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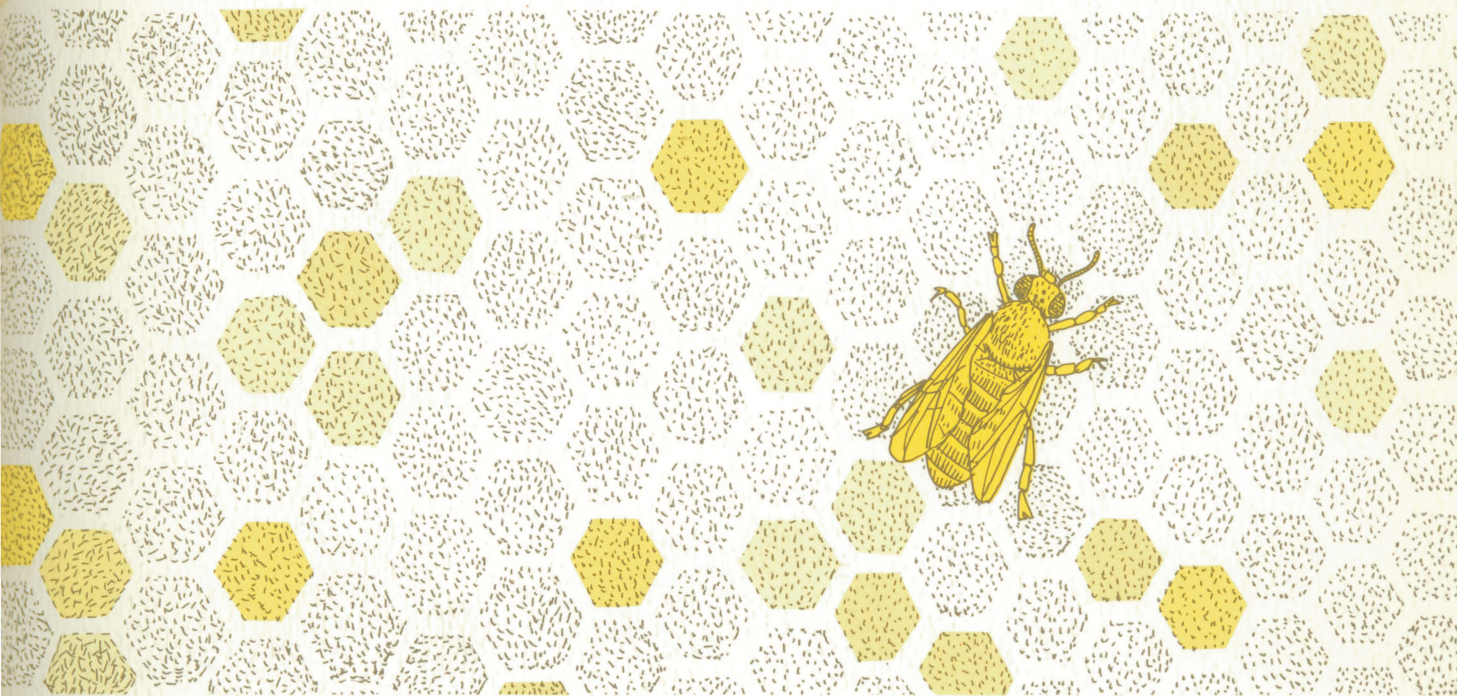
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About the cover

Last spring Artist Curt Carpenter prepared a *Quarterly* front piece that included newly erupted green ground cover in a sheltered clump of birch trees. This year he gives equal time to animate spring objects like the industrious honey bee who has just awakened from his winter's sleep. The bright yellow helps convey a feeling of newness and spring.

New Medical Dean Outlines His Views

I am very pleased to have this first chance to appear before the faculty. Although I did meet a few of you on my previous visits, I hope to get around to every department and to participate in departmental meetings over the next several months so I can become better acquainted with you and with the full picture of the major issues and problems facing the School.

I am aware that the School is wrestling with several important issues which require decisions, some of which perhaps are overdue, including in particular such things as departmental chairmanship vacancies, clinical practice plan revisions, specific clinical affiliation programs and expanding teaching commitments of the basic science faculty outside the Medical School. I do not intend to talk about these problems today, since I am not yet sufficiently familiar with all the ramifications of these important issues. However, I assure you that I will immediately pitch in, working with you to develop priorities and policies, and to come to grips with the important substantive issues which demand early action.

Rather, I wish to spend a few minutes attempting to convey a few of my general thoughts about medical education and its inextricably intertwined related activities and some of my general approaches towards medical school administration. To me there are few things more important or as important to our society than the education and training, both initial and continuing, of tomorrow's physicians. That is why I am here.

American medicine has left a great heritage which we should neither forget nor discard. But one of the laws of life is change, and yesterday's methods are not completely adequate for the delivery of efficient and humane medical care with a uniformly high

standard of quality available to all citizens equally all the time.

Our Responsibility is to the Future

As a school, it is our responsibility to prepare our students for the future, not for the past or even the present.

It is banal but true to say that the traditional activities of a medical school are education, research and service. Each is of great importance in its own right, but the *sine qua non* of a school is clearly education. There are great medical centers which pro-



Dean
Lawrence G.
Crowley

vide outstanding service, and also do a minor amount of teaching and research. There are a handful of outstanding research institutes which also do a bit of teaching and perhaps occasionally provide a modicum of service.

But a medical school must consider education as the first among equals. Every school in the University is engaged in teaching and research to varying degrees but the medical school is unique—perhaps joined to a somewhat lesser extent by the other health science schools—in that it is also providing essential direct community service in the form of patient care. Therefore, it must live simultaneously in the contemplative world of academia and in the

(EDITOR'S NOTE: UW Medical School Dean Dr. Lawrence G. Crowley was introduced to the faculty by Vice Chancellor Irving Shain at its regular monthly meeting on Jan. 21, 1974. Dr. Crowley presented his views on the role of a university medical school and of medical education. Included here in conversational style is an excerpt of that address.)

bustling, crisis-ridden, rapid decision making world of the community at large. As such, it must respond to the real community needs as well as academia if it is to thrive.

It is a tough assignment and relatively few of our colleagues in other schools of the university realize how tough it is. A physics professor perhaps collaborating with a cardiovascular physiologist on a research project respects his scholarly achievements. But it is not until his daughter is a third year medical student and tells her father what an inspiring and lucid teacher he or she is, and his young son requires an intricate cardiovascular procedure performed by this same individual that he fully recognizes the scope of our assignment. We have long fulfilled the assignment although perhaps not as well as the Miami Dolphins. We will continue to do so, but we must do it even better in the future.

A few words about each of the three areas: **First, Service.** Medical school clinical department faculty can not, and in my opinion, should not expend all their energy attempting to provide total service to the community. However, the service we do give must be of high quality, provided with reasonable efficiency and with sincere empathy for the patient. In addition, we should provide professional leadership and a sound example for the surrounding medical community.

I am convinced that good clinical teaching takes place in an environment of excellent service. If their mixture is appropriate, the two enhance each other rather than detract from each other. There is no such thing as an outstanding clinical teaching program that provides poor or even average service. No longer can we rely upon captive, indigent patients, old county hospital attitudes and methods, cool and sometimes disdainful detachment from our practicing colleagues outside of academia and the rendition of episodic and partial care.

