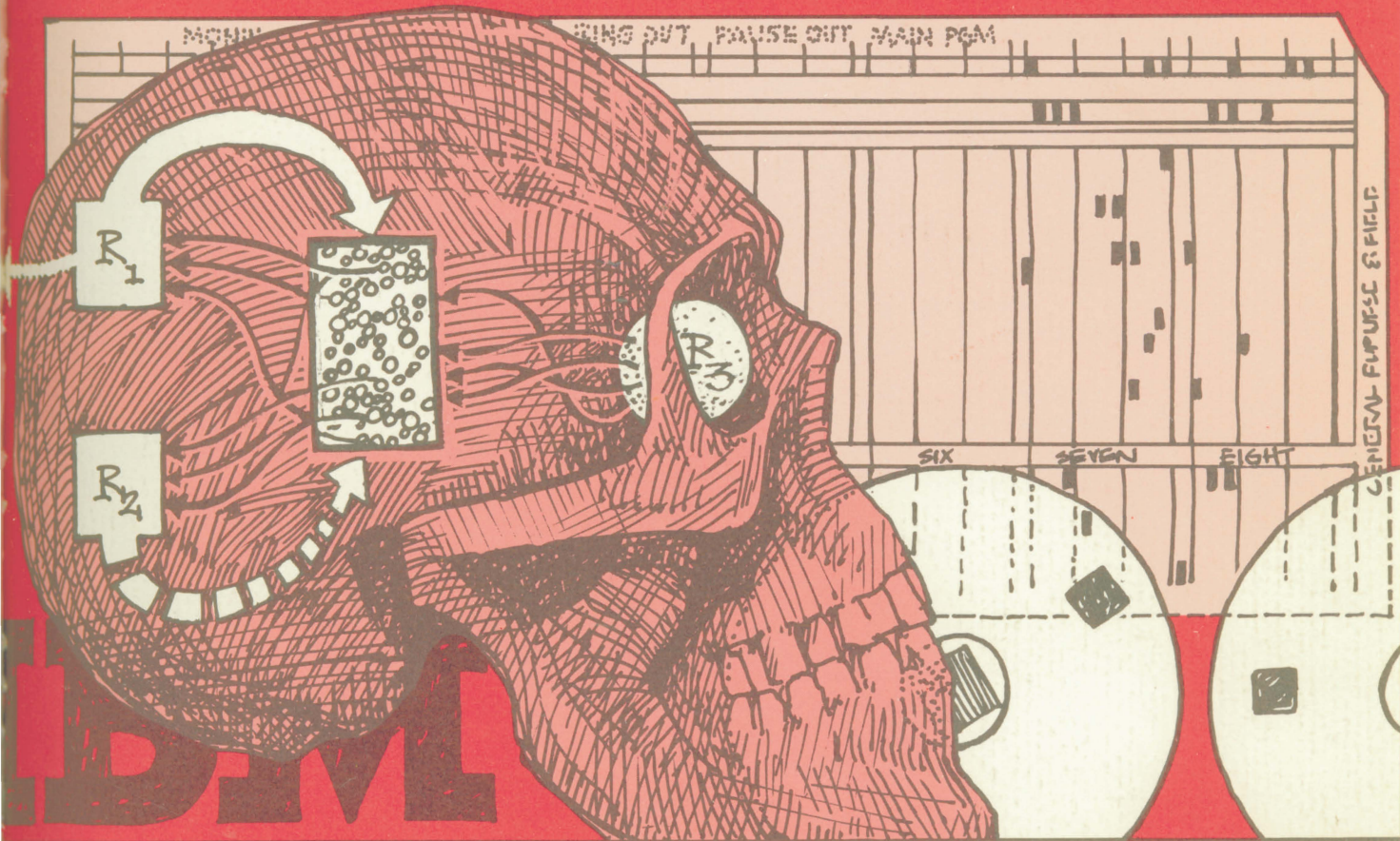


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wisconsin medical alumni

# Quarterly

*Volume fourteen, number one · Winter, 1974*





## WISCONSIN MEDICAL ALUMNI

### QUARTERLY

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## About the cover

The collage on this issue's cover follows the computer uses in medicine theme carried by our lead article by Dr. Richard Friedman. Artist Curt Carpenter has blended the punch card and tape drive of the computer with sensing powers of the human.

*They Serve MDs Best by Handling Much Data Fast, Accurate':*

# Applications of the Computer To Medicine — Revisited

By Richard B. Friedman, M.D.  
Assistant Professor of Medicine

Ten years ago the thought of applying computer technology to the practice of medicine was very new and very exciting. Visions of physicians plugging patients into machines and waiting for a diagnosis were presented in the lay press and even in many medical journals. The only question was whether the conservative physicians would accept this self amputation quietly or would foolishly resist.

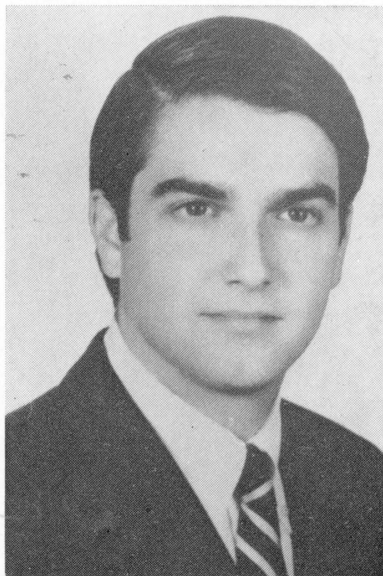
Medicine was logical, computers computed logically (and did so far faster than physicians) so they would take over. Why not? It was logical.

Well, five years have passed and the physician is still there while most companies specializing in computer applications to medicine have returned to making "widgets." With the possible exception of billing and laboratory result reporting, the majority of practicing physicians remain untouched by this new technology. What happened? Where did the evolution die or did it ever begin?

Researchers discovered that the practice of medicine is not all logic (there is much art) and that physicians already possess the finest computer ever developed as a part of their God-given circuitry. In retrospect, too much emphasis was placed on functions that replaced the physician and not enough on activities that assisted him.

When attempts were made to assist the physician with billing or the processing of laboratory data they succeeded. When attempts were made to take over the decision-making process they did very poorly. They failed not because the physician resisted, but because in the final analysis they were inferior.

What this research demonstrated was that the computer succeeds in medicine when it functions



*Dr. Friedman*

like a stethoscope ophthalmoscope or x-ray machine —by adding to the fund of knowledge on which the physician bases his diagnostic and therapeutic decisions.



Today, with the vast multiplicity of data available to the physician it is the computer's fantastic ability to capture, store, correlate and retrieve data that represents its greatest potential for successful applications to medicine.

With literally thousands of laboratory tests, diagnostic procedures, therapies, etc., it is this very data-handling capability that the physician needs most. We all will agree that a physician is remiss if he is not aware of potential interactions of drugs (he prescribes) for his patients. Yet studies have already documented over 20,000 known drug-lab test interactions, tens of thousands additional drug-drug interactions, as well as hundreds of thousands of reported drug side effects. Truly we need help.

### UW Med School A Leader

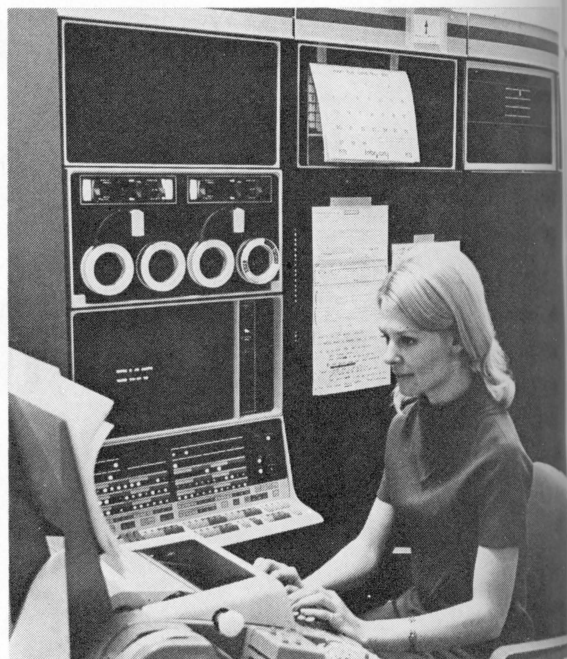
The University of Wisconsin Medical School has long been a leader in the area of computer applications to medicine. It has retained this leadership because its researchers were among the first to realize that the computer succeeded best where it served the physician by assisting him with data handling. Today, numerous researchers continue to work on computer applications to medicine. The results of their work play an important part in the care of every patient seen at University Hospitals.

Routine historical data on many patients is collected via preadmission questionnaires which are then computer processed to generate easy-to-read summaries. These summaries are available to the attending physician when the patient enters the hospital. In the outpatient clinic an interactive computer terminal is used to elicit more detailed specialized patient histories.

All hematology and chemistry laboratory test data is collected, processed and reported by computer. Abnormal results are noted for the physician and a cumulative summary is produced summarizing all the patient's data during his hospitalization. If the patient undergoes pulmonary function testing the data is collected by computer and many ventilatory parameters automatically calculated. If

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*(Editor's Note: Doctor Friedman made a similar presentation on UW Medical School computer use at the 1973 Fall Medical Alumni Meeting in late October. A 1969 Cornell Medical School graduate, Dr. Friedman joined the UW faculty in July of 1972.)*



*A computer such as this is used in the Clinical Laboratories to produce hematology and other chemistry reports for patients at University of Wisconsin Hospitals.*

he is to have radiation therapy his treatment plan is prepared with the assistance of a computer. Electrocardiograms are read and interpreted by computer (in parallel with the cardiologist).

### Even Spotting Potential Suicides

Computer files are maintained on all drugs administered to the patient as well as on all abnormal laboratory test results on some units at University Hospitals. Each day the computer checks a file of over 10,000 known drug-test interactions to see if any drug the patient is receiving might have been responsible for his abnormal test results. If the patient is felt to be severely depressed, he can complete a computer-based interview which preliminary results indicate is better than most physicians at pin-pointing potential suicides.

The computer is utilized in medical education to permit students to gain experience in working up simulated patients. Sitting in front of a computer terminal the student is presented with a short introductory sentence and then asked to determine the patient's diagnosis. Over 3,000 tests are available

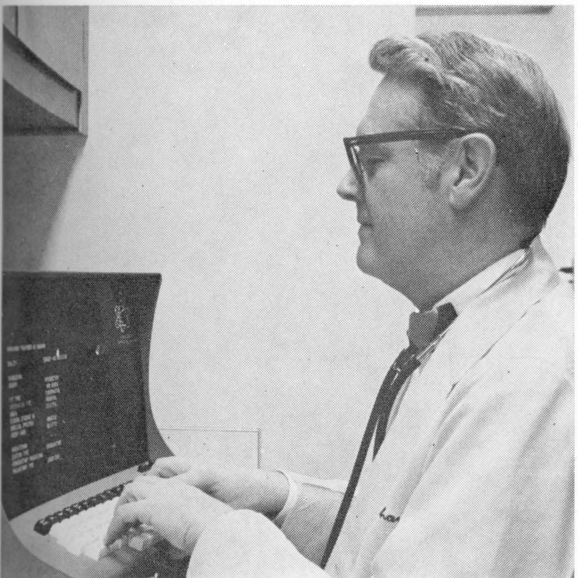
for each patient with each test result capable of varying hourly as therapy is given or the patient's condition changes. Each test costs as much as it would in the hospital and is available only during the hours it would be in the hospital. At the end of the encounter the student receives an analysis of his performance and the patient's bill.

Students on the hematology service can enter their admission workings (history, physical examination, complete blood count) into the computer and receive a detailed 15 page analysis of the case. This analysis includes a listing of diseases that can be excluded immediately and the reasons for this elimination and a differential listing of the 10 most likely diagnoses with the probability of each.

For the five most likely diagnoses the student is given a detailed analysis which includes: symptoms the patient had that favored the diagnosis, symptoms that were against the diagnosis and finally those tests which should be ordered to confirm or rule-out the diagnosis.

The computer is assisting physicians in clinical research with epidemiological studies as well as

*(Below) A computerized data base is used to treat gynecologic malignancies at UW Hospitals. Site and stage of malignancy, treatment, patient response and progress are filed on a terminal like this being used by Dr. Ben M. Peckham, '41, OB-Gyn chairman. Data can be retrieved by all physicians treating her.*



*This computer is asking questions and receiving patient answers as it takes her medical history in one of several interactive history-taking uses at the Hospitals.*

studies into disease course, results of therapy, and long term survival. Currently, demographic data as well as data on diagnosis, therapy, laboratory test results, pathological findings, procedures, etc. is fed into computer files on every patient. With this vast amount of data researchers can determine diagnostic and therapeutic correlations previously impossible.

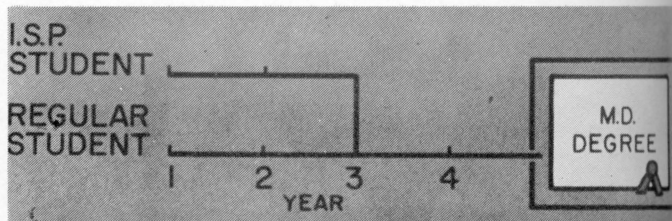
In addition to the above functions there are plans to computerize drug ordering and distribution, increase computer-based monitoring of patients in the intensive care unit and consolidate all currently collected patient data into a central computer file.

At Wisconsin the past 10 years have seen significant impact of computers on patient care. This has resulted because of the realization that computers can serve the physician best by doing what they are best suited to do—that is, handle large quantities of data fast and efficiently. They have succeeded by becoming an important tool; one that may some day be as important as his stethoscope, ophthalmoscope or x-ray machine.



