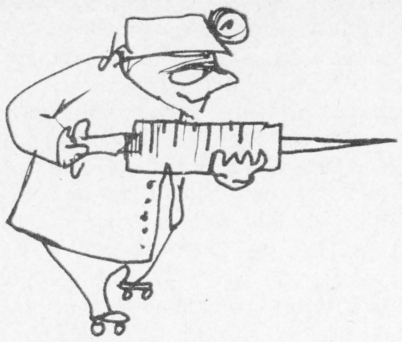
At present, the inpatient space specifically designated for students is one-half of the former level and the outpatient space is at an all-time low of 5,000 square feet. The acceptability of the present operation has rested on the greater use of the specialists on the University Hospital staff and the cooperation of the present hospital administration in supplying beds anywhere if needed. Such a liaison cannot serve as the principal answer to inadequate facilities and an overworked outpatient staff.

Despite these serious shortcomings in the staff and facilities, the Student Health physicians have done yeoman service in attending the students. For example, in the year 1961-1962, 40,000 outpatient visits were made. Inpatient care of about 6,500 inpatient days, 5,500 hours of psychiatric counseling, and medical needs of 1,000 athletes, including coverage of major sporting events, were provided to the student body. Since the vast majority of these services were provided during nine months of the year, the Student Health physician is to be commended for carrying a very heavy burden and doing a reasonably good job despite the shortcomings. It must be evident that, because of the limitations of the staff and facilities, all attention focuses on the care of the *ill* student.

Goals and Responsibilities. In the area of Student Health, the time of clear-cut decisions seems at hand. The service carries a heavy load as well as it is humanly possible; it cannot continue at its present level in the face of an ever-increasing student population. Additional physicians and more space would seem logical. However, there are deeper questions involved here.

In order to approach the problem of student care, the goals and responsibilities of an ideal college health

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



service must be defined. These embrace the following:[6-9]

1. The medical care of acute and chronic diseases which may impair the student's ability to respond to the educational process.

2. The prevention of disease through many avenues of activity ranging from immunization programs, proper housing, food preparation, and screening of students from foreign lands with high endemic disease rates.

3. Education of the young adult in the preservation of mental and physical health. Lectures, seminars, informal small-group counseling in the multiple aspects of campus living, and family formation.

4. Coordination of various activities within the University which have to do with environmental health; e.g., safety committees, radiation hazards, etc., as they reflect on health needs of the student.

5. Research into improving methods of coping with student health problems.

Other Universities. In other universities of similar size and background, these goals are achieved in an impressive style. In some, complete spectra of medical and surgical specialties including dental and eye care, organized immunization programs, vigorous mental health educational courses, and more traditional public health services for the campus are provided. Wisconsin can be compared, for instance, with two college health services in mid-western land grant universities:

University "A" serves a student population of 29,000 total including a subsidiary campus in an adjoining city which contains about 5,000 of the 29,000. The student health service is an independent service located in close proximity to the university hospitals. It shares many characteristics common to the University of Wisconsin in that sense. It is supported entirely by student health fees which are collected at a rate of $12 per quarter, or $48 for an entire year.

The health service is staffed by 23 physicians on a full-time basis and also employs the services of about 50 consultants. It provides dental care, eye examinations, as well as all other types of medical and surgical specialities. These are provided at no additional cost to the student beyond the health fee. Outpatient facilities at this school are housed in a four-level building containing 102,000 square feet. A significant portion of this building is devoted to specialty clinics. X-ray examination and development are also done in this building. Laboratory facilities for the commonly done blood and urinary determinations are also housed there.

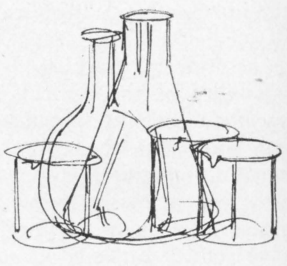
The inpatient service is located in the university hospitals and is flexible as far as size goes. It is similar in many respects to the arrangement at the University of Wisconsin. The budget for this operation is approximately $1.5 million and is supported almost completely by student health fees. The use of this facility is wide-spread. It is estimated on surveys done by this health service that 90 per cent of the student body use the clinic voluntarily. There is an average of 4.5 visits per year on a voluntary basis per student. For these purposes, they have excluded involuntary visits such as required tuberculin testing or chest x-rays.