We Must be Competitive in the Market Place

We must forsake these ways of the past and it is clear they will not be tolerated in the future by our patients. We must be competitive in the market place of medical care if we are going to provide meaningful educational experiences for students, residents, postdoctoral fellows and practicing physicians.

Secondly, Research. University teaching in an environment devoid of any research—and I include applied or clinical research as well as basic investigation in this category—is destined eventually to

become pedantic and unimaginative. The search and discovery of new knowledge is an absolutely essential feature of the university and its medical school if it is to make more than a routine contribution to society over a period of time.

I strongly support a balanced research effort within the school. Although we are all aware of the falloff in federal research dollars and related teaching support, it has not been as severe as some have made out. We have to adjust to the painful fact that the growth rate of federal dollars available for me-



ical research, which was rising at the rapid rate of over 15% a year in the 1960's, is not going to occur again, at least not in the foreseeable future.

However, the research establishment has not been, and I am sure, will not be abandoned. However, the new ballgame is going to be, and already is, a very competitive one.

There is a clear trend towards group and multidisciplinary type of investigation and research efforts targeted towards a specific goal such as the cure of cancer and cure or preferably prevention of the arteriosclerotic syndromes. However, I am sure the truly creative individual investigator who wishes to buck these trends and pursue his own inclinations on an individual basis will continue to be supported, and the school should welcome and encourage the development of such productive people.

The search, discovery and dissemination of new knowledge is an absolutely essential ingredient in a true academic medical environment.

Finally, Teaching. It seems almost ludicrous to stress or even comment about the importance of teaching in a school. The sad truth is that it took a

combination of the decrease in research support and student protest to force many medical school faculties to review their teaching policies and improve their methods.

We still have a lot to do to provide effective instruction of uniformly high quality to our students. The vexing problem is how to measure the overall quality of instruction, particularly the quality and effectiveness of the individual teacher and the relative place of this assessment in considerations of academic advancement and acquisition of tenure.

Here again clinicians particularly have a tougher task than many of our physical scientific colleagues in that they must not only impart knowledge and inspire scholarly attitudes in our students but also actively practice medicine and serve as an exemplary role model for the students. I am sure we will have many interesting and I hope illuminating discussions of this matter in the months ahead. Periodic curricular change alone is not enough. Methods must be developed to accurately assess the true effect of decided upon changes.

Although a balanced faculty effort in the areas of teaching, research and provision of patient care is



essential, that does not necessarily imply that every faculty member must engage in and be expert at all three areas. A true triple threat star is currently as rare on the faculty as he is on the football field.

However, he or she must be an expert at least in one area and effective in a second, and one of these two areas must be teaching. Balance comes from an appropriate mixture of diverse talents possessed by individual faculty members. One of the most important responsibilities of a department chairman is

to develop the appropriate balance within his department.

New Building A Result of Hard Labor, Sound Vision

The new building program, particularly with the amalgamation of Phase II with Phase I is an exciting development. It is a worthy testament of the hard labors and sound visions of Drs. Cohen, Crow, Eichman, Pitot and Shain as well as many others on the faculty, the university administration, the regents and the state government. This will allow clinical departments to function optimally in a modern unit, well designed for service, teaching and research functions, and the basic science departments will be able to achieve badly needed upgrading and expansion of their space.

I don't welcome the resultant separation of the two groups but it is something we can live with through an improved communication and transportation network. One great strength of this medical school, shared by few others, is its physical as well as intellectual—which the former fosters—integration with the university. This must be retained and exploited further. The current location of the basic science departments is ideal for this.

As exciting as new buildings are, it is neither buildings nor shiny laboratories nor fancy lecture halls nor banks of TV cameras that make an outstanding school or university; they only help. The essential ingredients for quality educational programs are a faculty rich in creativity, dedication and diversity, and an inspired, dedicated and inquiring student body.

Although the students may not agree at first blush the faculty is the primary requirement. Though it may take a few years for a superior faculty to attract outstanding students, they eventually do; and conversely, an outstanding student body may persist for a time after the faculty has passed its zenith, but not for long. The best students will seek their education elsewhere whenever possible and those who stay will be disgruntled and often fail to maximize their potential. Thus, we have to keep our faculty house constantly in good repair.

Like research dollars, the rapid growth days of medical school faculties are probably over. We must develop policies regarding academic advancement and tenure which will not only protect the essential rights of individuals but also guarantee the vitality of the faculty as a whole by a continuous process of infusion of new blood. Policies governing the addition of new faculty in the years ahead

must also include an effective affirmative action program.

In closing, I would like to comment briefly about administration. Having been a faculty member for over 20 years I know that the very word "administration" often automatically severely constricts the arteries of many faculty members, which is not good for the faculty member, his family, students or colleagues. As I mentioned earlier, the faculty and students are the essential life creating and developing elements of the school.

Administration, as in all social organizations, imperfect as they are, is an evil, but a very necessary one. Its purpose is to appropriately support the organization's essential activities, namely, in our case, teaching, research and service. Many faculty members complain of poor administration and often rightly so. But not infrequently the same faculty members often also complain bitterly if any significant effort is made to improve the administration, especially if new administrative methods and positions are developed.

We Must Maintain Our Credibility

We are very impatient about waiting to see if administrative changes produce any better product. Our necessary involvement in providing service, particularly as well as managing a major educational and research endeavor, requires a strong and efficient administrative support group, or else we will not be able to successfully compete in the current sophisticated, complex socioeconomic environment characterized by a confusing mixture of competitive entrepreneurial capitalism and increasing government regulation.

Along with the medical profession as a whole and other professional and business groups our overall efficiency, productivity and interest in the public both as educators and practitioners are suspect, and we must acquire and effectively utilize modern managerial methods. More importantly, we must firmly establish and maintain our credibility—particularly in this age of well deserved disillusionment and resultant cynicism.

Regarding the latter statement, although the role of the biomedical scientific professions in society is relatively small in quantitative terms, it has great importance beyond its numbers. But future brilliant technological achievements will not be enough to save our American society or western civilization which can be undermined and eroded not only by recurrent wars but also by cynicism accompanied

by a lack of any shared vision of the good society, to elevate our spirits and an agreed moral basis for us as a framework for the solution of our problems. Over 30 years ago Judge Learned Hand in a memorial service for Justice Brandeis stated:

"You may build your towers of Babel to the clouds; you may contrive ingeniously to circumvent nature by devices beyond even the understanding of all but a handful; you may provide endless distractions to escape the tedium of your barren lives; you may rummage the whole planet for your ease and comfort.

"It shall avail you nothing; the more you struggle, the more deeply you will be enmeshed. Not until you have the courage to meet yourselves face to face . . . will you have taken the first steps along the path of wisdom."

Medicine is—and should be even more so—concerned with the essence and full range of humanity and we must develop and inculcate in our students a hopeful and not a cynically despairing view of humanity. Although diversity of both view and action is absolutely essential as opposed to unanimity or forced uniformity, a medical school faculty—like other organizations—must also have a sense of unity, subscribing to a common cause and adhering to common principles.