## A Pictorial Essay on the New

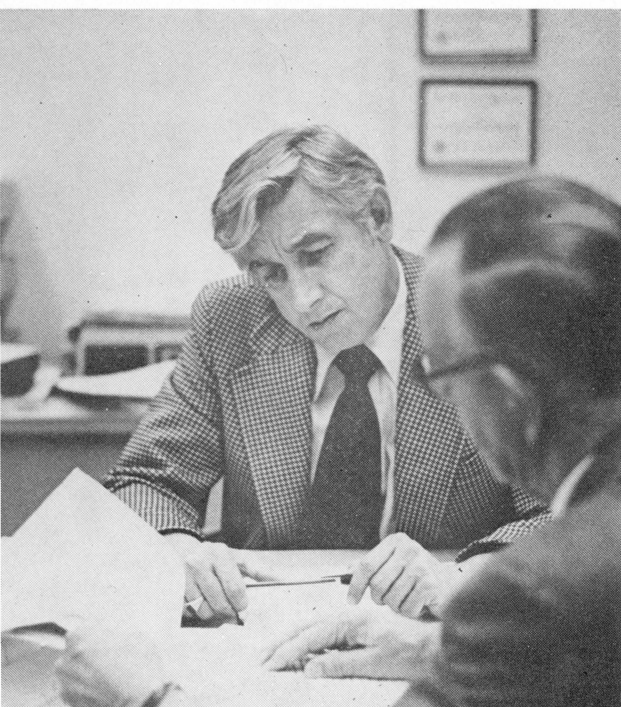
# Independent Study Program University of Wisconsin Medical School *333 N. RANDALL*



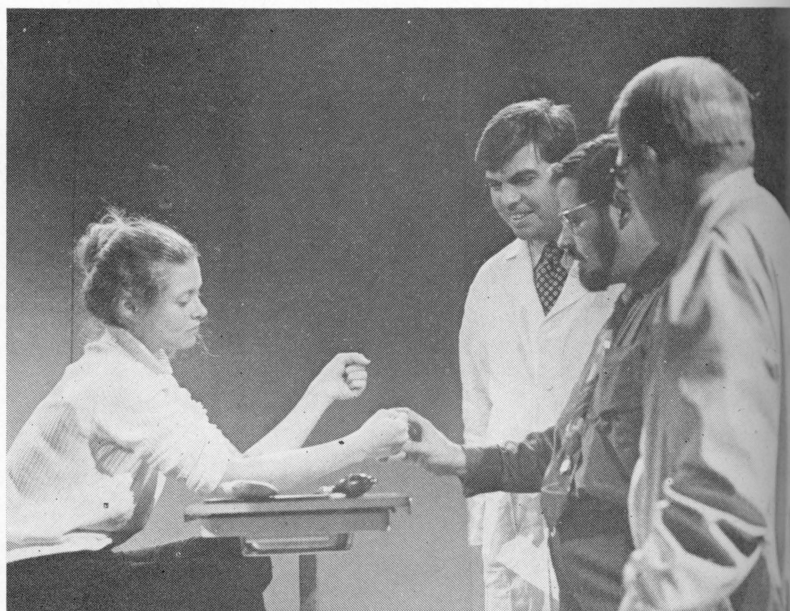
When the UW Medical School's new Independent Study program (ISP) opened its doors in the former medical administration offices last August the alternate learning opportunity boosted the incoming Class of 1977 to 159 students. Thirty men and women chose the alternate self-study curriculum for their first two basic science years of medical school (see chart above).

Under the program, directed by Dr. Donald R. Korst, '48, the student paces his own learning. Sequencing of his courses is decided by the faculty. He attends few formal classroom sessions but does rely on numerous traditional resources in addition to more emphasis on group discussions, sophisticated audio-visual aids and electronics . . . all combined in a flexible daily routine that is personalized to meet his own learning needs.

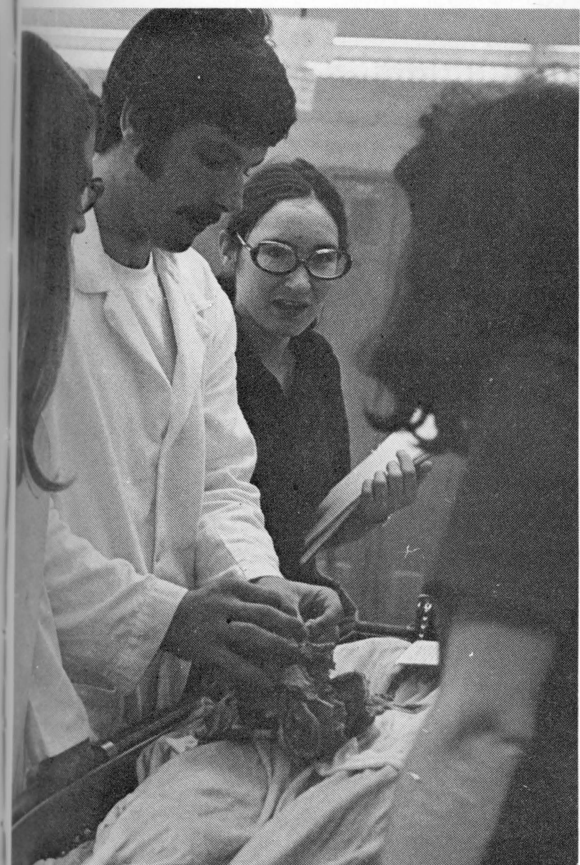
We hope the following pages of photos by Dave Rupnow plus our accompanying text will give a better idea of what Wisconsin's ISP is all about.



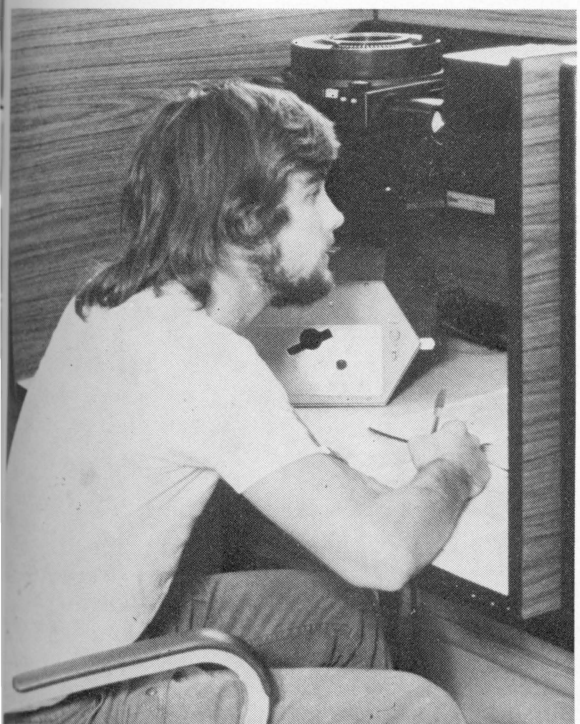
(Above Left): Howard L. Stone, Ph.D., (l) assistant ISP director for development and evaluation, consults with Dr. Walter H. Jaeschke, '34, on the development of a program in pathology for the students. (Above Right): WHA-TV Director Al Henderstein shows a



model how to hold her hands during a video taping of a film on small joints as faculty members Drs. Mark N. Mueller (in white coat) and William G. Troyer (r) advise their work. Video tape equipment is available for use by the ISP student.



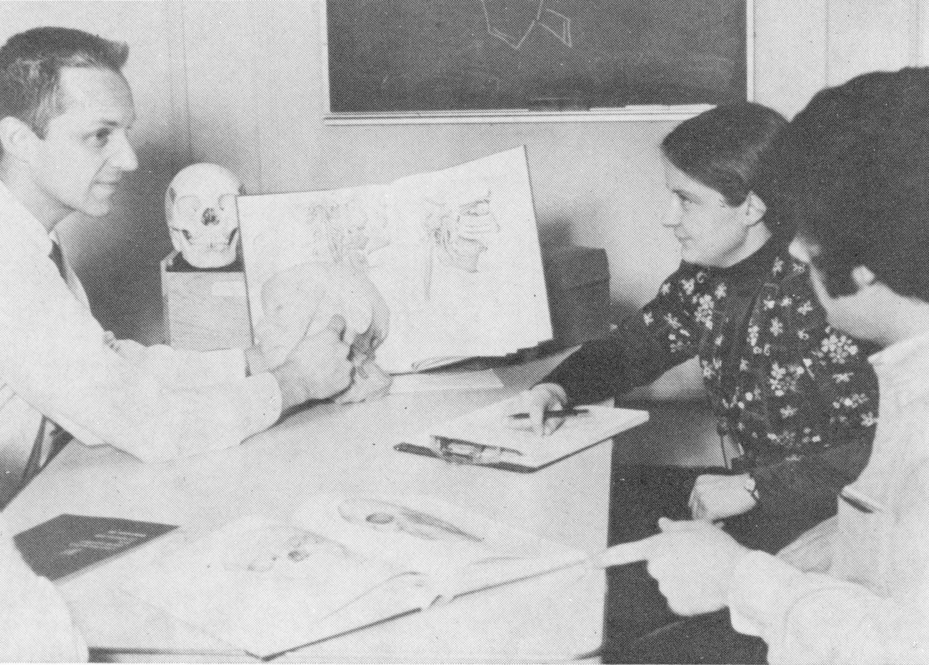
*(Left): Many of the traditional basic science learning experiences remain. Here, (l to r) Mary Herte, Viola; John Toohey, Sun Prairie; Paula Jones, Wauwatosa; and Margaret Johnson, Sheboygan, work on a cadaver. (Above): John W. Anderson, Ph.D., professor of anatomy, and Med I John Toohey project slides into a viewer as they discuss results of Toohey's histology quiz.*



*(Left Below): Scott McRae, Brookfield, uses a slide tape carousel in the audio-visual room to study a subject. (Below): Program Director Dr. Donald Korst conducts an open seminar that was attended by eight students. Students are told to take the initiative in contacting the faculty for additional help.*

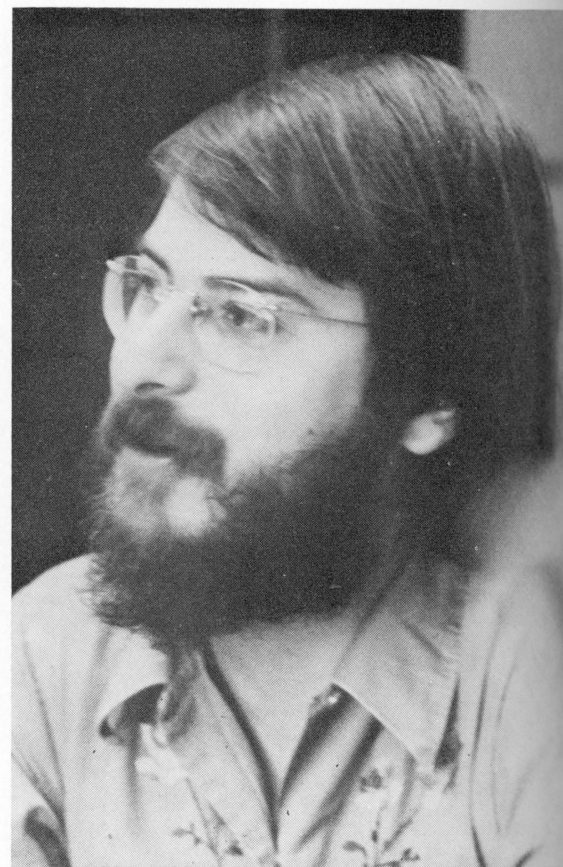
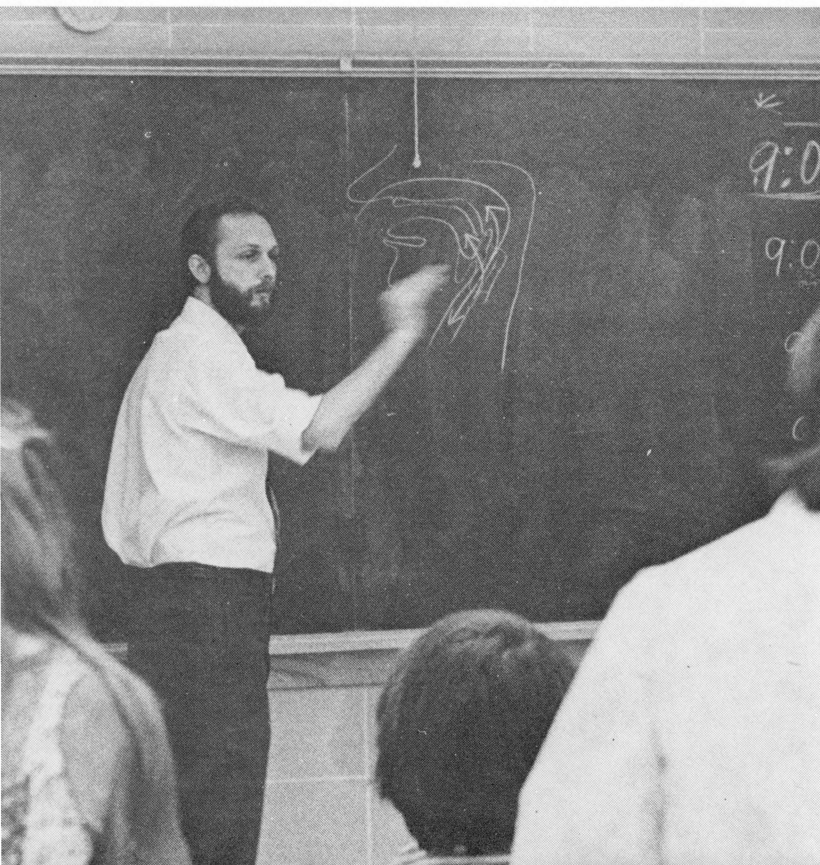






# The ISP at UW

*Small group meetings between faculty and student like this, where Dr. Alden W. Dudley, the associate ISP director and associate professor of pathology, is in contact with Neleen Noack, Milwaukee, and John Toohey, Sun Prairie, are common. (Below): Dr. Edgar F. Allin, assistant professor of anatomy, conducts a class.*



*Elger Lorenzsonn, Madison, is one of the 30 young people taking part in this new basic science educational experience. In two years his group will join classmates who followed the traditional course at the bedside to learn from their clinical instructors. Here Lorenzsonn listens intently during a group discussion.*

# Medical Education: The Either-or Syndrome

BY "THE SCRUTINEER"

Humph

Humph!

H A R U M P H !

My left eye opened to the small crash of thunder. It revealed Quarto, seated on his favorite ash tray.

Slowly the paralyzing grasp of sleep eased as I stirred in the crypt of the library chair. Cerebral synapses came to life and enzymatic reactions moved consciousness to the fore.

"Quarto!", I exclaimed. "It's been a year. What defossilization jars you to speak now?"

"You contemporaries! Such vanity! We of the past sit on these shelves surging with impatience to point out the pitfalls you recklessly plunge into," he replied.

"What nonsense!" I responded, "Is there something you are compelled to tell me?"

"Aha! your power of observation detects something in my voice to make you question me thus. But it is I who have observed the troubled brow and your depressed moods. Perhaps you need a confessor? You are not an island, you know."

"Quarto, I underestimate you. You've seen this consternation before, have you not?"

"Yes, and it isn't worth a cubit. Life will go on you know. What is the turmoil in your day?"

"Weeelll", I responded, "Medicine continues its age old problem. It's been called the 'Town-Gown Syndrome' but I prefer some newer names such as 'Academe & Practice' or the 'Either-or Syndrome.'"

"Oh?" Quarto exhaled.

"Do you know Erasmus's 'The Praise of Folly?'" I asked.

---

*(Editor's Note: This is the fourth "Quarto" article since our Fall 1970 issue. It is again written by an alumnus who uses this manner to speak out on the problems in medical education and medical education that bother him. UW Medical Illustrator Ed Hord did the drawing of "Quarto."*

"Yes, when I sat on a shelf in the library at Merten College he was there with me. Let's see—it was in the early 1500's. But that was long ago. Why do you ask?"