At University "B" there is a somewhat different type of student health service. It is located far away from the medical school and therefore relies more heavily upon the private practitioners of the local community area to provide specialty services. Nonetheless, it does provide an outpatient service which is housed in an area of approximately 30,000 to 35,000 feet and staffed by 23 full-time physicians. It has 10 part-time consultants who come to the clinic and provide these services; for example, dermatology and orthopedics. The service also has a hospital with 150 beds which functions as an infirmary and in which no surgery is performed. For this purpose students are hospitalized in a local hospital.

The budgetary support of this university's facility is more difficult to measure since the university has an obligatiory insurance program for which it collects the premiums and from it derives benefits when the student is hospitalized in the infirmary. Allowing for corrections for these factors, the estimated cost of student health at this university is approximately $1 million per year, of which three-quarters of a million are directly budgeted in the university budget for the maintenance of the hospital and the payment of the salaries. The use by the student body exceeds 65 per cent, and the average is 3.5 visits per student per year.

In order to understand Wisconsin's Health Service in comparison with these, the present facility encompasses about 5,000 square feet for outpatients, the services of 12 physicians, some of whom are part-time, for an effective total of 9 full-time physicians. There is no impressive complement of part-time specialist consultants. One of the staff is a pediatrician who handles the children of under-graduate students.

It must be obvious from a review of these facts that



the University of Wisconsin is lagging far behind in the amount of space, staff, budget, and services rendered to the student in the Student Health Program. Wisconsin has delegated, to a far greater degree than other land grant universities in this area, the cost of medical care to the students on a private basis. It is not surprising that the use of our clinic averages 1.9 visits per student, which is substantially below the "A" University's 4.5 and "B" University's 3.5.

The figures also tell another part of the story: Wisconsin is straining to keep up with medical care and must of necessity bypass the development of other desirable activities.

In April 1963, the Director spoke before the Board of Regents. The following is a portion of his speech, embodying a set of recommendations:

"In my view the University of Wisconsin has the potentiality of developing the finest health service in the United States. We have many intrinsic advantages over other college health services by our close association in a university medical center and our administrative relationship to the Department of Medicine. There are some urgently required important changes, however, which must be implemented. In order to achieve our true potential, the following proposals are now under consideration.

"1. The construction of outpatient facilities of approximately 30,000 square feet. These facilities should include the administrative offices, specialty clinics, radiographic equipment for routine films and laboratory facilities for routine work, in addition to office space for 20-odd physicians. We must anticipate a growing student body and allow for an 'overbuilt' state for a few years. It is recommended that this outpatient facility be constructed in such a way that it can be expanded or added to without expensive structural changes to accommodate an even greater student body. It also could be dovetailed with the plans of the Medical Center for expansion of outpatient facilities in general.

"2. The construction of emergency-room facility which will operate on a 24-hour basis to be fully staffed with medical and surgical personnel and under the combined administration of surgical and medical departments. This must be integrated with the University Hospitals.

"3. An increase in the present staff of physicians to support a total of 15 physicians is presently needed. This could represent a complement of part-time physicians with appointments or full-time student health physicians. An increase in the civil service personnel would seem urgently required if there is an expansion of our present facilities. This would include an appropriate number of receptionists, secretaries, technicians, and the like. The overall operation of the student health should be in the range of $800,000 to $900,000 if all of these goals are realized.

"4. However, the budgetary and financial aspects of Student Health are arranged, they should include

A student waits to see his physician in the Student Health Clinic.

a feature which would permit the flexibility in the use of the funds with special emphasis on change in the budget according to the increase in the student population. It would be a mistake to place a strait jacket on any aspect of the budget in the face of projected substantial increases in the student population.