I hope to build an effective administrative organization to serve and support the school's critical functions in the most efficient manner possible and to cooperate with Dr. Cooke, other deans and the university administration in the larger goal of developing an outstanding, full health sciences center.

I believe in strong, meaningful faculty and student involvement in the decision making process, especially at the basic policy level, but I hope we can avoid unnecessary overproliferation of committees with vague charges and overlapping functions which tend to waste talents and vigor of the faculty and sometimes slow progress.

I am sure we can all work together to evolve appropriate structures and mechanisms for responsible and effective decision making. As a starter plan to meet regularly with the clinical and the basic science department chairmen as well as with several of the major school-wide committees, and of course participate in the regular faculty meetings. I feel sure we can build a strong sense of the kind of unity I mentioned earlier.

I believe in open covenants openly arrived at. I have an open door policy. I am sorry that my office is somewhat remote from the center of action, and

hope that I will be able to find a small corner here in the Hospital that will increase my availability. This comment does not, however, suggest that I want or expect each faculty member to bring every problem to me. The appropriate channel for regular business is always through the department chairman.

In closing I want to say how glad I am to be here. I hope to stay for a long time and am looking forward to meeting all of you personally and to working with you and others in the Health Sciences Center and University to continue the development of an outstanding Medical Center on its current strong base in the coming months and years.

UW Health Service Serves As Epidemic Listening Post

As UW-Madison students last fall came to University Health Service in response to their cold and flu symptoms, they didn't know that underlying their treatment was an ongoing medical intelligence system.

The service, says Health Service Director Dr. J D Kabler, Int.-Res. '50-57, is an outpost for Epidemic Intelligence Service, which cooperates with the U.S. Center for Disease Control in Atlanta. Italy's cholera epidemic last summer points dramatically to the need for such centralized public health. Closer to home, UW Health Service in 1970 was the first Madison facility to show the extent of Hong Kong flu.

Not surprising in a population of 36,000 students who often congregate in lecture, class, and living situations, is the incidence of intra-school epidemics. There was a large outbreak of German measles in March 1973 at an Oklahoma college and a recent tuberculosis epidemic in a California high school. Madison, Kabler says, mirrors the nationwide increase in venereal disease, particularly gonorrhea, but the VD record at Madison is good compared with other campus cities.

Food poisoning, another byproduct of student togetherness, is combatted here by environmental health specialist Darrell A. Pope who watches over sanitation in food services and advises sororities, fraternities, and co-ops. Pope's multiplicity of tasks have ranged from checking for pseudomonas in swimming pools to controlling noise levels at a rock concert and tracking down salmonella poisoning in laboratory turtles.

Taking the greatest toll of student misery, say service administrators, are fatigue, injuries, and upper respiratory infections. Fatigue comes pack-

aged in the form of mononucleosis. More often, fatigue is simply the result of round-the-clock studying and partying; it leaves students less resistant to the more than 100 cold-causing viruses.

Once infected, students can turn to Health Service's Urgent Care Service or the Cold Clinic which operates during peak periods of illness. Throat cultures are standard policy to determine the presence of streptococcus because, as Dr. Kabler says, untreated, an infected .03 percent may develop rheumatic fever.

The bedridden student can call DIAL information tapes at 263-3100 for advice on medication and the not-so-soothing wisdom that we must all accept our share of virus and "no matter how intolerable the cold, all of us will survive." Also offered are health tapes on everything from lice to suicide.

DIAL is only one aspect of the service's education programs coordinated by Wilma R. Lewis, R.N. She facilitates cooperation with Blue Bus Clinic and sends out speakers for community lectures on contraception and other topics. "I think radio and television have led people to believe 'for every ill there's a pill,'" she says, describing the service's "non-placebo" approach. "This isn't so. We make sure the student knows the reasons behind his treatment, and we welcome questions."

New to the service are the pharmacy which pharmacist Robert Bauch says has doubled business since last year, and the Women's Clinic offering counseling, pap, and pelvic tests.

Dr. Kabler encourages use of Health Service. For \$22 in fees, each student receives a variety of pre-paid outpatient services, including X-rays, laboratory studies, physical therapy, and access to specialists.

Your 1974 Board Candidates

Your Wisconsin Medical Alumni Assn. nominating committee, comprised of recent past presidents, has presented a list of candidates for the offices of president-elect and directors of the association. Biographies and photographs of the candidates are printed below so all alumni may become acquainted with them before they vote.

Prior to the annual meeting on Alumni Day, May 17, a ballot will be sent each alumnus who has paid

his current association dues. There will be provision for "Write-in" candidates. Ballots must be returned by the date indicated on the election correspondence and results will be announced at the May 17 annual meeting.

President-elect G. Stanley Custer, '42, Marshfield, will be installed at the annual meeting.

Be sure your 1973-74 dues are paid and that you return the ballot in the allotted time when voting for

For President-elect



Roger I. Bender, M.D., '43M

General practicing physician and surgeon in Beaver Dam since 1949. B.S. and M.D. from Wisconsin. Interned at Cincinnati Jewish Hosp., 1943-44; U.S. Army duty, 1945-46; surgical resident, Cincinnati Jewish Hosp., 1944-45 and '46-49. President, Dodge Cty. Med. Soc., 1958, 1969. Chf. of Staff, Beaver Dam Comm. Hosp., 1956, '60 and '73. Teaches surgery and surg. suite technique at Med. Tech. School of Beaver Dam. Director, YMCA, 1960-present. Named "Layman of Year," 1961. Y swim coach, 1960-70. WIAA official. Fisherman, sailor, plays bridge and schafskopf, hooks rugs. With wife Mildred have 3 sons, 4 grandchildren.

Dean's Top Goal: Fill 3 Chairs

Medical School Dean Lawrence G. Crowley feels that filling the chairmanships of three departments is tops among his major priorities as he takes office at Madison. During an informal first session as he met UW Medical Alumni Assn. Board of Directors at their Feb. 15 meeting in Milwaukee, Dr. Crowley listed these major goals:

1) The filling of chairmanships in surgery, pathology and family practice. All three departments now have acting chairmen, he said.

2) Consummating the move to the west campus. The State Building Commission has approved "folding Phase II into Phase I" as we've requested. It is extremely important that the Veterans Administration planning proceed rapidly so their \$11 million project can be coordinated into the Health Sciences Center project. In addition, substantial sums are

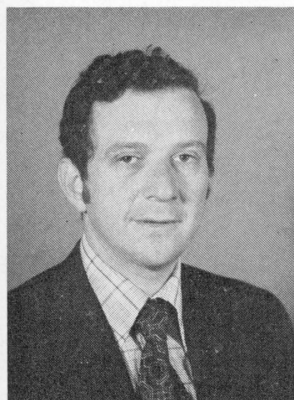
needed to remodel vacated space on the present site to permit basic science expansion.

3) Expansion of continuing medical education. The existing strong and vigorous program must be expanded in anticipation of increased demands resulting from re-certification and re-licensure.

Other goals mentioned by Dean Crowley included enhancing development of the Family Practice Department, particularly increasing its involvement in undergraduate education.