"Vacationing on a Wisconsin lake I read again excerpts from his noble satire. Listen to this, Quarto:

"The whole human race, we are reminded, owes its existence to folly, for what is so absurd as the males polymorphous pursuit of the female, his feverish idealization of her flesh, his goatish passion for copulation? What man in his senses would pay for such determinance with the life long bondage of monogamy? What woman in her senses would pay for it with the pains and tribulations of motherhood? Is it not ridiculous that humanity should be the accidental by product of this mutual attrition? If men and women paused to reason, all would be lost. This illustrates the necessity of folly and the foolishness of wisdom."

"How then does this relate to medicine and your moodiness?" Quarto asked.

"I'm not sure," I said, "but it is entertaining, don't you agree? It must have something to do with the mixture of opposites, the paradox in which strength and weakness occur concurrently and simultaneously—like folly and wisdom."

"It seems we have talked this way before," Quarto said.

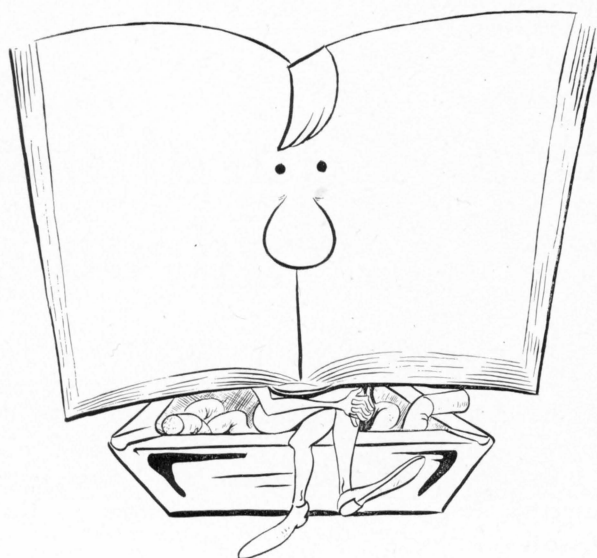
"Yes, I'm playing the same old record, but it seems too pertinent to a recent experience," I continued.

"Tell me about it son," he said.

"Bring academe and practice together and it happens—particularly if they chew on medical education. Mutual dependency and mutual antipathy come to the fore, but the latter crackles with its electrical charges. Inevitably, those from academe become the target of cutting remarks—some justifiable."

"What is the position of practitioners?" Quarto interrupted.





"They lament the excessive demands of the public upon them. Their wives express it also. This they relate directly to the medical school's failure to produce enough doctors. Their resentment is powerful. It so distorts their judgement that they no longer speak wisely to the subject initially embarked on," I said.

"In a sense then they create their own folly?" Quarto countered.

"It would seem so little consideration is given to the exploding demand for medical service which continues to outstrip the rapid proliferation of MDs," I replied. "There is little talk of controlling this demand."

"Controlling the demand! Is not that a touchy item with the government? Is there no talk of doctor production catching up?" Quarto asked.

"Weeell maybe, by 1980—the combined output of the two Wisconsin medical schools could equal 400 a year. But, where in Wisconsin would they work? Perhaps doctors after age 55 would work every other month or a 30 hour week," I said.

"You jest," Quarto smiled.

"Not really, but if doctors complain of too much work now, their complaints would shatter the Kettle Moraine with too little work. No one booms louder than a practitioner in his prime and no work," I said.

"But medical education," Quarto intervened, "what do the practitioners say of that?"

"They say, 'we have the patients, the hospital, and the superbly trained physicians. Send your students to us—to the real world—to the grass roots'" I answered.

"That sounds reasonable," Quarto replied.

"It certainly does," I agreed, "but more is required. Education doesn't just happen. To make it an optimum learning experience, talent, time, energy, physical resources and money must be utilized thoughtfully and committed over a long run. Planning and monitoring requires time subtracted from seeing patients—there's the rub."

"The other day over in that corner," Quarto went on, "a practitioner said loudly, 'wish that medical school would send me students. I'd tell 'em to put on their track shoes 'cause they'd have a hell of a time keeping up with me.' Is that the attitude of which you speak?"

"Yes, that's an inherent weakness," I replied.

"They accused professors of being obsessed with their academic aspirations and of caring little for their students once they graduate. It was as if to say academe had no interest in the delivery of health care," he said.

"It's the child-parent ambivalence all over again," I said.

"What of academe?" Quarto continued, "Two academicians whispered softly at my end of the library yesterday. They spoke of the only true education taking place in a University setting where **Depth** is the essence. Anything outside of the University either was a retreat to the pre-Flexnarian of apprenticeship."

"Yes there is some truth in that. Particularly if 'Depth' means the contribution of research and the highly analytical approach to a patient's problem. Peering into the molecular function of his cell, if you will, might give birth to new understanding and treatment," I responded.

"What begins to emerge," Quarto said, "is that both academe and the practice have their strengths and their weaknesses. It appears, however, that they dwell on each other's weaknesses. Why is that?"

"Perhaps envy and vanity are involved. One envys the other's high income and luxurious living, the other envys the prestige and greater time for contemplation. This could be at the expense of the patient which in education is more likely the student. Further academe is apprehensive that some governmental monies might be channeled away," I said.

"But!" Quarto exclaimed, "this crossfire can lead to no useful purpose. They speak as though it should be either one or the other. That, sir, is folly!"

"Agreed," I sighed, "but it does bring the weak spots more clearly into focus—necessary folly?"

"How then, can academe and the practice speak to a public that clamors for accountability? That's

UW medical students are captured in various states of study or relaxation in the newly refurbished Merle Owen Hamel Student Lounge. Members of the Class of 1935 provided for the refurbishing of the lounge as well as the furnishings in honor of their classmate, the late Dr. Hamel.



## ALUMNI NEWS

what your revolution in health care is all about, is it not?"

"Agreed," I sighed again.  
 "Is there no solution?" Quarto challenged.  
 "Yes there must be," I said. "It probably rests in the appropriate people designing an educational program and matching the proper resources to it, strengthening what is strong, diminishing what is weak, and evaluating the effort. When such accountability and synergism is achieved, then perhaps the Either-or Syndrome will perish. That, sir, is wisdom."

## Classes of '63 and '52 are Top Givers

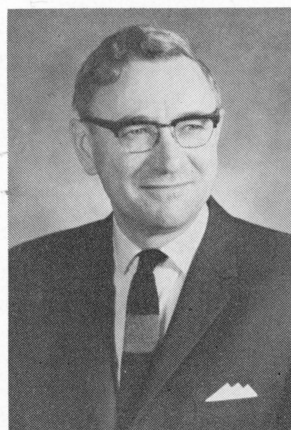
The Classes of 1963 and 1952 led all participants in the 1972-73 Alumni Giving Program, according to the annual report distributed to all members in November. Headed by Class Representative Don Reigel of Pittsburgh, 1963 led in the number of contributors (56) and in the percent of class participation (77.8%). Bill Crowley and Clyde Kratochvil's Class of 1952 gave the largest amount, \$6,076.

All told, \$64,705.31 was contributed to the alumni fund by 1,129 participants. This is within \$93 of the

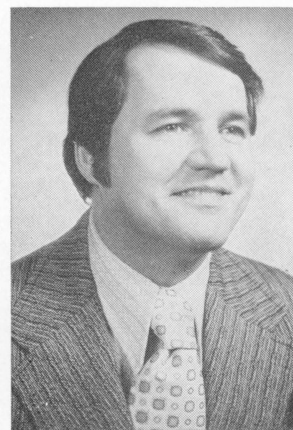
previous year's \$64,798, according to the chairmen, Bernard Kampschroer, '67, and Bill Russell, '46.

Coming in second place was the Class of 1932, led by Porter Blanchard, Cedarburg, which gave \$3,088, and Kampschroer's Class of 1967 for number participating (52) and percentage of class giving (55.3%).

Drs. Reigel, Crowley and Kratochvil will be honored with Brown Derby Awards at Alumni Day



Dr. Russell

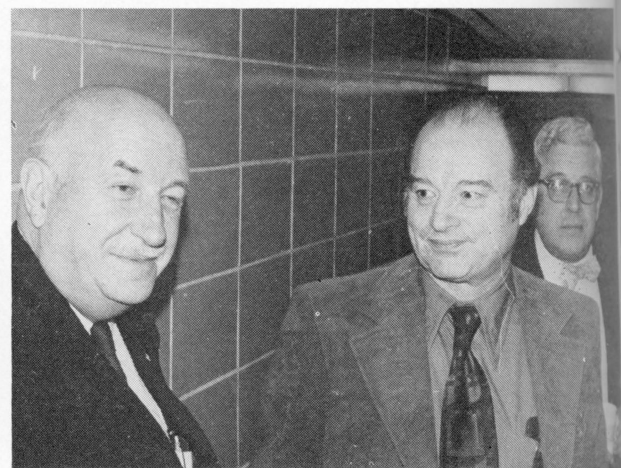
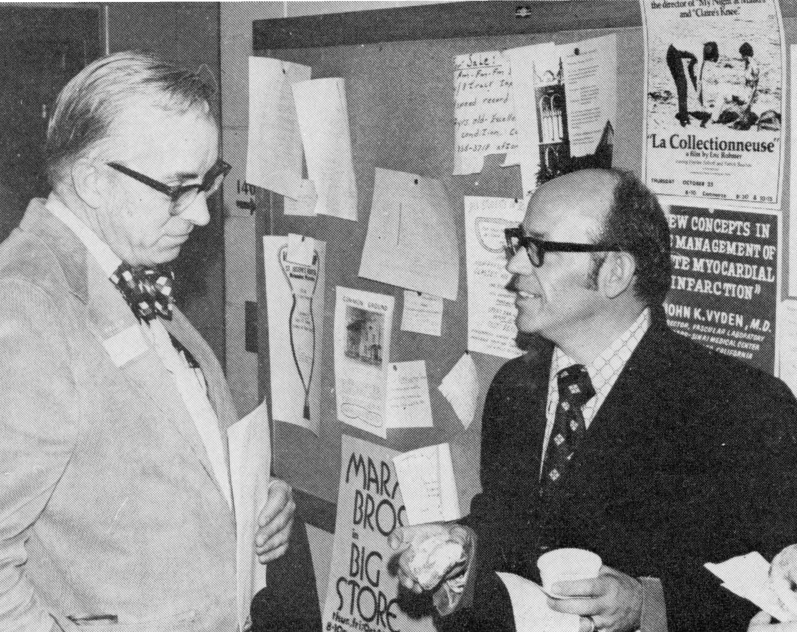


Dr. Kampschroer

1974 in May. Chairmen Kampschroer and Russell noted that the total amount remained equal to the previous year and it was encouraging that total contributors increased by 216 to the record 1,129.

The report, which was sent to all Association members, also included the names of all active dues paying UW medical alumni.

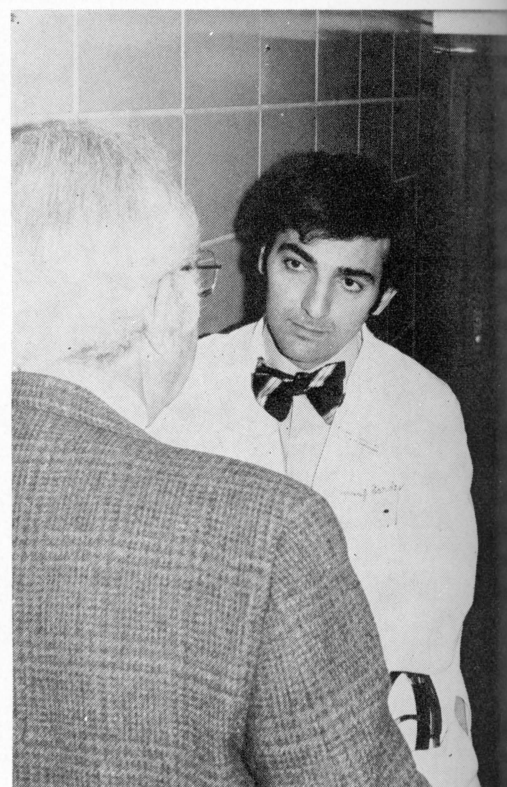




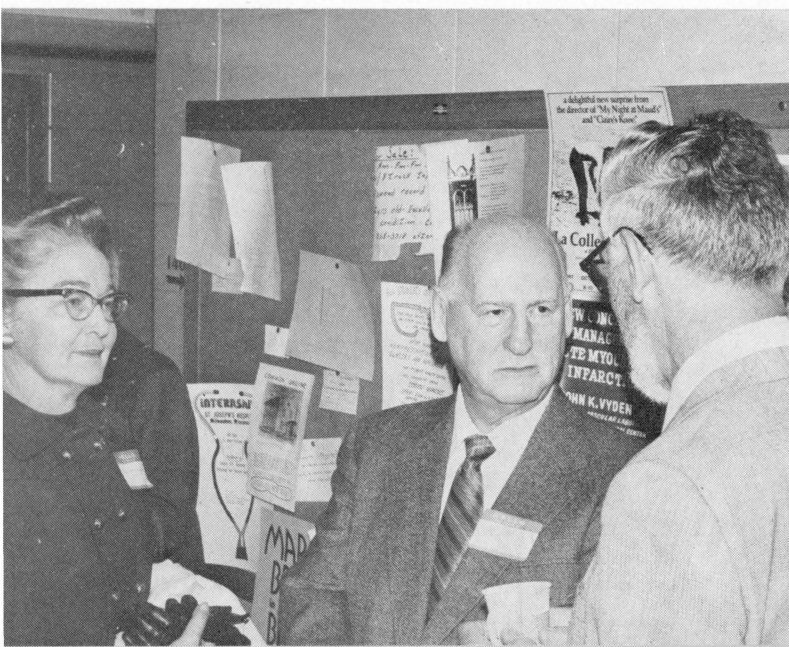
(Above): Dr. Raymond R. Watson, '48, (l.) Milwaukee, and Dr. Robert L. Temple, '58, Menomonee Falls, renew acquaintances during registration with sweet rolls and coffee. Note that the bulletin boards are in the same shape as we knew them.

(Top Right): Drs. George B. Benson, '29, (l.) San Angelo, Texas, E. Crosby Glenn, '37, Wisconsin Rapids, and University of Wisconsin Health Services Director Dr. J. D. Kabler (background) are surprised by our flash unit.

(Right): Obviously in deep conversation are Dr. Misha J. Lustok, '35, Milwaukee, (back to camera) and Dr. Thomas J. Ansfield, '66, Madison.



(Below Left): Dr. and Mrs. W. M. Fitzgerald, '39, of Beloit, are greeted by Past President Dr. Robert E. Schilling, '43, Madison (back to camera), before the morning program starts. (Below Right): Dr. David A. Cohen, '45, Edgerton (l), and Emeritus Professor Otto A. Mortensen, '29, Madison, hold a conversation outside of 140 Bardeen.