"5. Environmental health projection in the form of coordination in collaborative effort with other parts of campus activity should be established. This would require no expansion in the present projected personnel or budgetary needs expressed above.

"6. A review by the University administration of the insurance program which is now being offered to the students through the Wisconsin Student Association to properly integrate this aspect of student life with the overall student health need."

Recent Developments. As a consequence of the Regents' meeting, several important steps toward improvement of Student Health Services were made. Basic to all reform was the increase of the Health Fee from $5 per semester to $12. This provides for a yearly budget of $600,000 as compared with the previous $375,000. An increase of staff of 20 per cent is now planned. The use of the Student Clinic and Infirmary is expected to increase. Several research projects are underway, and the use of the Department for teaching purposes is to be strengthened. In the future, the Service looks forward to expansion and new construction of its physical plant, the addition of a comprehensive preventive medical program and closer links with those divisions of the University concerned with student life and activities.

The Student Health Department is a service to young citizens of Wisconsin. Its function is to assure the State and student of the least possible disability and loss of education potential in the population it serves. Beyond that, it can serve in a general way as an example to our young people of the best kind of medical care. It deserves the keen support of the medical profession of Wisconsin.

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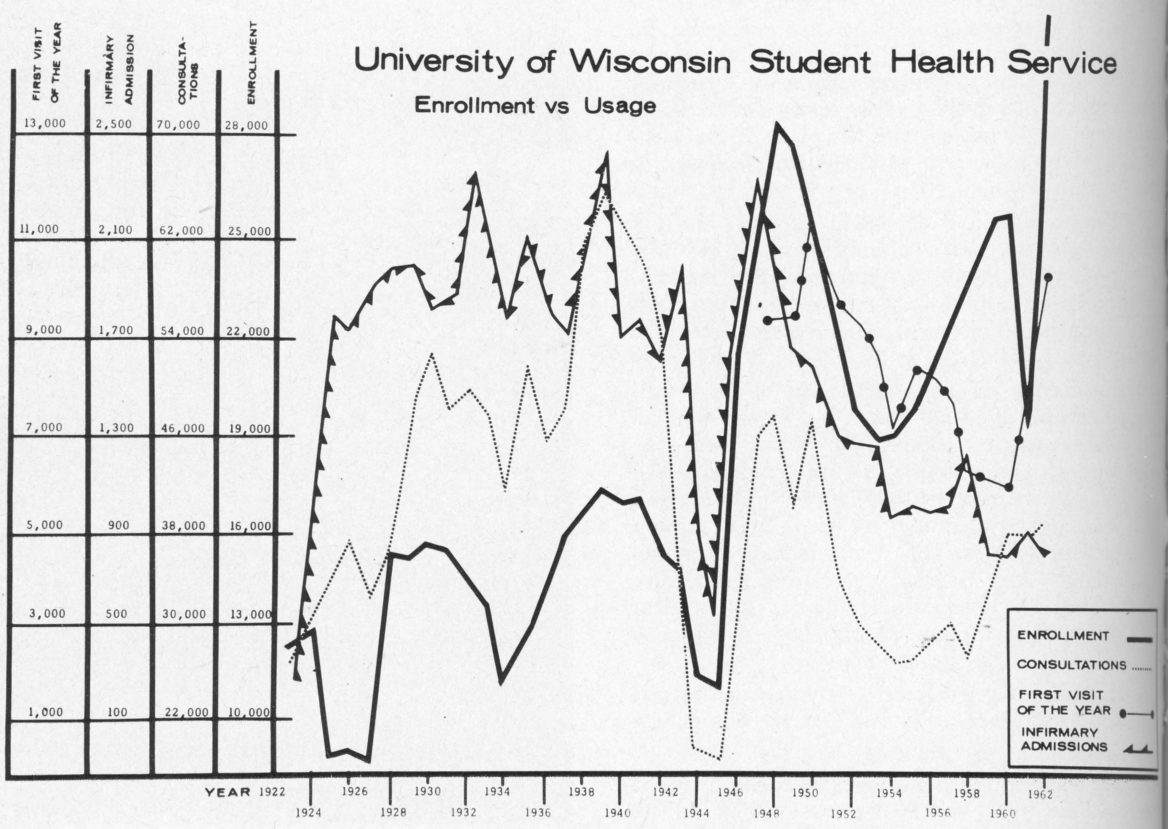