In response to questions about a major fund campaign for a Wisconsin Medical Alumni Center for continuing education, Dean Crowley said he felt the project was highly meritorious. He fully supports mounting a major campaign as soon as feasible after final legislative approval of the west campus building program. This is expected shortly.

For Director (Elect One)



Jordan N. Fink, M.D., '59

Chief, allergy section of the Wood VA Hospital and prof. of medicine, Medical College of Wisconsin, Milwaukee. B.S. and M.D. from UW. Interned, Mt. Sinai Hosp., Milwaukee, 1959-60. Residency, Dept. of Med., Marquette Univ. Med. School, Milwaukee Cty. Hosp., 1960-63. Allergy, immunology fellowship, Northwestern U. Med. School, Chicago, 1963-65. Diplomate, Am. Bd. of Internal Med. Project Dir., Wisconsin Pulmonary Disease Center. Milwaukee native, married, 3 children, antique collector. Active in Jewish education, and Camp Interlaken at Eagle River.

Arvin B. Weinstein, M.D., '44

Professor of medicine, UW Medical School, Madison, and co-director of the renal service, UW Hospitals. Both B.A. (in medical sci.) and M.D. from Wisconsin. Interned 1944-45 Mt. Sinai Hosp., Chicago. Medicine residency, UW Hosps., Madison, 1945-48. Post-doctoral work, Cardiovascular Lab., UW Med. School, special N.I.H. research fellowship, 1957-60. Director, UW Hosps. artificial kidney unit since inception in 1960. Does patient care, research, teaching. American Bd. Internal Medicine, 1951. A founder of the Kidney Foundation of Wisconsin, current V.P., chmn. of medical and science comm. Chmn., Med. Adv. Council of National Kidney Foundation. Married, 2 daughters, enjoys canoeing.



Clinical Cancer Center Gets \$6.1 Million Building Grant

Final approval of a \$6.1 million grant to construct a facility for the Wisconsin Clinical Cancer Center at Madison was announced in early April by the National Cancer Institute. The center will be part of the new Center for Health Sciences being constructed on UW's west campus near the Madison VA Hospital.

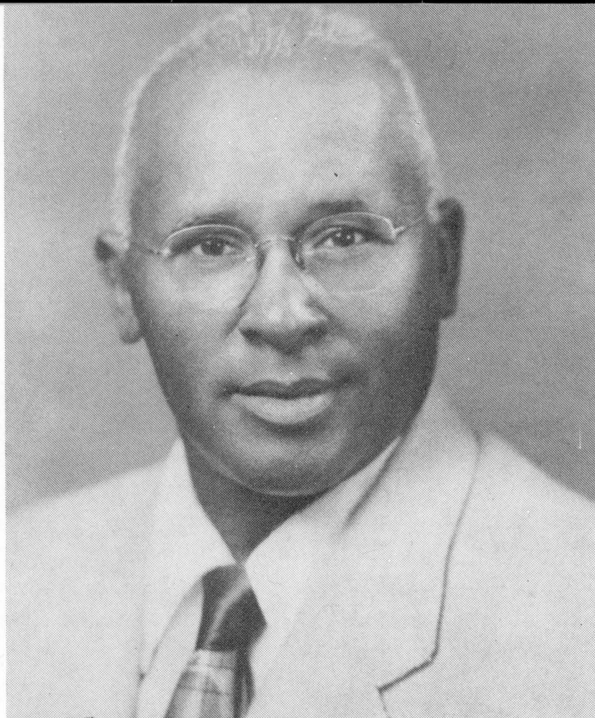
One of 15 federally funded comprehensive cancer centers across the nation, the facility will include a department of x-ray therapy, an outpatient department and clinical research areas. The federal grant will be added to funds already allocated by the Wisconsin legislature and the facility is expected to be completed in the middle of 1977.

(An architect's rendition of what the new facilities probably will look like appears on page 26 of this issue.—Ed.)

Health Sciences '73-74 Report Sent to UW Medical Alumni

Wisconsin medical alumni were among the 17,500 persons who last month were mailed copies of the UW Center for Health Sciences 1973-74 annual report. Entitled "A New Level of Expectation," the 20-page report has a placid blue and white stream under a new spring snowfall on its cover.

Six major activities at the Center are highlighted: UW Hospitals' Trauma and Life Support Center, the "new" pharmacist, sharing with the VA Hospital, the newly emerging CHS Center on the west campus, tomorrow's professional nurse and the medical school's alternative Independent Study Program. Our UW Medical Alumni Assn. funded the report, which was produced by Janet Laible of the CHS Public Information Department.



J. W. Lawlah, Jr., M.D., '31

Dr. Lawlah Gets '74 Alumni Citation

Not all of the ferrous products originating in the steel town of Bessemer, Ala., have been metal. A human man of steel was born there in 1904 and his career of radiologist, medical administrator and teacher demonstrates ore of the highest quality. "The iron statue of Vulcan on the mountain overlooking the mills of Bessemer and Birmingham may smile with satisfaction that another Bessemer product has proved its mettle."

So said a major article in the *Journal of the National Medical Assn.* when Dr. John W. Lawlah, '31, retired from the Howard University medical faculty last year. And it is that same iron man we honor in May as our association's 17th Alumni Citation recipient.

Dr. Lawlah, clinical professor of radiology at Howard University and radiologist at Freedman's Hospital, Washington, D.C., accomplished scholastic feats in the late '20's at Wisconsin that still stand. As a first year medical student he completed the year's gross anatomy course in three months and also earned an M.S. degree while completing his second year of medicine at Wisconsin.

The third of four children, Dr. Lawlah and his brother were graduated from Atlanta's Morehouse College in 1925. Both went on to medical school and at times had alternated staying out to work so that the other could continue to study.

ALUMNI NEWS

John came to Wisconsin for his first two years of medical school, but because clinical facilities at University Hospitals were limited, transferred to Rush Medical College, Chicago, where his brother also happened to be. John and his brother, Charles (who died in 1968) received their M.D.s there in 1932.

After interning at Provident Hospital, Chicago, Dr. Lawlah remained as a fellow in radiology of the University of Chicago until 1935. He officially became radiologist at Chicago's Provident Hospital in 1936 and shortly was drawn into hospital administration.

This was a period of active ferment in the American medical world and community pressures and other forces had been demanding that a Black man head the famous, pioneering institution. Qualifications for the post were: youth, demonstrated professional competence and acceptability by Provident's board and the University of Chicago. Dr. Lawlah was the natural choice.

He served as superintendent and medical director at Provident for five years, always devoting some time to radiology, however. In 1941 Dr. Lawlah accepted the challenge of the deanship at Howard University's medical school, and after Pearl Harbor the war added to his already knotty problems.

From 1942-45 he chaired the Minority Group Division of the Procurement and Assignment Service through which some 400 Negro physicians were recruited and commissioned into the Army's Medical Corps. In 1942, already burdened, he accepted an additional post of superintendent of Freedman's Hospital in Washington and he served as both director and superintendent until 1944.