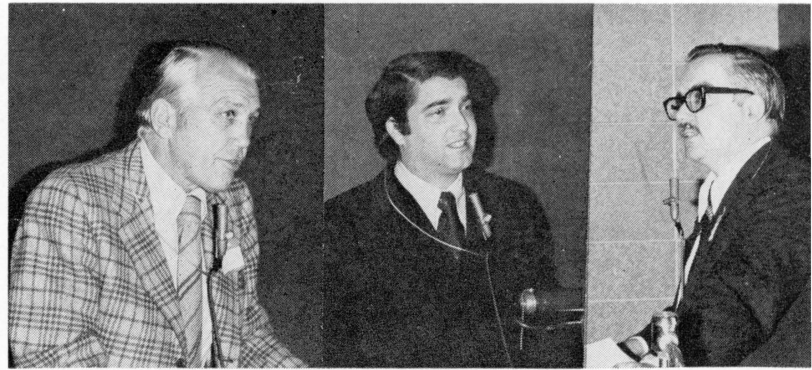
# The Fall Meeting of 1973

Two divergent aspects of medical practice were the topics when nearly 100 Wisconsin medical alumni and their guests met at the Fall Meeting. The morning session was held in conjunction with UW-Madison's homecoming on Saturday, Oct. 27, 1973.

Dr. John H. Renner, acting chairman of the new Family Medicine and Practice Department, and Dr. Richard B. Friedman, assistant professor of medicine, made the scientific presentations. Dr. Renner covered the rationale and future plans for his new department while Dr. Friedman spoke on computer applications to medicine at UW-Madison (see this issue's lead article).

Prior to these presentations Vice Chancellor Robert E. Cooke had spoke on recent developments at the Center for Health Sciences and the Medical School. After a steak sandwich lunch at UW Hospitals the hardy souls walked to Camp Randall to brave a steady light rain to watch the Badgers beat Indiana at football.

*(Below): Everyone enjoyed a buffet steak luncheon in the University Hospitals Cafeteria before going to the football game.*



*(Above): Speakers during the morning session were (l. to r.) Vice Chancellor Robert E. Cooke, Assistant Professor of Medicine Dr. Richard Friedman, and Acting Chairman of Family Medicine and Practice Dr. John H. Renner.*



*(Above): Dr. and Mrs. David C. Boyce, '43, were over from Grand Rapids, Mich. (Below): This portion of the nearly 100 alumni, spouses and guests listened intently to the informative program.*



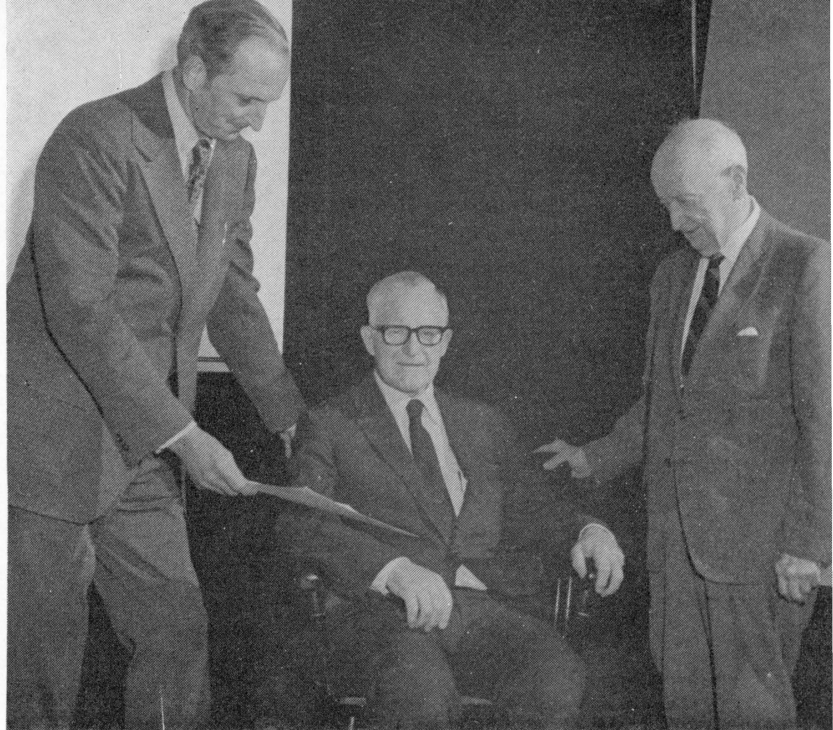


# Alumni Association Financial Report

## STATEMENT OF RECORDED CASH REVENUES AND DISBURSEMENTS AND ACCUMULATED REVENUES IN EXCESS OF DISBURSEMENTS

	Year ended June 30 1973	1972
<b>Revenues — Unrestricted Funds</b>		
Dues .....	\$20,701	\$20,601
Sale of Middleton Book .....	5,747	4
Sale of Chronicle .....	34	7
Sale of Middleton History Essay .....	72	45
Sale of Bohrod Paintings .....	545	397
Interest income .....	1,478	53
Miscellaneous .....	302	
Total revenues — unrestricted funds .....	\$28,879	\$22,112
<b>Disbursements — Unrestricted Funds</b>		
Salary — executive director .....	\$ 2,500	\$ 2,640
Stipend — associate editor .....	800	600
Alumni Quarterly Magazine — printing .....	11,614	10,621
Alumni Quarterly Magazine — artwork .....	150	200
Other printing and stationery costs .....	3,060	1,552
Publication costs — Middleton Book .....	7,543	0
Alumni Day — net cost .....	3,345	572
Audit fee .....	525	377
Board meetings — net cost .....	342	22
Other membership meetings — net cost .....	2,653	1,022
Royalty — Bohrod Paintings .....	42	80
Postage .....	4,000	2,068
Miscellaneous .....	358	151
Honoraria .....	100	0
Reception for graduates .....	135	0
“Festschrift” Issue .....	0	500
Dedication ceremony .....	0	200
Total disbursement — unrestricted funds .....	\$37,167	\$20,832
Excess revenues over disbursements (disbursements over revenues) — unrestricted funds .....	\$(8,288)	\$ 1,280
<b>Restricted Funds</b>		
Receipts .....	\$71,054	\$50,886
Less disbursements .....	38,181	50,544
Excess revenues over disbursements — restricted funds .....	\$32,873	\$ 342
Accumulated Revenues in Excess of Disbursements at beginning of year .....	\$57,810	\$56,188
Accumulated Revenues in Excess of Disbursements at end of year .....	\$82,395	\$57,810

Dr. Einar R. Daniels, '34, Wauwatosa, (seated) was presented one of the two 1973 Max Fox Preceptorship Awards at the September medical staff meeting of Lutheran Hospital in Milwaukee. President Loron F. Thurwachter (left) hands Dr. Daniels the accompanying certificate while Emeritus Dean William S. Middleton looks on. A similar award went to Dr. Warner S. Bump, '23, in Rhinelander six days later.



## Alumni Assn. Financial Report is Made

Our Wisconsin Medical Alumni Assn. ended its 1972-73 fiscal year with an \$8,288 deficit, a Sept. 21 audit report from the Ronald Mattox & Associates accounting firm shows. While there was a \$6,800 increase in receipts, there was an even greater advance in most costs. Net worth of restricted funds increased \$24,585, however.

The Mattox report states in part: "In our opinion, the accompanying statements referred to above present fairly the assets and liabilities of the UW Medical Alumni Assn., Inc., at June 30, 1973, resulting from cash transactions and the recorded cash revenues collected and disbursements made during the year then ended." A major part of the audit appears on the adjacent page.

## Milwaukee Meeting Set for Feb. 15

The Winter Meeting will be held in Milwaukee on Friday evening, Feb. 15, 1974, it was announced at press time. The Cafe Rouge of the Pfister Hotel will be a new location for the traditional event. Cost will be \$9 per person and the session begins with a social hour (cash bar) at 6:30 p.m. Dr. Lawrence G.

Crowley, new medical school dean, will head the Madison delegation. In addition to a headliner speaker, alumni audience questioning of the school officials has been a tradition.

Be sure to mark your calendar for the Winter Meeting in Milwaukee, Feb. 15. And while you're at it, mark April 5 for the Upstate Meeting. Publicity will be out shortly.

## 3 Class Representatives Needed

A call was sent out in late October to the classes of 1939, 1943-N and 1964 for volunteers to serve as representatives for their fellow alumni, to serve as a communications channel and to aid in the Annual Alumni Giving drive.

The Class of 1939 seeks a representative following the death of Dr. Marvin Greiber, Muncie, Ind.

November-1943 requires a new representative after Dr. Robert W. Ramlow, La Crosse, found it necessary to relinquish the post after serving for many years.

A 1964 replacement is sought for Dr. David M. Jaacks, Wenatchee, Wash., who has served nine years and has asked to be relieved because of his isolated location and distance from Madison.



## **D**r. B. R. Weston Dies in Iowa

One of our oldest Wisconsin medical alumni, Dr. B. Raymond Weston, '16, Mason City, Ia., died on Oct. 24. He had been a surgeon in Mason City since 1920. An unofficial check of alumni files shows that only 24 members of his class and earlier now survive Dr. Weston.

The son of a physician, Dr. Weston was 79. He received his B.S. from Wisconsin, took his basic science medical training at UW and was graduated from Rush in Chicago. Active in Boy Scouting, Dr. Weston was the first person west of the Mississippi to receive its coveted Silver Beaver Award. Survivors include a brother, Dr. Frank L. Weston, '23, of Madison.

## **C**lasses of '46, '67 Sport New Reps

The Classes of 1946 and 1967 have new representatives as the result of changes last fall. Drs. Dorothy M. and Eugene H. Betlach, Janesville, have become co-representatives for the Class of 1946. Dorothy is an anesthesiologist and Gene a radiologist specializing in nuclear medicine.

Dr. Mary Ellen Peters, Madison, assistant professor of radiology at UW, accepted the post of 1967 class representative in October.

The Drs. Betlach replace Dr. William Russell, Sun Prairie, and Dr. Peters succeeds Dr. Bernard Kampschroer, Milwaukee, who became co-chairmen of the Annual Alumni Giving Campaign.

## **D**r. Schweitzer in the Heart of Wisconsin

Upwards of a thousand persons daily pass the bust in University Hospitals' main lobby, many of them not even knowing that the 3/4-size figure on a 4-foot column is that of famed medical missionary

Dr. Albert Schweitzer (1875-1965). How and where it got there involves several of our UW medical alumni.

**Quarterly** contributing editor and California correspondent Dr. William Oatway, '26, who is sometime sculptor himself, did some investigative work after recalling the Schweitzer bust from his visit to Madison last spring. He sent queries to Dr. Helen A. Dickie, '37, professor of medicine at UW-Madison; to Mr. Lee Ellerbrock, a manager of the Schweitzer Hospital in Lambarene, Gabon, Africa; and to Emeritus Dean William S. Middleton. All were most helpful and their reports supplemented each other.

It seems the late Dr. Noel A. Gillespie, '45, former chief of anesthesiology at Wisconsin General Hospital, had once traveled by ship to Gabon with Dr. Schweitzer and ended up serving with him at Lambarene for 18 months. Dr. Gillespie felt there should be a portrait done of the famous medical missionary, but there had been no chance to ask him before his death.

Former Dean Middleton put the whole story into place. Mr. Ralph Jacobs of Verona told the dean of an available Schweitzer portrait head done by the late sculptor, Louis Meyer. Knowing of Dr. Gillespie's wish for UW Hospitals, Dr. Middleton examined the bust, found it appealing, dropped a few hundred words to faculty members, was given the funds and purchased the head. Dr. Gillespie was a speaker when the bust was accepted by the UW officials in 1954.

## **R**esident Wins National Honor

Terry Hankey, M.D., recently won one of 16 national Mead Johnson Laboratories Awards for outstanding medical residents in family practice.

More than 100 physicians from the 1500-2000 residents in the nation who have enlisted in family practice competed for the award. Dr. Hankey was cited for his scholastic achievement, interest and abilities in the medical specialty and qualities of leadership. He is a second year resident associated with the Verona Family Practice Clinic in the new University of Wisconsin Department of Family Medicine and Practice.

## Board Plans for 1974 Meetings

Directors of the Medical Alumni Assn. selected a recipient for the 1974 Emeritus Faculty Award, discussed the annual retreat-seminar and winter meetings during a far ranging and lengthy board meeting Oct. 26 at the Madison Club.

The 1974 Emeritus Faculty Award recipient was chosen by secret ballot and will be announced in the spring issue of the **Quarterly**.

Brochures for the 8th annual Alumni/Faculty Retreat-seminar were distributed (for a description and coupon look elsewhere in this issue). Dr. Arvin Weinstein, '44, professor of medicine is the "carry over" faculty member this year. Professor of Medicine Robert Schilling, '43, also will teach. The retreat will be held Feb. 9-16 in Runaway Bay, Jamaica.

Drs. Bernard H. Kampschroer, '67, and William T. Russell, '46, have been named co-chairman of the Annual Giving Program, replacing Dr. Richard Wasserburger, '46. The 1972-73 Annual Giving Re-



port is at the printer and will be mailed to all alumni by Thanksgiving. (A summary of the 1972-73 fund drive also appears in this issue.)

Directors Kampschroer and Hanno Mayer are handling plans for the Winter Milwaukee Meeting, Friday, Feb. 15. The meeting place has been changed to the Pfister hotel. Dr. S. E. Sivertson and Vice Chancellor Robert E. Cooke reviewed the plans for and status of the Alumni Association's major commitment as they relate to the new Center for Health Sciences on the west campus site. Dr. Cooke provided fresh information on construction complexities. It was agreed to pursue plans for an Alumni and continuing education center fund drive but its start would be delayed until the vice chancellor indicates timing in relation to the building plans is proper.

After discussion of potential sites, Eau Claire was chosen as the site for the spring upstate alumni meeting. President Thurwachter suggested April 5 as the potential date with a Board meeting preced-

ing the meeting. All alumni in the region will be sent promotional materials in advance of the upstate meeting.

Last year's Alumni Day program was reviewed. A change in the University calendar resulted in commencement being held the day after Alumni Day. This, along with medical school and house staff recognition ceremonies, resulted in numerous parents attending the Alumni Day banquet. Since seating was near capacity (registrations were at an all-time high) it may be necessary to limit the number of relatives any one graduate could invite. It appears that a separate recognition ceremony for medical graduates will be discontinued.

The Board approved a 1974 Alumni Day outline that includes a morning session with a social hour during registration followed by a report by the dean, the Alumni Citation address, another major talk, a business meeting including election of officers, followed by luncheon.

It was proposed that the afternoon program include optional tours of such local attractions as Taliesin and the House on the Rock in the Spring Green area. The evening banquet program also would be traditional: presentation of the Emeritus Faculty, Alumni Citation, teaching and other awards, introduction of the new graduates, installation of the new president followed by entertainment.

Dr. Custer spoke in favor of implementing an area representation program and area alumni meetings wherever significant numbers of UW Medical Alumni are concentrated. A list of class and specialty representatives and **Quarterly** correspondents was distributed. Representatives could initially be drawn from this group. The idea will be discussed further.

A life insurance endowment program was presented by President Thurwachter and a notation made of the State Life Insurance Fund. Discussion will be pursued at a later meeting.

Dr. Lustok reported recent developments concerning the **Quarterly**, noting that 73 non-alumni parents of UW medical students had subscriptions to the magazine, and displayed a 1973 Wisconsin Industrial Editors Award the magazine had won.