ALUMNI CAPSULES

Dr. Richard A. Graf, '56, of 5126 Juneau Rd., Madison, recently joined the Urology Clinic in Madison. He served his internship at the University of Texas Medical Branch at Galveston, and from 1959 to 1964 served his residency in urology at State University of Iowa Hospitals.

* * *

Two alumni who left Madison September 1 are Drs. Robert G. Sybers, '58, and Jane L. Sybers, '56. Their new residence is 1259 Briarwood Drive, N.E., Atlanta 30306. Dr. Robert Sybers joined the Department of Radiology at Emory University in Atlanta.

* * *

Dr. Robert Louis Andersen, '60, who had been stationed at Holloman Air Force Base in New Mexico, recently became a fellow in dermatology at the Mayo Clinic in Rochester, Minn.

* * *

After completing a year of rotating internship at Mary Hitchcock Memorial Hospital of Dartmouth Medical School, Dr. Richard J. Albertini, '63, returned to University Hospitals in Madison for residency training in neurosurgery.

* * *

Dr. Robert W. Watson, '38, 1035 Newkirk Drive, LaJolla, Calif. 92037, reports that he has "retired" from pediatric practice in Pasadena and is now director of Student Health for the University of California, San Diego. "Your latest **Bulletin** is great," he said. "Glad to keep up with medical campus happenings."

* * *

Dr. Lionel H. de Montigny, '61, has begun a residency program in preventive medicine - public health at the University of Oklahoma Medical Center.

* * *

Among alumni, honors for the most air miles traveled in one year may go to Dr. Milton H. Erickson, '28, of 32 W. Cypress St., Phoenix, Ariz. 85003. He has traveled as many as 1,000,000 miles by air in a year lecturing to various medical, psychological and dental societies and universities throughout the United States, Canada, Mexico, Venezuela and the Caribbean.

Since his graduation, Dr. Erickson has published more than 100 articles on criminology, psychosomatic medicine and dentistry, psychiatry, child behavior, experimental psychology, hypnosis and hypnotherapy, psychotherapy and has co-authored two books.

He is a diplomate of the American Board of Psychiatry and Neurology.

Dr. David L. Moody, '61, and family recently moved from Columbia, S.C., where he finished his Army tour, to 2201 E. 36th St., Minneapolis. He is beginning his residency in radiology at University of Minnesota Hospitals.

* * *

Dr. William N. Donovan, '36, of Madison, and a member of the Medical School clinical faculty, is medical advisor to Badger athletic teams.

A retired Army colonel, Dr. Donovan has received the Distinguished Service Cross for "heroism under fire" during the last days of Corregidor in 1942. He was given the Legion of Merit last spring. During World War II, he was in enemy prison camps for 40 months.

New president of the National Kidney Disease Foundation is Dr. Wallace W. McCrory, '41. He is professor and chairman of the Department of Pediatrics at Cornell University Medical College, and pediatrician-in-chief at New York Hospital.

* * *

Dr. Samuel Wick, '29, of 5051 N. 34th St., Phoenix 85008, resigned his job as superintendent of the Arizona State Hospital in January after holding the post 10 years. Dr. Wick is now in the private practice of psychiatry.

* * *

After serving as acting superintendent since May of the Winnebago State Hospital, Oshkosh, Wis., Dr. Darold A. Treffert, '58, was named superintendent in early September. He has been associated with the hospital since 1962.

* * *

Dr. Norman O. Becker, '43, of Fond du Lac, has been elected president of the Wisconsin Surgical Society.