After resigning the deanship, in 1946, he entered the private practice of radiology in offices near the hospital and medical school, where he remained for 27 years until his retirement as a clinical professor. A diplomate of the National Board of Medical Examiners and the American Board of Radiology, Dr. Lawlah has received numerous local and national honors.

In May 1946 alumnus Lawlah returned to Morehouse to deliver the alumni address at our UW Medical School. Dean Lawlah has been honored many times for his administrative, professional

teaching skills. His ability to teach, motivate and challenge his students is recognized by many as an important factor in helping Howard University to earn its recognition in science, according to the retirement article by Dr. W. Montague Cobb of the Howard medical faculty.

Alumnus Lawlah joins 16 other men who have been similarly honored since 1959.

Radiologist Paul is Emeritus Recipient

The reporter received this reply after he asked the distinguished professor to describe his specialty in layman's terms: "A radiologist is a behind-the-scenes physician-specialist whose x-rays help the patient's doctor determine what might be causing that illness or hurt."

Making sure radiologists are well trained and qualified to do that job was almost a lifetime's job for that UW Medical School professor who retired in the summer of 1970. And how well Dr. Lester W. Paul, Res. '30-31, has done that job can be attested to in many ways . . . certainly through his colleagues and former students.

Another is his selection as the UW Medical Alumni Association's 15th Emeritus Faculty Award recipient this year.

Other teaching honors came earlier to the emeritus professor of radiology. Just before he retired from the faculty in July 1970, Dr. Paul was honored in Madison by more than 50 radiologists . . . many his former students . . . from throughout the U.S. These physicians launched the L. W. Paul Lectureship, which since 1971 has brought distinguished teachers to the campus.

Most recently Dr. Paul was cited by the State Medical Society of Wisconsin when they presented him with the 1974 Interstate Postgraduate Teaching Award.

"I guess you could say I'm most interested professionally in post graduate medical education," said the former radiology chairman as he neared retirement after 40 years on the faculty. This type of education includes the 3-4 years of radiology residency.

Since 1931 he taught and practiced radiology at the medical school. In addition, Dr. Paul was concerned with the certification of teaching departments of radiology as a trustee of the American Board of Radiology.



Lester W. Paul, M.D.

Dr. Paul knows from experience how important the radiologist can be to the family physician because he was once on the receiving end of that assistance. The first five years of his medical career were spent as a general practitioner in the southwestern Minnesota town of Canby.

Dr. Paul considers himself a true Midwesterner. He was born in Iowa and moved with his family to Minnesota, So. Dakota, No. Dakota, Illinois and Wisconsin. "Montana is my native state because my parents finally settled there," he once said. After undergraduate work at North Central College and the University of Minnesota, Dr. Paul received his M.D. from Minnesota in 1925. He interned at Minneapolis General Hospital before moving to Canby.

After deciding that radiology would best fulfill his medical talents, Dr. Paul served a residency at University of Wisconsin Hospitals and became an instructor in the medical school in 1931. By 1933 he was an assistant professor. An associate professorship was awarded him in 1938 and he was promoted to a full professorship in 1946. From 1957-64 Dr. Paul was chairman of radiology.

An avid hunter and fisherman, Dr. Paul enjoyed bird and duck hunting to the extent that for 25 years until recently, pheasant hunting in South Dakota was a ritual.

Dr. Paul is the author with another UW radiology chairman, John H. Juhl, M.D., of two texts: "Essentials of Roentgen Interpretation," which is in its second edition, and "Roentgen Diagnosis of the Skeletal System."

Winter Meeting Held Feb. 15 In Milwaukee



Emeritus Dean William S. Middleton and his wife conversed with many of the attendees, here with Director Bernard H. Kampschroer (left), '67, Milwaukee, and Senior Class President Jan Weber, Madison.

(Below): Dr. and Mrs. Stephen L. Weld, '40, Two Rivers, relaxed and enjoyed the appetizers.



Maybe it was the speaker's topic . . . or the change of location to the Pfister hotel or the mild Milwaukee weather. Whatever the reason, the largest crowd in recent memory packed the Pfister Cafe Rouge for our annual winter meeting on Feb. 15. The new dean, Dr. Lawrence G. Crowley, Associate Vice Chancellor Anthony R. Current, spoke.



In the middle of a crowd before dinner are (l. to r.) Guest R. T. Dille, Dr. Richard J. Muenzner, and Erwin S. Huston, '50, of Milwaukee. (Below) Many Milwaukeeans congratulated Dr. Current on his new job in Washington.





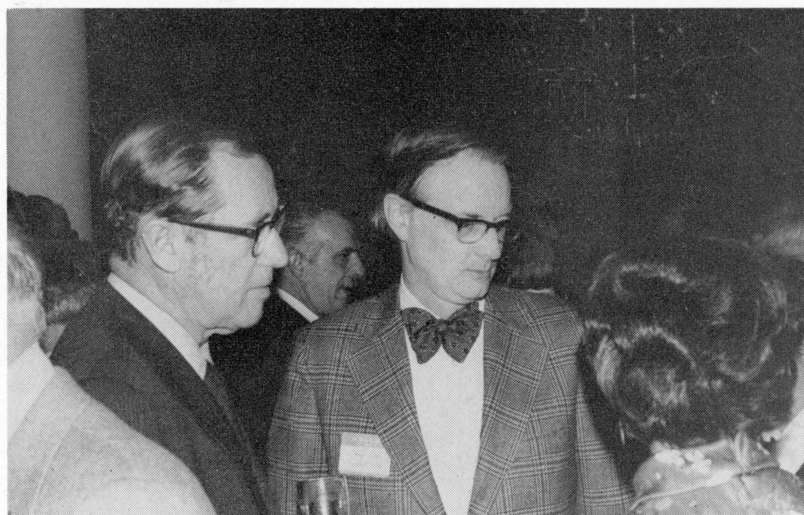
(above): Three Milwaukee area suburbanites were among the almost 100 in attendance. They were (l. to r.) Drs. Donald M. Luedke, '62, Brookfield, Donald L. Luedke, '54, Brookfield, and Ralph N. Olsen, '54, Elm Grove.

(above, right): Classmates and spouses who live 185 miles apart renew acquaintances at the Milwaukee Chapter meeting on Feb. 15 . . . the Earle J. Rotters, '42, Milwaukee, and President-elect and Mrs. G. Stanley Rotters of Marshfield.

(above, right): Dean Lawrence G. Crowley (l.) converses with Dr. Thomas E. Ryan, '52, Milwaukee; Mrs. Loron Ryan (back to camera); and a partly hidden Mrs. Bardeen Henschel, '45, Oconomowoc.

(above, right): Alumni Association Director Edward J. Miner, '57, La Crosse, appears to be the center of conversation at his table before dinner is served. Topics on the program that followed included recent developments at the UW Medical School and plans for the new Armed Services University of Health Sciences in Washington.

(above, right): Dr. Frank J. Scheible, '44, Racine, and Dean Lawrence G. Crowley held a conversation after the evening program ended.





The alumni association's board of directors meets at least three times a year to conduct business. Deep in discussion at a recent session were (l. to r.): President Loron Thurwachter, Dean L. Crowley (ex officio), Secy.-Treas. Sigurd E. Sivertson, Edward J. Miner, Roger Bender (partially hidden), Editor Mischa Lustig (ex officio) and Hanno Mayer.