Attending were President Thurwachter; Directors Bender, Kampschroer, Mayer, Russel and Sivertson; President-elect Custer; Past Presidents Bernardt and Petersen; Editor Lustok; former director Dickie; Vice Chancellor Cooke; and Messrs. Hawley and Krahn.



## ALUMNI CAPSULES

**Dr. Jeffrey C. Thomas, '66**, recently became associated with the Janesville Orthopaedic Group, founded by his father, **Dr. George Thomas, '36**. The younger Dr. Thomas was a USPHS officer in Arizona and served his residency at University Hospitals, Madison.

Elected president of the Wisconsin Chapter of the American College of Surgeons recently was **Dr. Kenneth E. Lemmer, '30**, Madison, professor of surgery at UW.

Two 1967 classmates have recently joined the medical staff at Deaconess Hospital, Milwaukee. **Dr. Sheldon M. Solcchek**, a general surgeon, completed his residency at Harbor General Hospital, Torrance, Calif., and **Dr. Thomas F. Taylor** served his residency in ophthalmology at the Medical College of Wisconsin in Milwaukee.

**Dr. Richard Christenson, '69**, moved from Anchorage, Alaska, to Nashville, Tenn., last June to begin a radiology residency at Vanderbilt. He previously had completed a USPHS stint in Alaska and Phoenix.

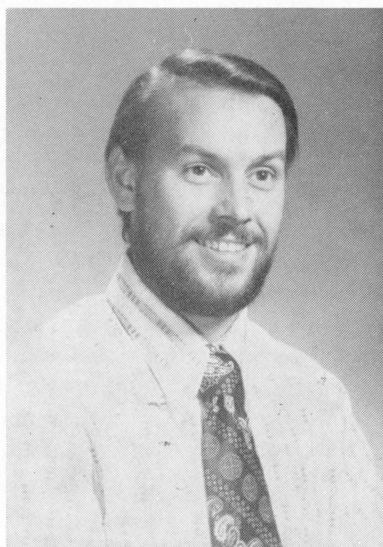
**Gene P. Wegner, M.D., '63**, Madison, is chief radiologist at the Monroe Clinic and St. Clare Hospital, Monroe. Sailing, water skiing and ice boating are his favorite sports.

**Dr. Reese E. James, '65**, has left private practice in Youngstown, Ohio, and joined the diagnostic radiology staff at the Uni-

versity of Alabama Medical Center, Birmingham.

A new book for children, "The Mind is A Funny Thing," by psychiatrist-neurologist **Dr. Barry R. Berkey, Res. '62-66**, and his wife has recently been published. The book by the Annandale, Va., authors is designed as a health text for the primary grades.

**Dr. John T. Brennan, '67**, has joined the staff of emergency room physicians at St. Francis



*John T. Brennan, M.D.*

Hospital, La Crosse, after two years as chief of the internal medicine clinic and nephrology at Ft. Gordon, Ga.

**Dr. George A. Randt, Int.-Res. '67-71**, is residing on the Florida keys at Largo.

A two month stint as surgeon and teacher aboard the "S. S. Hope" was an October-Novem-

ber contribution of **Dr. F. Reichardt, '43**, of Stevens Point. The ship is still visiting South American ports.

Internist **Weldon D. Shepley, M.D., '61**, in September was elected to a two year term as secretary-treasurer of the 22nd member medical staff at Methodist Hospital in Madison.

**Willard Huibregtse, M.D., '34**, last fall was honored on his 65th birthday for his many services to the communities of Sheboygan, Oostburg and Cedar Grove.

The first two graduates of UW's Family Practice Program have settled in Wisconsin. **Dr. Richard D. Larson, '70**, is in Fort Atkinson and **Dr. David P. Kuter, Res. '70-73**, joined a group in Baraboo.

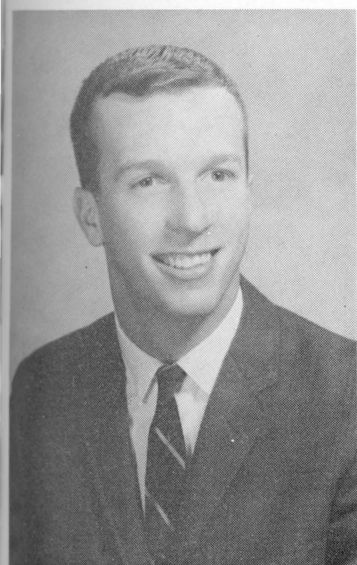
**Dr. William E. Hein, '54**, Monroe, recently was installed as president of the Wisconsin Academy of Family Physicians. **Dr. Theodore C. Fox, '57**, Antigo, was named vice-speaker of the congress of delegates.

A two year assignment to the U. S. Navy Hospital, Oakland, Calif., went to **Dr. David A. Kasuboski, '69**, after he completed his psychiatric residency at UW Hospitals in Madison last summer.

**Dr. John F. Morrissey, Int. '55-56**, professor of medicine at UW, in September was elected an honorary member of the British Society for Digestive Endoscopy after delivering the group's second foundation lecture in London.

The Wisconsin Neurosurgical Society was formed Sept. 15 in La Crosse and two alumni were elected to top offices. **Dr. David Ottensmeyer, '59**, Marshfield, is the first president and **Dr. Byron Annis, Res. '64-69**, is the president-elect.

**Dr. Gerald C. Frey, '71**, is now an Air Force Captain and the only pediatrician at Andersen



*Gerald C. Frey, M.D.*

AFB, Guam. He says traffic is terrible on the Pacific island.

**Dr. Kenneth G. Reeb, '63**, is associate professor of pediatrics at Case Western Reserve in Cleveland and director of ambulatory peds at University Hospitals of Cleveland. He hopes to organize a center for teaching primary care at CWRU.

Recently board certified in internal medicine, **Dr. Fred Goldner, '70**, has left Colorado for a gastroenterology fellowship at Walter Reed General Hospital in Washington.

Two alumni are officers of the medical staff at Wausau Hospi-

tals. **Dr. Albert J. Molinaro, '50**, is vice president, and **Dr. William C. Miller, '48**, is the secretary.

**Dr. Donald A. Spring, '63**, is a specialist in cardiovascular disease in Milwaukee. After a residency at Mayo, he served post-doctoral fellowships at UW Hospitals in Madison.

**Dr. Martin Grabois, Int. '66-67**, has been appointed associate director of physical medicine at Methodist Hospital in Houston and assistant professor of physical medicine and rehabilitation at Baylor.

**Dr. F. Deborah Johnson, '53**, recently moved to San Mateo, Calif., with her family but still specializes in medical oncology at the U of Cal. San Francisco Cancer Research Institute and teaches medical students. She also is on a Bay Area cancer epidemiology study task force.

After 2½ years in the Navy (one of them on a nuclear submarine) teaching corpsmen for independent submarine duty, **Dr. David L. Price, '69**, has begun the family practice of medicine in Appleton.

**Dr. Sandra Osborn, '70**, is now in the practice of pediatrics and acute medicine at the East Madison Clinic in Madison.

Three alumni living in Wisconsin were among an anticipated 1,675 physicians inducted as fellows of the American College of Surgeons last October. They are **Drs. Andrew A. McBeath, '61**, associate professor of orthopedic surgery at UW-Madison, **Carl F. Schmidt, '56**, La

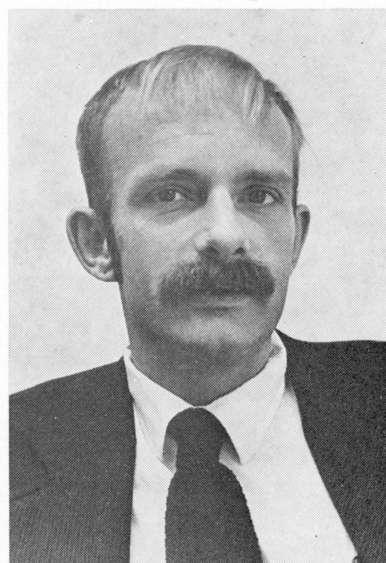
Crosse, and **Richard H. Ward, Res. '63-67**, of Appleton.

Chief of anesthesia at the U.S. Naval Hospital in Naples, Italy, has been the most recent post for **Dr. Frederic L. Paulsen, '69**.

**Dr. David G. Harper, '63**, completed his ophthalmology residency at UW Hospitals and is now at the Duluth (Minn.) Clinic.

**Dr. L. Thomas Rozum, Res. '70-73**, recently entered the practice of dermatology with the Oshkosh Clinic in that city.

A new member of the Skemp-Grandview Clinic, La Crosse, is **Dr. Robert T. Obma, '65**, who most recently was a fellow in cardiovascular diseases at



*Robert T. Obma, M.D.*

George Washington University in Washington. He also will direct St. Francis Hospital's human performance laboratory.

Three UW medical alumni are on the faculty of the Texas Tech



University Medical School in Lubbock. **Mary Van Horn Pratt, M.D., '61**, is an associate professor of ophthalmology and **Loraine E. Schultz, M.D., '44**, is assistant dean for career guidance and an associate professor of pathology. **John A. Buesseler, M.D., '44**, is the vice president for health affairs and health sciences as well as professor and chairman of ophthalmology.

President of the Wisconsin Neurological Society is **Dr. Keith C. Bogart, Res. '65-67**, La Crosse. **Dr. Timothy K. Henke, '63**, LaCrosse, is secretary-treasurer of the group.

**Dr. Michael C. Gordon, Int. '70-71**, Madison, is co-founder of Alcohol Counselling Associates, a private group providing complete rehabilitative services for the alcoholic and his family.

"Department of Medicine, U.S. Army Hospital, Ft. Campbell, Ky. 55901," is the new address of **Dr. Rodney R. Parry, '69**. He completed an internal medicine residency at Mayo before entering the service last July.

**Dr. Aubrey A. Drescher, '43**, has opened an office for the practice of ophthalmology in Sister Bay in Door County. He previously was in Menomonie.

Honored for his over 50 years of work and contributions to the Seymour area recently by the local Kiwanis Club was **Dr. Vernon J. Hittner, '22**.

**Dr. Robert W. Edland, '56**, La Crosse, recently was elected to both national and state posts in his field. He is secretary of the

American Society of Therapeutic Radiologists and the Wisconsin society elected him to a two-year vice presidency.

Chief of staff for the past year at St. Mary's Hospital, Green Bay, is **Dr. Louis D. Philip, '53**.

**Dr. James K. Gray, '36**, Roseburg, Ore., recently was appointed to the Governor's Corrections Committee on Jail Standards for Health and is now



*James K. Gray, M.D.*

a member of the American Public Health Assn's. task force on health in prisons.

**Dr. Philip S. Brachman, '53**, is director of the epidemiology program at the USPHS' Center for Disease Control in Atlanta.

**Dr. Bernard C. Korbitz, '60**, recently returned to Madison from Denver, where he was director of internal medicine at Presbyterian Medical Center and a member of the U of Colorado medical faculty. He is now at the Dean Clinic.

"Wheaton, Minn. 56296" is the

address of **Dr. James R. Pohl, '63**, who has enjoyed general practice there since 1971.

**Dr. Robert M. Bumsted, '66**, has been on active duty with the Navy and recently became a second year ENT resident at the University of Iowa in Iowa City.

**William E. Raduege, M.D. '66**, recently joined the Lakeland Medical Associates in Woodruff. For the past three years he practiced in Rusk County.

## Necrology

We regretfully report the following deaths that have been reported to the alumni office:

**Dr. B. R. Weston, '16**, Mason City, Iowa, Oct. 24, 1973

**Dr. Samuel M. Feinberg, '19**, Winnetka, Ill., July 10, 1973

**Dr. Edyth C. Swarthout, '19**, in West Salem, Sept. 10, 1973

**Dr. Robert W. Adams, '23**, Chetek, in Rice Lake, June 25, 1973

**Dr. Volney B. Hyslop, '24**, West Allis, Sept. 13, 1973

**Dr. Mead Burke, '27**, former faculty member and assistant superintendent of UW Hospitals in Madison, Oct. 4, 1973

**Dr. Anthony F. Rufflo, '27**, in Kenosha, Aug. 20, 1973

**Dr. Clifford Y. Wiswell, '30**, Williams Bay, April 28, 1973

**Dr. Mary E. C. Thomason, '35**, in Corpus Christi, Texas, July 24, 1973

**Dr. Raymond E. Schrank, '38**, in Waupun, Nov. 18, 1973

**Dr. Flavio Puletti, Res. '52-56**, professor of neurosurgery at UW and faculty member for 17 years, in Madison, Nov. 21, 1973.

## Our 'Life Style Diseases' is Topic Of Feb. 9-16 Jamaica Retreat

Some spaces still remain for the 8th Annual Alumni/Faculty Retreat to be held at beautiful Runaway Bay, Jamaica, February 9-16. Theme for the 8-day educational holiday will be "Diseases Which Come Out of Our Life Style; Man Against Himself."

Our Wisconsin party will leave Chicago's O'Hare Field at 11 a.m. on Saturday, February 9, and fly a chartered Pan American flight nonstop to Montego Bay. We will stay at the Runaway Bay Hotel and Country Club. Medical meetings will, except for one day, be held mornings, allowing afternoon leisure.

There's an 18-hole championship golf course, tennis, horseback riding, fresh water pool or ocean swimming, water sports, deep sea fishing and many other activities.

Concern for the rising toll of man-made disease will be covered in the medical sessions. Programs are designed for both physician and spouse and should provide lively participation. Faculty members and their topics include:

**Harry C. Coppel, Ph.D.**, UW professor of entomology — Health Implications of Insect and Pest Control; **Joseph A. Moylan, Jr., M.D.**, UW assistant professor of surgery — Trauma as a Cause of Morbidity and Mortality in Our Society.

**Robert F. Schilling, M.D.**, '43, UW professor of medicine — Disease Syndromes from Drug Use and Abuse; and **Arvin B. Weinstein, M.D.**, '44, UW pro-



fessor of medicine — Possible Consequences of Over-nutrition, Under-exercise and Stressful Occupations.

Cost of the retreat is \$1,200 for couples, \$1,250 if the spouse participates in educational sessions, and \$850 for individuals. Included are the air and ground transportation, gratuities, U.S. and Jamaica departure taxes, two parties, portorage and hotel service charges.

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

## Register Now — 8th Alumni/Faculty Retreat

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

City & State \_\_\_\_\_ Zip \_\_\_\_\_

For registration or further information return this form to: Wisconsin Medical Alumni Association, c/o Mrs. Ann Bailey, #575 WARF Building, 610 N. Walnut Street, Madison, Wisconsin 53706.

\_\_\_\_\_ Registration

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

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

\_\_\_\_\_ Couple's Registration Fee (\$1,200)

\_\_\_\_\_ Individual Registration (\$850)

\_\_\_\_\_ Couple's Registration Including

Spouse's Medical Seminars Fee (\$1,250)

(Deposit: \$200 per couple, \$100 singles)



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## MEDICAL SCHOOL NEWS

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### *Dr. Curreri to be President of New Military Health Sciences University*

A Wisconsin alumnus, Dr. Anthony R. Curreri, '33, will be the first president of the new Uniformed Services University of Health Sciences near Washington, D.C. Secretary of Defense James R. Schlesinger named Dr. Curreri to the post on Jan. 7, after he had been recommended by the new school's regents.