* * *

Dr. James C. H. Russell, '46, of Fort Atkinson, was appointed September 1 as college physician and professor of biology at Whitewater State College. Dr. Russell, who has a Ph.D., in pharmacy and pharmacology, is a member of the American Academy of General Practice and a Fellow in the American College of Sports Medicine. He opened his office in Fort Atkinson in 1947.

* * *

After the completion of his residency in general surgery, Dr. Nat Nacheff, '59, was transferred by the Army from Letterman General Hospital in San Francisco to the 11th Evacuation Hospital, APO 59 (Korea), San Francisco, Calif. 94100. Before leaving the United States, he settled his family in Wisconsin.

His wife, Regene Jegier Na-

cheff, is also of the class of '59. They have two daughters and a son.

* * *

Dr. Robert A. Sievert, '60, became director of the Physical Medicine-Rehabilitation Department at Madison General Hospital this summer. He completed his residency training at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, and has completed the written exam portion of requirements for certification by the American Board of Physical Medicine and Rehabilitation.

* * *

Dr. Clare E. Brindley, '46, writes that she and her mother, Dr. Emma Dowling Kyhos, '31, now live at Apt. 37, 466 S. Center St., East Orange, N. J. Dr. Kyhos vacationed in Hawaii during the summer.

* * *

Dr. Carlos Vollenweider, '28, of Buenos Aires, Argentina, visited Dr. Otto A. Mortensen, '29, chairman of anatomy, this summer.

* * *

"Method of Inhibiting Gastro-Intestinal Irritation" is the title of a new U. S. patent received by Karl H. Beyer, '43. He has assigned the patent to Merck and Co., Inc. Dr. Beyer is vice president for Life Sciences of Merck, Sharp & Dohme Research Laboratories.

* * *

Dr. Richard F. Yee, '60, is a second-year resident in obstetrics-gynecology at the University of Illinois Research and Educational Hospital, Chicago.

* * *

Regretfully, we have the following deaths to report:

Dr. Thomas J. Mathews, '35, in Portland, Ore., December 24, 1963.

Dr. Elias H. Schlomovitz, '23, in St. Petersburg, Fla.

Dr. Thomas J. Aylward, '21, in Milwaukee.

Dr. Charles J. Newcomb, '32, in Tucson, Ariz., June 23.

Dr. Leslie G. Langlois, '57, in Milwaukee, February 26.

Dr. Leo M. Lifschutz, '32, July 4.

Dr. Fred B. Otten, '15, in Dunedi, Fla.

Dr. H. Gerald Morin, '38, in St. Petersburg, 1963.

Dr. Robert C. Fringer, '35, in Rockford, Ill.

Dr. Charles M. Polan, former resident, in Huntington, W. Va.

Dr. William G. Gaenge Jr., former resident, in Cincinnati.

* * *

A former faculty member in the Department of Pharmacology, Dr. Chauncey D. Leake has co-authored a book on "The Medical Uses of Alcoholic Beverages." The Bulletin of the Society of Medical Friends of Wine reports that Dr. Leake's book is expected to be the definitive work in the field. It is aimed at medical schools and practicing physicians and will be published early in 1965.

Dr. Leake is now a lecturer with the Department of Pharmacology, San Francisco Medical Center.

* * *

An interesting address change came through the Alumni office recently. Dr. Robert D. Wright, '35, has moved from Charlottesville, Va., to this address: Lagos University Medical School, Private Mail Bag 12003, Lagos, Nigeria. In addition, Dr. Dennis D. Barber, '58, captain in the Air Force, has been transferred from Houston, Tex., to USAF Hospital, Elmendorf, APO 942, Seattle, Wash.

One of Dr. Barber's classmates, Dr. Theodore J. Eckberg, has moved from Indianapolis to Box 2555, Billings, Mont. Hopefully he'll be safe there; Montana has one of the highest lost alumni-to-population ratios in the country (see story, page 9).