May 17 Alumni Day Schedule is Set

Alumni Day 1974 will be early again this year, May 17th, which is the earliest the event has ever been held. It will be part of a jam-packed three days on the UW-Madison campus that includes a meeting of the class representatives, class reunions for the years ending in "4" and "9" and also includes graduation day on Saturday.

It'll be an interesting and active time for UW Medical Alumni and their spouses, as proven by this brief run-down of the activities being planned:

All class representatives will meet Thursday afternoon, May 16, with President Thurwachter, President-elect Custer and Dean Lawrence Crowley. They will be briefed on medical school developments, alumni plans and will have an opportunity to ask questions and voice opinions. The meeting will end with a dinner at which spouses are invited. "Quarterly" editorial Board members will have met earlier in the afternoon.

Nine med school classes will hold reunions on Thursday, Friday or Saturday. Class representatives are contacting all members about details. An article elsewhere in this issue lists more details.

Alumni Day activities begin Friday morning at 8:30 with the traditional registration and get together over rolls and coffee. President Loron Thurwachter will launch the morning session with major presentations by the Dean and a major speaker.

The morning session will conclude with the annual business meeting. Dr. G. S. Custer, '42, Marshfield, will take over as president of the association. A President-elect and a Director will be elected

from the slate listed in this issue of the *Quarterly* plus nominations from the floor.

Alumni and spouses will be able to choose an afternoon program from two alternatives since there will be no medical school and house staff recognition ceremonies this year. The choices include a sightseeing bus trip to "The House on the Rock," "Taliesin" and the Frank Lloyd Wright area around Spring Green.

The other choice is a program on medical ethics including film prepared by Vice Chancellor Robert E. Cooke and shown on the NBC "Tomorrow" program recently.

Evening activities will again be held at the Edgewater Hotel to accommodate alumni, spouses, new graduates and their spouses and parents. The social hour will begin at 6 p.m. with dinner at 8. The 1974 Alumni Citation and the Emeritus Faculty Awards will be presented, the Class of 1974 will be inducted into the alumni association and the popular New College Singers will entertain.

Nine Classes Set Alumni Reunion Plans

Most of the nine Wisconsin Medical School classes whose years end in a "4" or a "9" were planning reunions over Alumni Day Weekend, May 17-18, as the Spring *Quarterly* went to press. Known details include the following:

CLASS OF 1929—Plans have not as yet been reported by Class Representative Oliver Tjoflat of St. Louis.

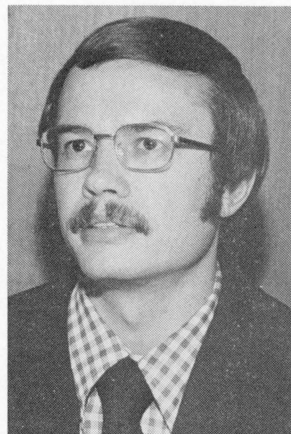
Lamont, '67, Appointed Alumni Director

Dr. Frederick J. Lamont, '67, a Green Bay internist, was appointed a director of the Wisconsin Medical Alumni Assn. at the March 25 board meeting in Milwaukee. Dr. Lamont will fill the two year vacancy on the board caused by the resignation several weeks earlier of Dr. Paul N. Gohdes, '60, of Neenah.

The new alumni association director recently returned to his home town to practice, joining the Green Bay Clinic, Ltd. He is single and enjoys skiing and tennis in his leisure time.

After several years at St. Norbert College in DePere, Dr. Lamont transferred to UW-Madison where he earned his B.A., as well as his M.D. in 1967. He interned at the Mary Fletcher Unit of the Medical Center of Vermont in Burlington before going on active duty with the Air Force. His service time was spent as a general medical officer in Korea and the state of Washington.

In 1970 Dr. Lamont returned to UW Hospitals, Madison, to serve an internal medicine residency, followed by a cardiology clinical fellowship at the Madison VA Hospital, which he completed last year. Dr. Lamont is board eligible in internal medicine.



Florida Clinic Named for Dr. Mohs

Dr. Frederick E. Mohs, '34, was in Miami last month to attend dedication ceremonies of the new "Mohs Chemosurgery Clinic" at the University of Miami Medical Center. Dr. Mohs, clinical professor of surgery at UW Hospitals, developed the chemosurgery treatment of removing cancers, mainly of the skin, under microscopic control. Some 60 physicians throughout the country are using the treatment method, many of them having been trained at UW.

CLASS OF 1934—Dr. Fred Mohs, Madison, is assisting Class Representative Judah Zizmor with the local arrangements which include a "Brown Derby Medical Clinic" at the medical school by emeritus Dean William Middleton, Thursday, May 15, at 3:00. A 40th anniversary reunion dinner will be held beginning at 6:30 p.m. Thursday at the Edgewater Hotel.

CLASS OF 1939—Class Representative Victor Falk will host an informal reunion at his Lake Kegonsa home Friday afternoon before the banquet.

CLASS OF 1944—Dr. Arvin Weinstein is assisting Class Representative Marvin Olson with the local arrangements. A reunion will be held Thurs., May 16, at the Park Motor Inn beginning at 6:30. Dr. Ovid Meyer will be the special guest.

CLASS OF 1949—Dr. E. I. Boldon, Madison, is assisting Class Representative Gordon Marlow. Plans for their 25th anniversary reunion were unavailable at press time.

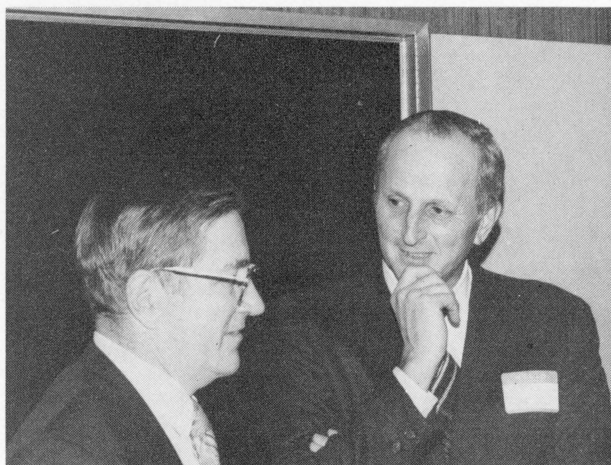
CLASS OF 1954—There probably will be no separate reunion, reports Class Representative George Froncke, but members will be seated together at the Friday evening Alumni Day banquet. Information for a class newsletter is being compiled.

CLASS OF 1959—Dr. James Angevine, Madison, is in charge of reunion arrangements and Dr. Fred Ruf, Darlington, the class gifts, reports Class Representative W. F. Schoenwetter. A reunion will be held Sat., May 18, at the Sheraton Inn. Cocktails at dinner at 7:30 p.m.

CLASS OF 1964—Class Representative Jim Gutemberger reports plans for a dinner Thursday evening, May 16, at the Park Motor Inn at 6:30 and a class gathering Friday after the banquet in a hospitality suite at the Edgewater.