The university, to be located near the Bethesda Naval Hospital, was authorized under the Uniformed Services Health Professionals Act of 1972. With the "doctor draft" and other plans to provide health professionals for the military ending, the university becomes ever more important since only about 17% of the physicians on active duty are volunteers.

Career physicians, dentists, nurses, pharmacists and other health professionals will be trained at the university for the Army, Navy, Air Force and Public Health Service. Dr. Curreri's first task will be to select a faculty and supervise construction of a new building.

The staff will be drawn from both the military and civilian health care ranks and students will use facilities at the Naval Hospital, Walter Reed Army Hospital and the Malcom Grow Air Force Medical Center at Andrews AFB. Plans are to graduate the first class of 100 doctors in 1982.

Dr. Curreri has been associate vice chancellor of Health Sciences at UW-Madison since 1972 and is the Evan P. Helfaer Distinguished Professor of Surgery. Prior to that he was chairman of surgery at UW and director of clinical oncology.

A renowned physician who helped to pioneer many surgical procedures in lung and heart operations, he also earned national fame as a cancer surgeon and was named to head UW's cancer research hospitals in 1948. Dr. Curreri joined the faculty in 1939.

No stranger to military medicine, Dr. Curreri has

been medical consultant to the secretary of defense, a member of the Defense Scientific Board, a member of the Army Scientific Advisory Panel, chief surgical consultant to the surgeon general of the Army and a member of the board of regents of the school he is now to head. He served as mobilization



designee in surgery for the Army and made four inspection trips to Vietnam to check medical treatment given U.S. soldiers.

The recipient of numerous national and international awards, Dr. Curreri has served on the American Cancer Society board of directors and is a diplomate of the American Board of Thoracic Surgery.

## Dr. Hind Heads Neurophysiology Dept.

Appointment of Joseph E. Hind, Jr., Ph.D., as chairman of the new department of neurophysiology at the UW Medical School was announced in November by Vice Chancellor for Health Sciences Dr. Robert E. Cooke.

Departmental status for the former laboratory of neurophysiology was created recently by the re-



Joseph E.  
Hind, Jr., Ph.D.

gents of the University of Wisconsin System. The neurophysiology group has existed at the UW since 1948 under the directorship of Dr. Clinton N. Woolsey. Currently there are 10 faculty members in the department. Dr. Hind joined the group in 1954.

The new chairman earned a BSEE from Illinois Institute of Technology and in 1952 received his Ph.D. in physiological psychology from the University of Chicago. From 1947 through 1953 Dr. Hind had been a research assistant in the physiological acoustics lab of the University of Chicago's division of otolaryngology. Before coming to UW as a project associate in 1954 he was a research associate in the neurophysiology lab at the Central Institute for the Deaf in St. Louis.

Dr. Hind's research field is auditory neurophysiology and the biomedical applications of computing. His major field is the analysis of single neurons in the auditory nervous system. He was promoted to a full professorship in 1964.

The laboratory's research accomplishments in neurophysiology, neuroanatomy and behavioral sci-

ence are recognized internationally. In a grant award letter from the National Institutes of Health, the UW neurophysiology group was cited as "one of the most productive groups of investigators in the world" on work directed toward understanding the central nervous system.

Research activities since 1948 have been centered on electrophysiological studies of the cerebral localization of skin senses, hearing, vision, taste and pain processes. These functional studies have been correlated with anatomical work and with neural control of behavior. Anatomical studies now include electron microscopy (especially of the hypothalamus) and the relatively new field of autoradiography.

A strong development in recent years has been the introduction of minicomputers in the analysis of nervous activity, under the leadership of Dr. Hind.

Neurophysiology has trained over 150 predoctoral and postdoctoral fellows. Because of this research training, the laboratory has had a widespread impact upon research and teaching in neurobiology in this country and abroad. The laboratory also helped in the planning and development of the Waisman Center on Mental Retardation on the Madison campus. The new department has offices and research space both in the Medical Sciences Building and in the Waisman Center.

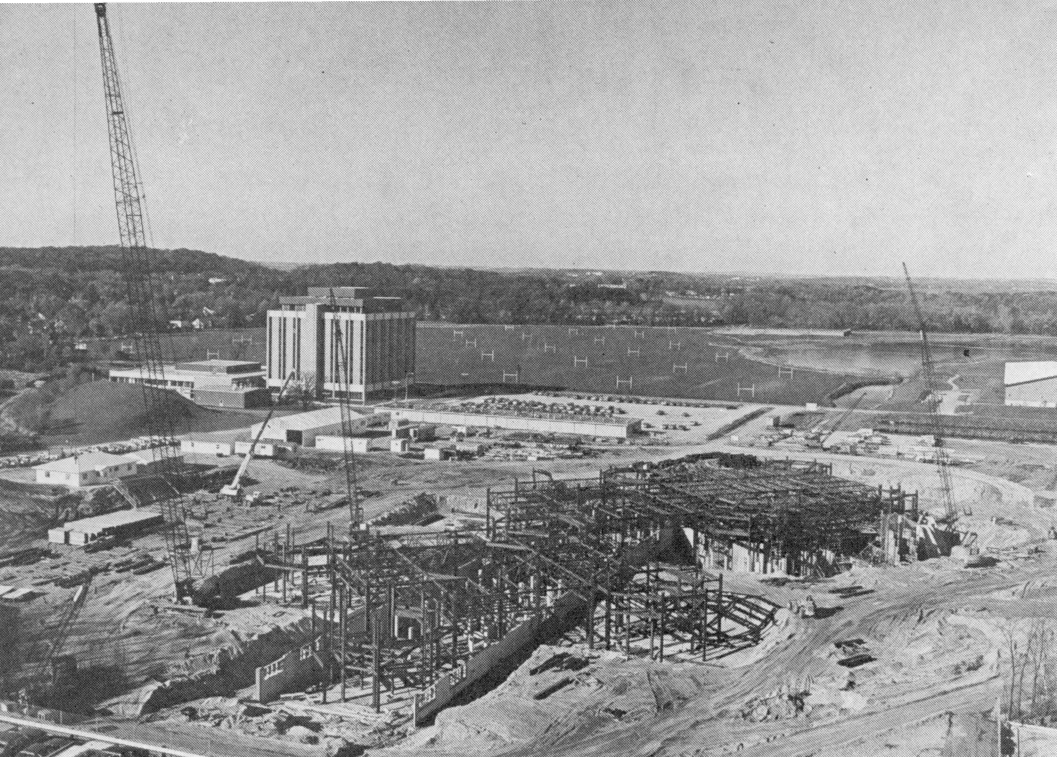
## Cancer Group Honors Alumni, Faculty

Two UW medical alumni and three faculty members were honored when the Wisconsin Division of the American Cancer Society held its annual meeting at Oshkosh in October.

The highest single annual citation for distinguished service in cancer control, the Annual National-Divisional Award, was presented to Elizabeth C. Miller, Ph.D., and James A. Miller, Ph.D., the husband and wife research team from McArdle Laboratories for Cancer Research.

Re-elected as medical directors-at-large were Drs. Ralph C. Frank, '43, Eau Claire, and Arthur L. Van Duser, '38, Madison. Dr. Henry C. Pitot, director of McArdle Laboratories at UW was newly elected as a medical director-at-large.





*Steel begins rising from the hill north of the Madison VA Hospital on the western edge of the UW campus as Phase I of the new Center for Health Sciences progresses. This late fall photo taken from the VA Hospital now looks northwesterly.*

## Center's Phase I is Progressing

The first phase of UW's new Health Sciences Center is progressing on schedule on its west campus site, Asst. Vice Chancellor Richard R. Hughes reported as our deadline neared. There are some indications of possible shortages developing in the future, but the Bureau of Facilities Management is still estimating completion of the first phase in 1976.

After several months' study by a State Building Commission Task Force and their architectural consultants, a number of revisions of the master plan have been made. These revisions were approved and the consultants' recommendations adopted at a Building Commission meeting on Nov. 19. Recommendations include advanced prebidding of the second phase structural components in order to make sure that the second phase finishes soon after completion of the first phase.

The program revisions resulting from this study have now been incorporated in the building program for the second phase through the joint efforts of the University staff and the second phase architects, Flad and Associates of Madison. The architects plan to produce a budget and concept report in mid-January and will be developing the preliminary plans, including room layouts, in early spring.

## New FMP Dept. Led by Dr. Renner

Appointment of Dr. John H. Renner as acting chairman of the new Family Medicine and Practice Department at the University of Wisconsin-Madison Medical School has been announced by Vice Chancellor for Health Sciences Dr. Robert E. Cooke.

Dr. Renner since 1970 has been director of the program which preceded the new department that was created by the UW System regents in October. An Indiana native, Dr. Renner is a graduate of George Washington University Medical School and a diplomate of the American Board of Family Physicians.

Created in 1969 with initial funding from the Wisconsin Legislature, the program had as its goal the expansion of primary health care in the state, practical research into a health care delivery system in which family physicians offer primary care and for local health care in Madison. The program has evolved into a new medical school department with a faculty of seven physicians plus 13 Madison area doctors who serve as clinical faculty members.

The Family and Medical Practice department currently has 24 resident physicians in training and operates clinics that serve patients from facilities at St. Mary's Hospital Medical Center, Verona and Madison's northeast side. The newly remodeled clinic at St. Mary's was officially dedicated in October.

The residency program's most unique feature, according to Dr. Renner, is emphasis on office practice and the continuing care of a group of patients with less emphasis on the traditional service rotation in training the young doctors. The residency's first year is primarily hospital-based and in the third and final year the young family practitioner works with a minimum of supervision.

"Our training program prepares the future family physician to adapt to the constant changes in medical practice and constructively innovates whatever is good for his patients in delivering quality health care," Dr. Renner said recently. "It is our conviction that a family physician should be patient oriented rather than disease oriented."

Another effort of the new department is studying the family's needs as a whole and also as they relate to the interaction between one member with the well-being of the others.

In addition to state support for the program, a major three year grant of \$125,700 was awarded the program last year and the Wisconsin Academy of Family Practice has assisted in its development. Other clinic locations in the state are under consideration as the program expands, according to the new acting chairman. Both urban and rural settings are an integral part of the family medicine and practice clinic.

## Gaenslens Endow Orthopedia Chair

A living memorial fund to establish a chaired professorship in orthopedic surgery in the University of Wisconsin Medical School was accepted by the UW System Regents in December.

The fund, totaling \$156,494.01, came in the estate of the late Clara F. Gaenslen, Milwaukee.

The chair is named for her late husband, Dr. Frederick J. Gaenslen, who received the B.S. degree from UW-Madison in 1899, and was an orthopedic surgeon and professor in the UW Medical School for many years. He established the orthopedic service in the Medical School in 1920.

Dr. Gaenslen passed away in 1937, his widow in 1971.

## Dr. Merchant is Assist. Vice Chancellor

Dr. William R. Merchant, administrator of the Madison Veterans Administrations Hospital, was appointed assistant vice chancellor of health affairs in November, it was announced by Dr. Cooke. Dr. Merchant will remain in his position as head of the hospital but will serve on the vice chancellor's staff in a number of capacities.

He will be particularly concerned with developing programs of mutual interest between the Center for Health Sciences and the VA Hospital, which will be in even closer proximity after the new Center is built on its west campus site.

An Indiana native, Dr. Merchant has directed the Madison VA Hospital since March 1968. After a degree at Amherst College, he earned his M.D. from Columbia in 1943 and interned at Boston City Hospital.

Dr. Merchant has served on medical school faculties at George Washington, Pittsburgh, Michigan and UW, where he is an associate clinical professor of medicine.

He has been assistant clinical director of arthritis research at the Mt. Alto VA Hospital; visiting physician at Gallinger Hospital, Washington, D.C.; consultant in rheumatology at Georgetown University Hospitals; chief of research and radioisotopes at the Pittsburgh VA Hospital and most recently before coming to Madison, chief of staff at the VA Hospital in Ann Arbor, Mich., for six years.

## Second Transplant Recipient Goes Home

UW Hospitals' second heart transplant recipient, 47-year-old Robert Smutz, returned to his Petosky, Mich., home Dec. 15, after spending three months on the hospitals' cardiovascular surgery floor. He had received a new heart on Sept. 12. UW's first recipient, Fred Aubey, Rockford, Ill., received a transplant on July 7, and died at his home Sept. 15 from viral pneumonia and chemical rejection involving the small blood vessels surrounding his heart.



## **A**ssociate Deanship to Dr. Graven

Appointment of Dr. Stanley N. Graven to the post of associate dean for community affairs at the UW-Madison Medical School was announced by Vice Chancellor Robert E. Cooke in October.

In his new post Dr. Graven will be responsible for relations between the medical school and its affiliated programs and institutions. He also will be concerned with the programs in family medicine and graduate education.

Dr. Graven is a professor of pediatrics at the UW-Madison Medical School and is director of its neo-natal program. In May he received the first award for outstanding contributions to the welfare of children from the Wisconsin Chapter, American Academy of Pediatricians.

A graduate of the State University of Iowa Medical School, Dr. Graven joined the UW-Madison faculty in 1966.

## **D**ial Access Idea Serves Communities

Residents of 26 Madison area communities since November have been able to dial a message on health care as part of a two year test project at the University of Wisconsin-Madison. Called "Health-Line", the new weekly health information program uses 3-5 minute messages by a physician on such topics as heart attacks, dieting, drugs, cancer, high blood pressure, ski injuries, child diseases and other topical items.

The messages are prepared under the auspices of UW Medical School physicians by the University of Wisconsin Extension and in many instances the voice of the faculty member is used on the tape. Purpose of the test program is to help residents in the communities to learn more about their own health care so that they can help prevent illness, know when symptoms should lead to professional medical advice and to gain effective access to the health care system.

The program is publicized in the communities with the aid of local weekly newspapers, posters, messages in church bulletins and other publications. The communities are all in the Madison metro tele-

phone area and residents can dial a certain university number toll free. They hear the week's tape health message which is available on a 24 hour basis. City of Madison residents have not been invited to participate in the test program for fear of inundating it with calls since there is no automatic answering device to handle such a load.

## **\$**8 Million Waisman Center is Dedicated

The eight-story, \$8 million Waisman Center of Mental Retardation and Human Development was dedicated at UW-Madison on Oct. 7. Located near the new Center for Health Sciences, being built on the campus' west edge, the Waisman Center contains laboratories, clinics and classrooms where several hundred faculty members and students from many departments work together to find the causes of mental retardation and other developmental disabilities and methods of preventing them.

Planning on the center began in 1965. It was located in Madison so that UW, Mendota State Hospital and Central State Colony facilities could be used in its dual role of research and the training of health professionals.