Reese E. James (right), a fourth-year medical student, participated this summer in the traineeship program of the Mayo Foundation for Medical Education and Research. Dr. Bruce E. Douglass, '42, (left), is a Mayo Clinic physician. James was observing in the field of internal medicine. He was one of 22 trainees from 14 medical schools. His time at Mayo was taken in lieu of his preceptorship in a Wisconsin city.

REPORT FROM CHILE

Nathan J. Smith, M.D.*
Professor of Pediatrics

In response to a request for the BULLETIN for a report from a faculty family in Chile I'll try to restrain my enthusiasm for our adventure here and relate a few of our impressions of living and working in a developing country in South America.

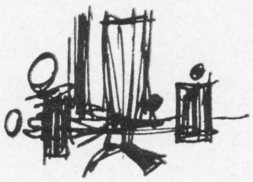
In 1541, Pedro de Valdivia wrote to King Charles V of Spain of the site at which he had founded the city of Santiago—*"Esta tiesna es balque pava podeo auis en ella y peopetuaose no la hay mejor en el mundo."* ("This land is such that for continuing life there is no better in the world.") Whether or not a "Badger Family" in Chili would completely agree it is readily apparent to us all that there exists in this beautiful country abundant reason for Valdivia's enthusiastic report to his king.

In the four centuries that have passed since the arrival of the first Spanish conquistadores there has developed along the southwest coast of much of South America a country with unsurpassed natural beauty, as varied in its geography as the United States and a country in which a North American can feel completely "at home" in spite of differences in language and quite striking differences in the way of life.

The unique geographical situation of Chili, makes it impossible for a stranger to know Chili in the short nine months we will be here. From the great salt deserts in the north to the cold, wind-blown rocks of Tierra del Quega next to Antartica, Chili is over 2,600 miles long but never exceeds 100 miles in width. Most of the country is sparsely populated with most of the 8,000,000 people living in the rich "central valley" that lies between the Andes and the coastal mountains in the mid-portion of the country. Santiago is in this area and is the cultural, academic, and commercial center of the country. Here there are two large Universities each with excellent medical schools. The Universities play a dominant role in the life of the city being responsible for the professional symphony orchestras, television transmission and the two leading professional football teams.

I arrived in Santiago in mid-January in the middle of the summer vacation period here and soon found that Chileans richly deserve their reputation for sincere hospitality and that my efforts in Madison toward mastering Spanish had been quite futile. However, with the help of many new friends in the pediatrics department it took only a few days to find a

*Dr. Smith was in Chile from January to September as a part of a Rockefeller Foundation-supported academic exchange program between the UW and University of Chile pediatrics departments.



fine house looking out toward snow-capped Andes, schools for the children, and *Carmen* "the Chilean Miracle"—our mono-linqual maid who was to solve all manner of international crises for the next several months.

With these major fiscal matters solved I left Santiago with two faculty members to visit the University of Concepciori School of Medicine and the City of Valdivia where I observed a pediatric practice in the National Health Service organization. A night spent at an old Spanish hacienda at the base of the Andes will long be remembered.