CLASS OF 1969—An informal class reunion will be held at the home of Dr. Kathy Budzak Saturday evening at 8. The class also will sit together at the Friday night banquet, reports Class Representative Carl E. Olson.

Arrangements have been made for all the above classes to sit together at the annual banquet Friday night.



One reason why there was such a nice crowd at the association's Upstate Meeting in Sheboygan on the evening of April 2, was that Director Robert Senty, '47, and his wife, who hosted the event, made sure that 80% of the UW medical alumni in the area were there. Another, of course, was the chance to hear Dean Lawrence G. Crowley and the other faculty who came up from Madison. These photos attest to the fine example of Sheboygan Gemutlichkeit.

(Above, l.) Wisconsin medical alumni and their spouses enjoy some good fellowship before the dinner at Sheboygan's Grand Executive Inn. (Above, r.) President-elect and Mrs. G. S. Custer, '42, come down from Marshfield. Here they're talking with Med IV's Roy K. LaFreiner, Madison, and Gary Hartman, Wisconsin Rapids.

(l.) An early arrival was Dr. G. H. Stannard, '44, from Manitowoc, who was greeted by President Loron F. Thurwachter. (Below, l.) Deep in conversation are Mrs. L. M. Simonson; Dr. Simonson, '38, and Mrs. F. P. Nause, all of Sheboygan.

(l. Corner) Dr. and Mrs. Martin A. Rammer, '59, Sheboygan, have just arrived and are completing their name tags. (Below) Director Senty, who coordinated the event, talks with Mrs. Loron Thurwachter, Milwaukee.



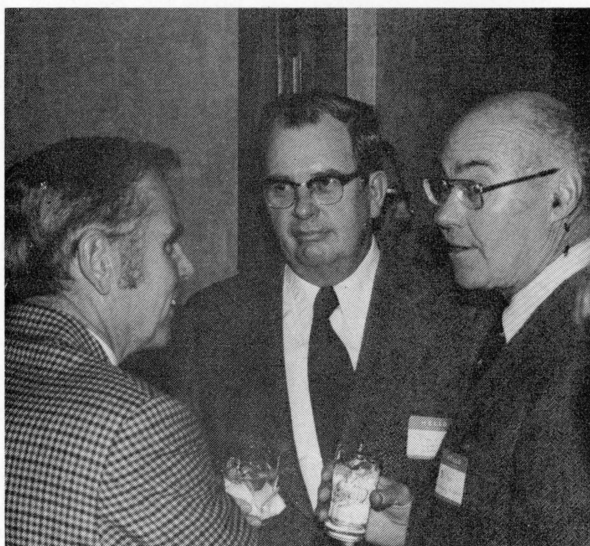
Sheboygan Is Upstate Meet Host

Those who attended the April 2 Upstate meeting partook of an excellent steak dinner (above). Alumni traveled from as far away as Marshfield, Shawano and Ripon to attend.

(Right) Dr. William C. Randolph, '44, (l.) of Manitowoc, appears to have the undivided attention of Drs. James S. Jensen, '45, Cedar Grove, and Dr. William Moir of Oostburg, husband of Dr. Jane Moir, '38.

(Below, right) Drs. Robert A. Keller, '58, (r.) and other Sheboygan area alumni were there with their spouses. A total of 52 physicians and their spouses attended the evening dinner meeting.

(Below, left) Speakers at the meeting were UW Medical School Dean Lawrence G. Crowley (l.), who told of latest developments in Madison, and Dr. John Renner, acting chairman of the new Family Medicine and Practice Department. They later were joined by Professor of Medicine Robert F. Schilling, '43, and answered questions from the audience.



Directors Transact March Business

A new director was appointed, 1974 nominations were received and Alumni Day plans were discussed at the March 25 alumni association board meeting in Milwaukee.

The resignation of Dr. Paul N. Gohdes, '60, of Neenah was accepted with regret. Dr. Frederick J. Lamont, '67, Green Bay, was elected by the board to fill out the director's term.

A nominations committee slate for the 1974 election was presented by Dr. Bernhardt. Dr. Roger I. Bender, '43M, Beaver Dam, is the nominee for President-elect of the Association. Candidates for the directorship that will be vacant are Drs. Jordan N. Fink, '59, Glendale, and Arvin B. Weinstein, '44, Madison.

A report was presented on the successful Alumni/Faculty Retreat. A motion by Dr. Bernhardt that the program be continued was approved. The May 17 Alumni Day program was discussed and suggestions made for the afternoon session. A request for assistance to establish an oral history program in the Department of History of Medicine also was discussed.

A 1974-75 Medical Student Assn. budget was presented by Senior Class President Jan. Weber and \$2,000 was allotted by the board for support to the group.

Attending were President Thurwachter; Drs. Senty, Miner, Kampschroer, Custer, Petersen, Lustok and Bernhardt; Messrs. Weber, Hawley and Krahn.

February Board Meeting Highlights

Officers and directors of the Wisconsin Medical Alumni Assn. met Dean Lawrence G. Crowley and went through a heavy agenda at their first meeting of the year in Milwaukee Feb. 15. Here are the highlights:

Dean Crowley was invited to informally comment on medical school developments. He briefly discussed his goals and priorities (see separate story elsewhere in this issue—Ed.) and the ways in which he perceives that the medical alumni association can be most helpful to the school.

Asst. Dean S. E. Sivertson recommended the endorsement of two candidates for the 1974 May Preceptorship Awards. The board concurred in recommendations, which will be announced at presentations later this spring. Dr. Lustok suggested that retired preceptors be given emeritus status and be invited to participate in the regular meetings. Sivertson, director of the program, agreed.

The Board also heard about:

Annual giving — There were 610 contributors totaling \$29,875 as of Feb. 13. A year ago 387 contributors had given \$27,307. Board members suggested efforts be made to convince alumni to "reach their sights" in giving above the \$25-\$50 level.

Dues payments — 1,354 alumni have paid \$187,000 in dues, an increase in both areas over last year at this time. There are 43 new life members, making for a total of 415.

Retreat/seminar — A near optimum 64 registrations could result in a modest profit this year.

Upstate meeting — A tentative April 5 meeting in Eau Claire was changed to an April 2 session in Sheboygan. Director Robert Senty will coordinate. The next Board meeting will be changed to Monday evening, March 25, at the time of the state medical society meeting in Milwaukee.

Alumni Day, May 17 — There will be a traditional morning session with options in the afternoon, including a bus trip to the Spring Green area and Taliesin and The House on the Rock. Parents of seniors will again be invited to the evening event.

Nominations — Past Presidents Bernhardt, Petersen and Schilling will have a report shortly.

Area organization — Dr. Custer initiated discussion concerning ways to update and revitalize the area representative structure used in the Middleton Medical Library campaign. He also suggested that consideration be given more area alumni meetings around the country.

The dean was asked to comment on problems concerning UW Medical School affiliation proposals with Milwaukee hospitals and Dr. Crowley did so after the Board reiterated its longstanding policy of neutrality concerning controversial medical school affairs.

The Board adjourned to attend the Winter Medical Alumni Meeting in the same building. In attendance were: President Thurwachter; Directors Bender, Custer, Kampschroer, Mayer, Miner, Sivertson; Editor Lustok; Dean Crowley; Sr. Class Pres. Weber; Dr. Curreri; Messrs. Hawley and Krahn.