The center is dedicated to the memory of Dr. Harry A. Waisman, '47, an international leader in the field of mental retardation and UW professor of pediatrics, who died in 1971 at the age of 58.

## **L.** W. Paul Lecture Held Oct. 18

Dr. John A. Campbell, professor and chairman of radiology at the Charles Drew Postgraduate Medical Center and Martin Luther King, Jr., Hospital in Los Angeles, was the speaker at the 4th annual Lester W. Paul Lecture. The event was held Oct. 18 at the State Medical Society of Wisconsin Building.

Dr. Campbell, formerly professor and chairman of radiology at the University of Indiana, spoke on

extralobar bronchopulmonary sequestration and its relation to the diaphragm.

The lectureship fund, according to Dr. John H. Juhl, Res. '46-49, chairman of radiology at UW, had a principal of \$42,921 and had income of \$3,417 available for use as of September.

## Beyer, FMP Lectureships Held in Oct.

A chairman of medicine at the University of Vermont Medical School and the chairman of Great Britain's College of General Practice conducted lectureships and served as visiting professors at the medical school in mid-October.

Dr. William A. Tisdale, chairman of medicine at Vermont, was the 1973 Karl H. Beyer Professor on Oct. 17-20. He also served as a visiting professor in medicine. Dr. Tisdale is a long-time student of diseases of the liver. He is the author of numerous publications concerning morphological, biochemical and clinical aspects of liver diseases.

Dr. E. V. Kuenssberg, Edinburgh, Scotland, chairman of the Royal College of General Practice, was the Department of Family Medicine and Practice visiting professor on Oct. 15-16. He spoke to the Health Services Research Seminar and the Family Practice Club as well as spent several days with the new department's faculty and residents.

## Telephone Dial Access Wins Award

The dial access library service provided by the University of Wisconsin Center for Health Sciences and UW Extension has received the 1973 special recognition Gerard B. Lambert Award. The awards are presented for innovative and imaginative ideas designed to improve patient care or reduce health costs.

The dial access library, pioneered at Wisconsin, was among the top 26 ideas selected from more than 1,800 considered by a national committee. The library contains more than 500 tape recordings produced by and featuring Center for Health Sciences faculty, which are available by telephone to physicians and nurses in Wisconsin and other states.

## Hospitals Cite Dr. Thomas Meyer

The Wisconsin Hospital Assn. presented its highest individual honor, the 1973 Award of Merit, to a UW Medical School faculty member this year. Dr. Thomas C. Meyer, associate dean for post graduate medical education and professor of pediatrics, was cited for "his longtime devotion to the interest and problems of Wisconsin's hospitals and to the humanitarian services they represent."

Dr. Meyer was selected for the honor by a committee of past presidents and the presentation was made at WHA's 54th annual convention in Oshkosh on Nov. 1.

## Neurosurgery's Puletti Is Dead at 51

Dr. Flavio Puletti, Res. '52-56, professor of neurosurgery at the UW Medical School and a faculty member for the past 17 years died in University Hospitals Nov. 21. He was 51. Dr. Puletti in 1968 was awarded the State Medical Society of Wisconsin's Gunnar Gunder- sen Gold Medallion.

A native of Italy, Dr. Puletti received his medical degree from the University of Florence in 1947. He interned at the University of Florence, served internal medicine and general surgery residencies there and then came to Madison in 1952. He served his residency in neurosurgery at University Hospitals and in 1956 joined the UW faculty as a research associate. Dr. Puletti advanced in rank and was named a full professor in 1969. A teacher, clinician and researcher, Dr. Puletti was Board certified in neurosurgery in 1961.

Survivors include his wife, Dr. Joyce Kline Puletti, '54, who is also a UW faculty member. The family requested that memorials be made to cardiovascular research at University Hospitals, Madison.





## COLUMNS AND EDITORIALS

### Right to Live; Right in the Middle

BY DONALD H. REIGEL, M.D., '63  
MEMBER, EDITORIAL BOARD

*"Ethics is the science that offers a rational explanation of the ideas of Rightness and Oughtness; and that deals with the Life of free personal beings under these conceptions, considering it as related to an Ideal or norm of excellence, conformity to which is obligatory."*  
Francis L. Patton, Syllabus of Ethics, intro., page 2, 1888.

PITTSBURGH — Today there is mounting debate dealing with the subject, "The Right to Live, The Right to Die." It seems as I listen to the debate from many quarters and read the writing from many areas, that I have little confidence that the voices being heard are those of physicians who have experience with great numbers of patients facing the struggle or death.



As the crescendo of debate mounts, the time is long overdue for hearing from the hundreds of physicians who are involved in ethics day after day and more often than not, during the sleeping hours of some of the loudest discussants.

The increasing discussion of ethics by people with little experience has resulted in indecisive indecision which has been detrimental to the patient, family, and their friends. Perhaps the reason many of us have been quiet in this crucial area has been the fear that our thoughts and much of our anguish will appear fuzzy, illogical and provoke disagreement.

The practice of writing and saying less than we should out of fear of criticism and rejection is no longer acceptable. We must discard the apprehension of exposing our inner thoughts.

There is no doubt that the physician who accepts the majority of responsibility for care of the patient,

irrespective of age or problem, must also accept his role in the decision process. This includes the pediatrician and family practitioner involved with a birth defect patient, the obstetrician who has delivered the patient with the Down's Syndrome, the neurosurgeon and the patient with cerebral metastasis of the non-viable brain, the internist and the patient with terminal leukemia, the surgeon and the patient with disseminated metastases and the psychiatrist with the patient who wishes to die.

We must all begin to express the thoughts which have arisen out of years of experience. This should include their meaning to the patient, and in general mankind.

The suggestion that there are objective observers in ethical questions is erroneous. Emotion, passion and feelings will always be involved. The determination of right and wrong is not the sole responsibility of philosophers, lawyers, and clergy.

Moreover, moral decisions are not confined to decisions of life and death. We are called upon to make them daily in medicine, irrespective of our areas of speciality. Our personal values and the value systems that we discuss with patients must be openly shared with all who are concerned with moral dilemma. We must not be afraid to indicate our guidelines of authority in determining the value of life.

In my practice, criteria for continuing "heroics" are determined by the capabilities of the patient for experiencing love, for responding not only to love, but the environment and man. Meaning and value of given responses may vary. They occur at varying levels of intelligence and sophistication.

I express this thought, knowing full well, it is amenable to the charge: "emotional mush." One or two days of life in the context described above, may have great meaning to an individual.

Therefore, I will frequently resort to the extraordinary to provide additional days, though the time may seem short to the medical team. It may be as a lifetime to the patient. I don't believe I personally make decisions about death. I believe the decision has been made, and that we work to change the slope of the time curve.

We must become the voice of experience in the question, "The Right to Live, The Right to Die" because we are!

## If You'd Have Been There . . . .

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

MILWAUKEE — Homecoming Alumni Meeting—did you miss it?

If you'd been there you'd have followed the red arrows through the labyrinth of newly remodeled areas of the new addition to the not so new building that is welded to the original old building and run right into the registration desk which plugs the narrow corridor. There you would have picked up all the goodies, and your label.

You are now officially there. You'd have filled a disposable cup with coffee, napkin wrapped a sticky doughnut (ignoring the threat to your weight problem) and joined the conversation group. That's why you came.

You'd have liked to meet new alumni friends, but it's too difficult to read the name tags through trifocals without implying an invasion of privacy so you look for old familiar faces. **Ovid Meyer** and

the flower arrive and you're happy to see them. **Bill Middleton** is in the hospital with a touch of angina; he'll be here next year. **Tom Ansfield** arrives and looks the mature clinician, reminding you that it was his father **Morry** and his uncle **Freddy** who were your classmates. **Helen Dickie** did not arrive, she was there all the time. **Tony Curreri** met the **Bensons** last night and has not been heard from since. **Ralph Hawley** tells you that the registration is good but that many alumni will probably come later, not too late to pick up their football tickets, however. Time to start the meeting.

**Loron Thurwachter** planned a good meeting and presides well. You'd been pleased to hear our Vice Chancellor **Robert Cooke** talk like an old Wisconsin hand and you're glad he's one of us. The new Dean, **Lawrence Crowley**, could not get there from California, but you're not impatient—you have seen many new deans. You confide to the younger alumni on your right that you have known every dean your school has ever had. He does not seem im-

pressed, and his look suggests you better pay attention to the speaker. **Richard Friedman** assures you that the computer cannot replace the clinician, and you feel much better. The meeting is over early and you have time to visit old teachers and friends.

It's Saturday morning and no one is in their office but you do run into **Herman Shapiro** in the hall. You always run into Herman Shapiro in the hall. A group is gathered in the lobby of the old infirmary and you make your way there to find **Herb Giller** and his party having their tailgate buffet indoors to stay dry. It's raining—that steady monotonous ooze that promises to last forever. You don't despair. It will stop after lunch.

You find your way to the cafeteria and pick up your unexciting but well balanced meal on an unbalanced tray and look for a spot to sit. The room is crowded. The late alumni who missed the meeting did not come too late to pick up their football tickets or to miss their lunch.

**Frank Weston** has a place for you, and **Paul Clark** is glad to see you. He has been keeping notes of interest in preparation for the second edition of the history of the Medical School to be written at the end of this decade. **James Magnusen**, one of your preceptees drops by, and you have a nice visit. It's still raining.

Time to go to the game. This one we may actually win. You'd have found the hospital lobby full of



downcast alumni and a panoply of rain gear. Only **Bert Zimmerman** ventures out, the rest stay dry. Your wife had been patient throughout this whole panorama but now you get that kind of look that warns you to better do something. Eventually you do, and drive home. It was a great Alumni Day in Madison. If you'd been there. . . .

## Texas Reports

BY EDWARD J. LEFEBER, M.D., '36  
TEXAS CORRESPONDENT

GALVESTON — Wisconsin alumni who are members of the Texas Club of Internists visited Mexico City the first week of October for the club's fall clinical session. The scientific program was arranged by the teaching division of Instituto Nacional. Two sessions were held at the world famous Instituto Nacional de Cardiologia. Each day was rounded out by sightseeing and most excellent dining. Busy with his camera was LuVerne J. Webster, '33, Abilene, who was accompanied by his son and partner in practice, James D. Webster, a University of Wisconsin graduate who received his M.D. from the University of Texas Medical Branch.

Dr. James K. Wiggins, Int. '42-43, and his wife, Daphne, an alumnus of the UW School of Nursing, this correspondent and his wife spent a clear sunny afternoon visiting the Shrine of Guadalupe and later the Pyramids of Teotihuacan, some 30 kilometers north of Mexico City.

Dr. Fred J. Ansfield, '33, professor in the division of clinical oncology at our UW Medical School, was in Houston Sept. 24 to tell about 5 FU and its clinical use to those attending a medical oncology course sponsored by the UT Health Science Center at Houston and the M.D. Anderson Hospital and Tumor Institute.

In Galveston four days earlier, the mayor of our city declared Sept. 20, 1973, "Dr. Duane Larson Day." This day was climaxed by a reception and banquet saluting Duane, '54, for the excellent work he has accomplished in the treatment of burns at the Galveston unit of the Shrine Burns Institute and as recipient of the Physician of the Year Award by the President's Committee on Employment. Earlier in the month he attended the World Health Organization Meeting in Geneva, Switzerland, and spoke at a Frankfurt Meeting of the German Plastic Surgeons Association and at a Symposium on Burns in



Prague, Czechoslovakia.

From the **Faculty News Bulletin**, a note that J. R. Hebler, '58, was recently promoted to associate professor, pediatrics, University of Texas Medical Branch, Galveston.

Wisconsin alumni activity on the political front in Austin Dr. George Willeford, Jr., Int. '55, resigned as chairman of the Texas Republican Party.

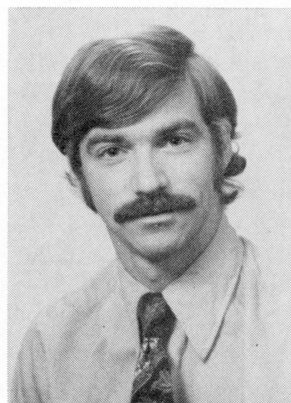
At Texas Tech University, Lubbock, Dr. John Buessler, '44, will devote full time as vice-president for health affairs and health services at the University and the School of Medicine. The Texas House of Representatives, during its 63rd session awarded Dr. Buessler a Certificate of Citation in recognition of his contributions, both in the fields of civic endeavor and medicine.

## Maalox, Anyone??

BY JAN R. WEBER  
SENIOR CLASS PRESIDENT

MADISON — The gray-haired professor of medicine entered his office carrying a large manila envelope. With a pensive frown, he reached in and began placing several x-rays on a large viewing box. Switching on the light, he turned to scrutinize his patient. Oddly, the patient was also wearing a long white coat and had a stethoscope protruding from his pocket, obviously a doctor himself.

"Well," said the professor slowly, "I'm afraid you've got one, too. See? Here," he said as he pointed to one of the films.



"Just as I thought. An ulcer," the patient sighed.

"Don't feel too bad though. It certainly doesn't look malignant. And besides, you're in good company."

"Good company?" the patient puzzled.

"Sure. I think at least half of our colleagues on the faculty of the medical school has been in to

see me in the past few weeks for the same condition."

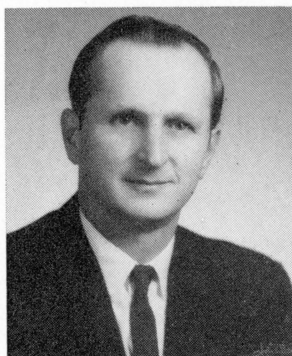


## 'Just Grateful, I Guess'

BY LORON F. THURWACHTER, M.D., '45  
PRESIDENT

MILWAUKEE — With all the challenges that face us today professionally, politically and personally it is hard to understand why many of us find time to be active in alumni affairs. The truth is, however, that more and more graduates are becoming involved in these programs. This increased involvement is gratifying and tremendously important to the continued growth of our medical schools throughout the country. I attempted to ascertain why my own interest has been sustained and would like to share these thoughts with you.

At the outset, I'm sure one has to have fond memories and nostalgia about the days spent in medical school. Recall those days for a moment: Always busy, filled with challenge, accomplishments, frustration, satisfaction, strict schedules, and long hours—these happenings interlaced in an atmosphere with others striving toward the same goal.



These experiences are fed into our mental computers for recall at some future date. Time usually has a very satisfactory effect on our computers by screening out the negative and accentuating the positive. This feedback of pleasant encounters and warm associations with classmates and teachers fuses into what could easily be called a "rosy glow." Once this feeling is nurtured, it is quite easy to transpose into the feeling of loyalty and pride in one's alma mater.

On reflection, I'm sure every alumnus can recall how he or she acquired these sentiments and can pinpoint the circumstances that precipitated them.

In my own situation an experience that happened in the second semester of first year medicine forever endeared UW to me. It was in the fall and winter of 1942 and WW II was raging. Most students were either in the Navy V-12 ("victory in twelve years or we'll fight too") or Army ASTP programs.