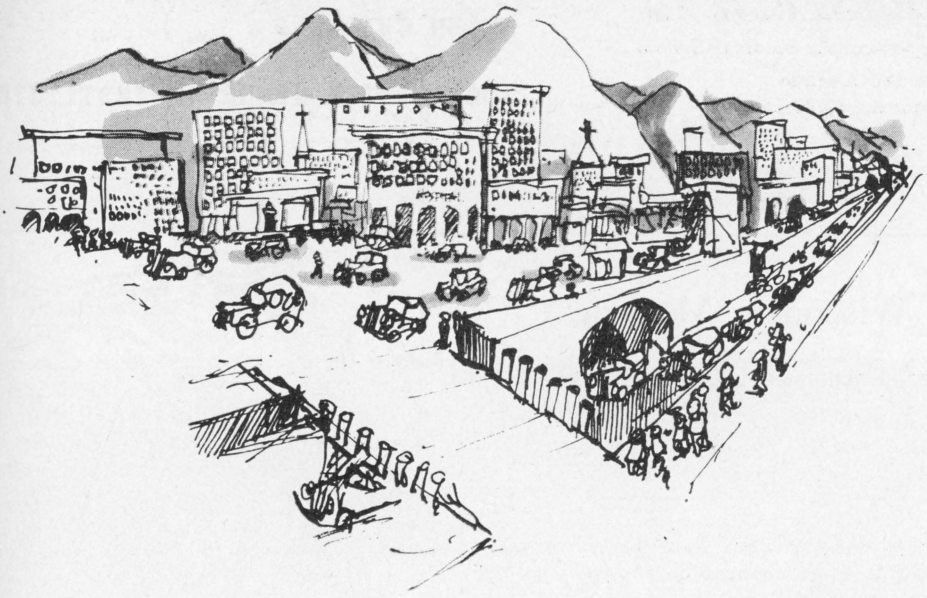
From Valdivia I flew in a small plane high into the mountains to a small hotel on the shore of one of the large Chilean mountain lakes—Lago Ranco—and at the mouth of the Rio Calcuorupe. Trout fishing in Chile is famous throughout the world and having spent a few Wisconsin winter nights reading Haig-Brown's exciting volume "Fisherman's Winter" about the fishing here I was anxious to try my luck with some North American flies that had found their way into my luggage. The Chilean fishing is all I had hoped for: abundant, fine fish, the most beautiful scenery imaginable, many interesting water fowl and wild flowers. Six days were spent fishing, practicing Spanish on my long-suffering guide and recovering from the previous busy days of travel and too-generous Chilean hospitality.

Before February first I returned to Santiago logging a fourteen-hour bus ride with "built-in" les sons in Spanish. Marcella and our three children (ages 12, 10 and 9) arrived from Madison for a happy reunion and the beginning of innumerable family "incidents" in the next few weeks, each to be followed by a good laugh together. We're all certain that there exists no more effective prescription for reuniting a busy Madison family than a period of living abroad.

There was no formal school for the children until March and thus their mornings were spent in a special Spanish class (with their mother) and afternoons at a fine pool and sports club near our home. February first found me making rounds in the Children's Hospital, learning the library and organizing my laboratory—all things that were easily accomplished with the generous assistance of the personnel in the pediatrics department. My adventure in the mountains had been so interesting that a few days before school started we traveled "en famille" to the lake country for a beautiful journey of picture-taking, fishing and hiking. In Valdivia we met Clint Woolsey (director of the Medical School's Laboratory of Neurophysiology) and family immediately removed from an exciting encounter with an erupting volcano and seeing southern Chile before settling into the Neurophysiology Institute in Santiago for the winter.

We returned to Santiago on an excellent train filled with students returning from vacation and to the University the first of March. Academic activities soon were in full swing and I began to see the teaching and practice activities at first hand. The medical school of the University of Chile has a large and talented faculty. Most of the faculty in the clinical departments spend four to six hours each morning in the hospital and late afternoons in their private offices. In some departments, particularly pediatrics, there are several completely full-time members. The students are highly selected. One hundred and fifty are admitted each year from well over 1000 serious applicants, the selection being made on the basis of academic achievement and personal interview. The students I've met in all three of the medical schools compare favorably with good students in North American medical schools.

A great source of strength here is the Dean, Dr. A. Neghme, one of the world's outstanding parasitologists. He is a progressive student of Medical Education and is devoted to seeking solutions to the serious problems of rural health and distribution of health services. Chile has been fortunate in its decision not to sacrifice quality in its training of health personnel for the sake of numbers. There has resulted from this policy excellent standards of medical care in limited areas such as in Santiago but serious shortages of physicians and services in rural areas. Currently all graduating physicians must spend two years in rural practice before returning to the University or to Santiago for further professional activity. In addition, Dean Neghme has organized a student summer program in rural community health. Last summer eighty-two students went to a remote rural area—Chilloe—during their summer vacation and with faculty supervision conducted programs in health education, worked in sanitation projects and held clinics. The students lived and traveled at their own



xpense, providing in a variety of interesting ways heir own housing etc.

The teaching in pediatrics is done in five chil-ren's hospitals in Santiago, the largest being the Roberto del Rio Hospital adjacent to the School of Medicine. The professor of pediatrics here is Julio Meneghello—a friend of many Wisconsin faculty members following his two visits to our campus. Dr. Meneghello's service has 200 beds of pediatric medi-ine and a 75-bed research ward for the study of nu-ritional deficiencies. Malnutrition, infectious diseases nd the consequences of infection make up the vast najority of problems seen in the hospital. Typhoid, iphtheria, tuberculosis, and some parasitism are com-non and provide many new clinical experiences for ne. Diarrhea is a serious and ecedemic problem in nfants requiring large rehydration services in the utpatient clinics in the city.

Our research activity has been concerned with in-ants suffering from severe malnutrition in the first ear of life. For educational and economic reasons ertain infants are fed essentially water after breast eeding is discontinued at three months of age. When e see them at six to 12 months of age they weigh x to seven pounds—approximately their weight at irth. We have 24 such patients under observation urrently and are particularly interested in the in-bility of most of these infants to gain even after king a high caloric, normal diet for many weeks. his striking inability to grow we feel represents the sult of an adaptive process that is possibly respon-ible for maintenance of life in face of severe mal-utrition.

This problem of arrested growth can possibly be udied quantitatively in the rapidly growing tissue n the bone marrow. Using soitiated thymidine up-ake, radio-active iron turnover, and chromium 51 ife-span studies we hope to quantitate this adaptive process and find possible animal models through which further research may be done. For every case of cystic fibrosis nephritis or hemolytic anemia in Wisconsin there will be thousands of these infants in the developing countries of the world. The chal-lenge of understanding the consequences of severe malnutrition is certainly obvious to us here; particular-ly when as many as 50 per cent of these infants die.

In a few days the faculty of the University of Chile will make me an honorary member, an honor which I greatly appreciate. This demands a lecture on some aspect of medical education which I feel should be given no nearer than 6,000 miles away from home.

In the next several months three of the finest young academicians in Chilean pediatrics will come to the University of Wisconsin on special fellowships. In August a unique distinction will come to pediatrics at Wisconsin in the form of a special issue of the South American Pediatric Journal, "Pediatria." This issue will contain only original articles by members of the Department of Pediatrics at the University of Wisconsin. The great effort the authors took in pre-paring these manuscripts is greatly appreciated by pediatricians in Latin America. Charles Lobeck, Dave Smith, John Mangoes, Jim Cherry, Charles Jahn, Ray-mond Chun and Harry Waisman have provided a group of superb papers. They will appear in Spanish, of course.

With continuing help from such groups as the Rockefeller Foundation and the support of our own University Administration we look forward to many years of mutually helpful years of exchange with our Chilean colleagues. When the bill for my alumni dues arrived three days after Ralph Hawley had mailed it —I realized the world is much too small to not con-sider our friends here as close neighbors.

Wisconsin Medical Alumni Assn.
University of Wisconsin Medical School
418 North Randall Avenue
Madison, Wisconsin 53706

HELEN CRAWFORD

102 SERVICE MEMORIAL INSTITUTE

Upstate Wisconsin Meeting

Dr. Robert F. Schilling, '43, professor and chairman of medicine, will be the speaker for the North Central Medical Alumni Meeting November 11 at 6:30 p.m. in the Wausau Club, Wausau. Chairman for the program is Dr. D. J. Freeman, '52, a director of the association.

Dr. Schilling's topic will be "Plans for Change in Medical Education at Wisconsin." There will be ample time following the presentation for discussion and questions.

All alumni in the north central areas are invited. High attendance means that meetings will be held in other upstate cities. The roast prime beef dinner will cost $4. Please register with alumni headquarters in Madison.

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? .....

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