I was in the Navy program and thought everything was going along fine that semester until sud-

"I can believe it. You know, this place is starting to change so fast nobody can keep up any more. It's not like in the old days when you could count on things to stay the same," the patient lamented.

"I know what you mean. That new guy from out East sure is messing things up. Who does he think he is, trying to make this the best school in the country? Aren't we good enough now?"

"And I hear the new Dean is just like him, too. Every other word is 'improvement.' What's wrong with what we've got?"

"Then there are those professional educators. They come in here and tell us we have to write down what it is we want to teach our students. Goals, objectives. How the heck am I supposed to know what I teach? It changes every week. Besides, those guys aren't even M.D.'s. What do they know about teaching," the professor complained.

"And now the students are after us, too. That what-do-you-call-it MSA is getting students put on practically every committee. You can't get a word in edgewise any more. All this talk about doing away with grades, getting to know the faculty better and being treated more like human beings. What do they think they are?"

"Right! They've got to learn to cope with it. I consider it important to leave them with a feeling that they don't know anything. Nothing worse than a physician who thinks he knows it all, you know. In this business you've got to be tough!" retorted the professor.

"Absolutely," said the patient as he stood up to leave. "By the way," he asked, "how has your hypertension been since we started you on the new regimen?"

"Oh, up and down. I'll tell you all about it when I see you at my regular appointment next week. In the meantime, as far as your ulcer is concerned, you'd better start on antacids and something to help you relax. Have you got any Valium?" the professor asked.

"No, I haven't."

"Why don't you borrow some of mine," he offered.

"Thanks much," he said, accepting the tablets.

"Take it easy now."

"Right."

denly fate seemed to deal me a series of low blows. That fall I received a fracture to the outer table of my skull in an interfraternity touch (?) football game, contracted the then new primary atypical pneumonia which hospitalized me over Christmas, had a relapse over New Years which kept me out of classes for weeks, and then acquired German measles just before finals.

To say I felt like Job is putting it mildly. Classes never stopped because of the war speed up program, so how was I to make up the work? I needed help!

Who rescued me? The answer: loyal close friends, especially two, who had the foresight to record lectures on carbon paper, tutored me at night and kept bucking up my sagging spirit. Even with these helpful classmates my plight would still have been questionable unless understanding faculty had not given of their time to a faltering student.

Of course if I had failed it would be the end of my story. But I did not fail. I was assisted in every way by my classmates and teachers. This created my rosy glow—the pride of being associated with such a school—to be able to identify with it.

To sum it all up, just grateful, I guess. How about you?

## I Wonder if It's Worth It

BY HERBERT C. LEE, M.D., '35  
SOUTHEASTERN CORRESPONDENT

RICHMOND — After five years of more or less forced inactivity I am about to return to the practice of surgery, teaching, attending meetings, etc., and am faced with the wonder if it's worth it.

When I became ill in 1968 practice was delightful. The bed shortage wasn't too bad, there were plenty of nurses, orderlies and attendants, one could get about or near the operating time he desired, the patients were most devoted and cooperative, an x-ray could be obtained on request and lab work was done promptly. There weren't too many night calls, and in general, life was wonderful.

What a different picture I find today! Hospital beds are a real problem, operating time is hard to

come by on the day you request it, and nurses are not nurses anymore as I knew them. Of course there are, but it seems that the professional educators have gotten hold of them. Now there is a supervisor



for each floor, an assistant supervisor for each wing or unit and dozens of drones who do the work—some good, some bad.

It seems that the word "compassion" has left the doctors and nurses. The younger doctors do not know what it means and the nurses, technicians, orderlies, etc., never heard of it. They

will never know the joy of spending time with each patient, sympathizing with them and just listening. If they did, we wouldn't have all the government and union pressure we have today.

Now we have Blue Cross and Blue Shield forms, insurance forms, Medicare and Medicaid forms—soon we will have PSRO forms and heaven knows how many more. The hospital used to be run by one person. Now we have a vice-president, a director and about a dozen assistant directors—each with his own little bailiwick.

Whereas one man once ran the x-ray department and did all therapy, there now is a chief for every branch they can think of. One reads films, or three or four do, one does GE series, one does GU, one does neurosurgery, one does cardiac catheterizations and therapy has its own quarters in another building.

All of these changes have come about with relatively the same number of patients, although, admittedly, there are more requests for the ancillary services.

No, practice is no longer the fun it used to be. It is work—hard work. Just keeping up with the fee schedules allowed by law is almost a full time job. The insurance companies and price commission requirements—UGH! I feel sorry for younger doctors just starting out. I dread for them what practice could become in the future.

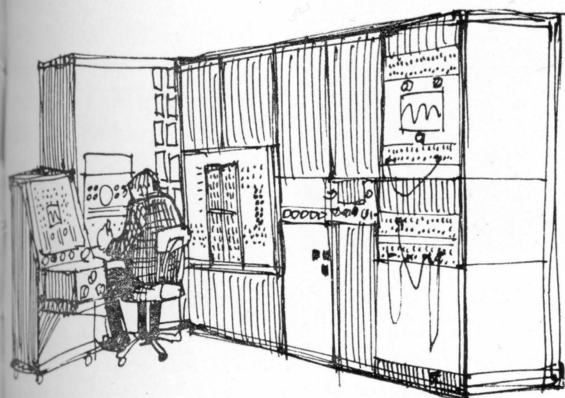
Then I realize that they have been educated into this system and will never know any better. It is like Hitler teaching all the German children the glories of the Third Reich.

Medical schools are compounding the problem. When I first came to Richmond in 1935 the dean was part time—he was also professor of pediatrics. It later developed into a full-time one man job. We have had some good ones and some “doozies.”

We now are surrounded by deans. I'm not bemoaning them at all, but it is interesting what has happened. We have a provost, a vice-president, a dean for postgraduate studies, one for admissions, one for interns, for student affairs, etc. The pyramid gets larger almost naturally, yet it is controlled by one full time dean.

Each separate faculty has also pyramided. Where one or two people used to run each department, now it is up to the hundreds in each department. All of this is, of course, for the better, but I wonder if the students are as well prepared as they used to be. Now few faculty members spend enough time with each class to get to know more than a handful of them and fewer than that are ever known by name.

We all know what advances research has made and the number of top-flight students who have gone into this branch of medicine. I often wonder,



though, whether one needs four years of medical school to do most of the research. Maybe we should be turning out more and better students to treat the public and to teach them compassion rather than how to decipher the vast amount of figures researchers deal with.

Then there is management services which has nine employees. Its members provide the hospital with internal consultative services directed toward improving departmental and hospital operations. From their own brochure I quote:

“1. Management Studies are problem oriented and are designed to assist department heads in developing the most effective and economic operation possible. In-depth studies usually cover an entire department. Such studies may generally result in changes in skill levels, staffing, procedures, and the use of equipment and materials. Special studies involve only one aspect of the department. An example of this would be to consider the cost of using various equipment. A major role of Management Services is to work directly with the department heads in carrying out study recommendations that have received appropriate administrative approval.

“2. Management Operation Assistance—This is a service where the management personnel work with department heads in improving the technical aspects of management.

“3. Management Training consists of a program for work improvement, problem-solving conferences and specific education in management techniques.”

Have you ever heard of anything so ridiculous? Since when do trained doctors have to be told how to handle their problems. All of this came about when non-medical people began to run hospitals—people who never practiced in their lives or saw a patient or sweated out the recovery of an extremely ill person whom he has cared for to the best of his ability.

We have each endeavored to take the best care possible of people entrusted to us—laughed with them, cried with them and for them and their relatives. What greater joy is there than to be told, “I don't know how to thank you, Doctor?” That is almost reward enough. But we do not need a bunch of young non-medically trained management counselors to tell us how to do it better and more efficiently. I still feel that the best hospitals are run by the doctors who belong to them. No one can convince me otherwise.

I apologize for boring you kind readers with all of these sentiments. They have just been accumulating and there is no news from our Southeastern alumni. I still wonder if I should have returned to practice.

Allow me, though, to express my sorrow in the passing of Steve Martin, an ex-classmate who died recently in Europe while on a lecture tour. Steve was our instructor in physiology and then joined our class in the junior year. He had contributed much to the field of anesthesia and will be missed by all.

Peace.



## Southwestern Alumni Happenings

"Winter travel can be fun,  
Pack your bag and seek the sun."

—JFS

PHOENIX — Have you ever considered visiting the Southwest in January or February? You know, the time of year when Wisconsin is just beginning to chill down. Well, blow the dust off your most recent alumni directory. Think friend or colleague. Call or visit. Borrow some gasoline. Take the risk. Do it now.

Mountain Bell has many extensions in Phoenix. Dial "Mental Health." Lincoln Westman, '53, has become a triple threat with internal medicine (Mayo's) and now psychiatry (counts twice). Wayne Wynn, '49, after a decade of general practice in the territory also decided on the psyche in 1967. Jim Kilgore, '53, recently headed for Oregon.

John Keefrey, '46, interned here when the West was really the West. He can help you with your pediatric problems. Harvey Mallow, '35, arrived 12 years ago after spending as many years in Fort Atkinson.

Thirty minutes west of Phoenix is the leisure community of Sun City. There you will find Emil Kuhe, '35, who drifted down from Salt Lake City in 1967. Emil was chief surgeon for Kennecott Copper and American Smelting and Refining Company. Emil sends this message: "Enjoy life now." Sounds reasonable. Why weren't we told this in medical school?

Ed Detjen, '43, shivered in Minnesota before moving his practice to Chandler 14 years ago. Yep, he's busy. His directory will track him down even if he's on house calls (counts twice). Seventy miles to the east the mountains funnel upwards to 4,500 feet and the copper city of Miami. Bert Lambrecht, '43, has lived and worked here for 27 years. That's a lot of copper.

Unexpected news from California: Dr. Ethan Pfefferkorn, '24, who gave a life-time of medicine to Oshkosh, died last June after a brief illness. I first met Doc at Camp 14 in the Forest County wilderness. Son, Dolf, '57, had hired me into buck country where he also had been lured by his dad years earlier. Last year was destined to be our last hunt together. It was a good hunt. It was a good life. Friendship knows no end. . . .

—Jerome F. Szymanski, M.D., '57  
Southwestern Correspondent

## Northwestern News Notes

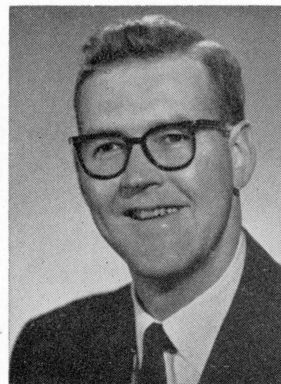
BY JAMES H. DAHLEN, M.D., '61  
NORTHWEST CORRESPONDENT

SEATTLE — I received a touch of Midwest put last summer when the telephone rang. One of my classmates, Marshal Benner, '61, a Milwaukee internist on vacation, was passing through following some back-packing in the wilderness areas near Whitefish, Montana. He was impressed with the size of the country in those parts, as most people are.

In August our family went through the same area (without the back-packs) stopping to see Forrest Schroeder, '53, who is practicing alone in Eureka,

60 miles north of Whitefish. He does have some extra help now, as one of my patients is with him as a Medex. There are no physicians or medical facilities for 60 miles more in any direction from Eureka, so they have no problem in feeling needed.

Eugene Sullivan, '53, is assistant clinical professor of surgery at the



University of Oregon Medical School, is a Fellow in both the American College of Surgeons and the American Proctologic Society. His wife, Edith, is an associate professor of psychology at Portland State University half time, where she is teaching human development.

Sara Cuene, '69, is here in Seattle dividing her time between a fellow post in pediatric hematology at Childrens Hospital and a position as instructor and an attending at Harborview Hospital. She was married to Robert Watson, M.D., on March 28, 1973.

My other half, Nola Moore, '58, was just voted into a position on the judicial council of the King County Medical Society here. She is the first distal physician to hold such a position in the 85 years the organization has been in existence, according to the local medical historians.

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## FROM THE MAILBOX

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London, England

Dear Sig, (to Asst. Dean S. E. Sivertson, '47)

Unfortunately, in one respect, I shall not be able to come to the alumni function the end of October. I am here in London for a year's sabbatical at the Brompton Hospital . . . and loving every part of this fabulous place.

I am here as a visiting professor at the Institute of Diseases of the Chest and I am engaged in work having to do with the relation of aspergillus infestation to progressive lung disease. This has been sponsored by the Veterans Administration and Case Western Reserve University, Cleveland, at which institution I was promoted to Professor of Medicine in June.

Gerald L. Baum, M.D., '47

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Rhineland

Dear Sig,

The Max Fox Preceptorship Award with you, Dr. Middleton, Mr. Krahn, Hoodie Weston and George Nichols making the long trip to Rhineland quite overwhelmed me. I want you to know that I have always considered it a privilege to participate in the preceptorship program and have thought it an opportunity to do in a small measure what my teachers had done for me. . . . What was said by Dr. Middleton and others was most flattering and, of course, not at all deserved. Nevertheless, the whole evening was a great honor and caused a considerable emotional response in me.

Many thanks to all of you.

Warner S. Bump, M.D., '23

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Northridge, Calif.

Dear Jerry (Cooper) and Mischa (Lustok),

Congratulations on completing the Merle Owen Hamel Student Lounge. I am enormously pleased that it bears her name. My sister, Sally, and husband John Marshall had promised a painting for the lounge. Because they both have died, I am writing to their daughter to see if this can be done, and I feel quite confident that it will.

Betsy Owen Steele, M.D., '35

Madison

Dear Mischa:

I have not been able to discard the Fall issue of the "Quarterly." I became very provoked in reading Jan R. Weber's M4 article and felt that it has done more to widen the generation gap than anything I've seen in a long time. I am trying to understand why it was written in the first place, but what troubles me even more is why it was printed.

A. J. Richtsmeier, M.D., '49

\* \* \*

Milwaukee

Dear Tony:

Thank you for your comments on the last issue—and I am happy to learn that you did not discard the copy!

The "Quarterly" editorial board, editors and staff are sensitive to the multicolored and multifaceted amalgam which constitutes the alumni body. We try, as an official organ of the alumni body, to represent all sectors—young, old and in-between.

I am sure Jan R. Weber, who is the elected representative of his class, sincerely felt what he wrote—and he wrote it very well. I for one was very much interested in knowing what his generation of new doctors—almost 39 years remote—thinks of the scene which we have created and how it sees the future from its—not our—vantage point. If we're to close the generation gap which you feel is widening, it's just by reading their expressions and trying to understand the young physicians, as we expect them to understand us, that we will be able to close the breach. It may be good for us to read some things we would rather not; avoiding them will not make them go away.

Keep up your interest in the "Quarterly"—it is through comments such as yours that our staff breeds ideas that can serve our great medical school alumni organization.

Mischa J. Lustok, M.D., Editor

**Wisconsin Medical Alumni Assn.**

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## PLEASE COMMUNICATE!!

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

NAME \_\_\_\_\_ CLASS \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF MOVE \_\_\_\_\_ ANY NEWS? \_\_\_\_\_

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