Air Crash Kills Toxicologist Gerarde

Dr. Horace W. Gerarde, '48, recognized by many as one of the top toxicologists in the country, and his wife, Dorothy, were among 63 persons killed Jan. 26 when their jet airliner crashed on takeoff at



Izmir, Turkey. Dr. Gerarde was corporate medical director for industrial relations for the Becton, Dickinson & Co. medical equipment firm, Rutherford, N. J. There he contributed significantly to the solution of such industrial hazards as metallic poisoning, especially that resulting from mercury.

Dr. Gerarde developed the widely used Unopette System of Clinical Laboratory Procedures. After receiving his M.D. from Wisconsin in 1948 he later earned a Ph.D. in biochemistry from Iowa in 1951. In 1954 he was named an honorary research associate specialist at Rutgers University, a title rarely granted and one limited to persons of distinction in specific fields. Three daughters survive.

Alumni Weekend at a Glance

Here's summary of the Alumni Day activities as the *Quarterly* went to press:

May 16 — *Quarterly* editorial board meeting, 2:30 p.m. at Edgewater Hotel. Class Representative meeting at Edgewater, 4 p.m., dinner with spouses at 7. **Reunions:** Class of '34, Edgewater Hotel, dinner at 6:30 p.m. Class of '44, Park Motor Inn, cocktails at 6:30, dinner at 7:30. Possibly Class of '64.

May 17 — 8:30 a.m. Alumni Day registration, coffee and rolls in 224 S.M.I. Alumni Day program at 9, including reports by the President, Dean, a major speaker plus annual business meeting in 227 S.M.I.

Busses leave for Spring Green area at 12:30 with box lunch enroute. Lunch for others at 12:30 at Union South. Afternoon program on medical ethics, 2 p.m. in Medical School. **Evening social hour, 6**

p.m., at Edgewater Hotel. Banquet at 7, program at 8 p.m.

Reunions: Possibly Class of '64 after the banquet, Class of '39 at lake home of Victor Falk in afternoon.

May 18 — **Reunions:** Informal Class of '69 reunions, home of Kathy Budzak, at 8 p.m. Class of '59, Sheraton Inn, 6 p.m.

May 19 — University of Wisconsin graduation ceremonies.

New Class Reps for '39, '43-N, '64

Madison area alumni have been elected to fill the three class representative vacancies mentioned in the Winter issue of the *Quarterly*. Dr. Victor S. Falk, Edgerton, will represent the Class of 1939. He succeeds Dr. Marvin Greiber, Muncie, Ind., who died in December of 1972. Dr. Falk, a surgeon, long has been medical editor of the *Wisconsin Medical Journal*.

The new representative who will oversee Class of November-1943 interests is Dr. Eugene E. Skroch of



Madison. A general surgeon affiliated with the East Madison Clinic, Dr. Skroch is the replacement for Dr. Robert W. Ramlow, La Crosse.

Dr. James E. Gutenberg, also a Madison surgeon, will be the 1964 class representative. A member of the Dean Clinic, Dr. Gutenberg replaces Dr. David M. Jaecks, Wenatchee, Wash.

Two Wisconsinites, an alumnus and a faculty member, were among 10 physicians who received *Modern Medicine's* 1974 distinguished achievement awards. **Dr. Roy Hertz, '39**, was cited for his part in elaborating the chemotherapy of choriocarcinoma and for advancing the treatment of reproductive dysfunction. Dr. Hertz is research professor of pharmacology and OB-Gyn at George Washington U., Washington, D.C.

The UW faculty member is **Dr. Fritz H. Bach**, professor of medicine and medical genetics, who was honored for his work in histocompatibility that enhances transplantation of tissue and organs. The recipient of a bone marrow transplant Dr. Bach performed in 1968 is one of the two longest survivors of that procedure.

Dr. Robert W. Edland, '56, La Crosse, chairman of radiation oncology at the Gundersen Clinic, recently was named secretary of the American Society of Therapeutic Radiologists.

Dr. George A. Randt, Int.-Res. '67-71, has established his practice of internal medicine in Clearwater, Fla., and resides in Largo. He was incorrectly listed as living in the Florida keys in the *Winter Quarterly*.

A single pleasant word was added to the change of address form **Dr. Roy C. Biehn, '36**, sent to the alumni office when he moved in February from Spokane to Arch Cape, Ore. The word? "Retired."

Dr. Vincent H. Dahl, '66, has joined the Mercy Medical Center staff in Oshkosh as patholo-

gist. He served both his internship and residency at St. Mary's Hospital, Duluth.

Dr. William E. Gilmore, M-'43, class representative from Parkersburg, W. Va., in August was elected president-elect of



William E. Gilmore, M.D.

the West Virginia State Medical Association. A month later he was elected to the American College of Surgeons board of governors.

Reappointed as chief medical director of the Veterans Administration recently was **Dr. Marc J. Musser, '34**, Washington, D.C. His appointment extends to January 1978 and provides tenure of service matched by only one predecessor, UW Emeritus Dean William S. Middleton, who was the chief VA medical director from 1955-63.

Dr. George T. Bryan, '57, professor of clinical oncology and

surgery at UW-Madison, last fall was honored with the Gordon Y. Billard Award for research in environmental sciences.

Recently reappointed chief of the medical staff at Langlade County Memorial Hospital, Antigo, was **Dr. Theodore C. Fox, '57**.

Rochester (N. Y.) General Hospital is the address of **Dr. Ted Wickstrom, '69**, who's a second year diagnostic radiology resident there.

Dr. Constantine Arvanitakis, Res. '70-71, in August was appointed assistant professor, division of gastroenterology, department of medicine at the U of Kansas Medical Center, Kansas City, Kas.

After 34 years as a radiologist in Oshkosh and Neenah, **Dr. S. Richard Beatty, '32**, retired last summer. One way the event was commemorated was a picnic sponsored by radiological technician students at hospitals in the two cities.

Dr. James G. Nibler, '66, recently joined the Smiles-Prentice Group in Ashland. After an internship in Salt Lake City, he served the Army Medical Corps in Vietnam, and most recently was at Henry Ford Hospital in Detroit.

Dr. Lynn R. Witherspoon, '68, has completed his nuclear medicine residency at Duke University Medical Center and in July will join the Ochsner Clinic in

normal medicine staff in New Orleans.

□
Dr. William E. Scheckler, Int. '64-68, on March 1 left the practice of internal medicine at the Madison East Clinic and became full time assistant professor of family medicine at the UW Medical School. He will be the internal medicine coordinator.

□
Figuring in a recent move from the Monroe (Wisc.) Clinic to the OB-Gyn department at the Gundersen Clinic, La Crosse, was Dr. Everett A. Beguin, '65.

□
A Kenosha urologist, Dr. John N. Richards, '48, was presented the Community Distinguished Service Award by the Kenosha County Assn. for Retarded Children recently. The award recognizes his many years of dedication to the area's mentally handicapped.

□
The Wood County Medical Society in January elected two alumni as officers for 1974. Dr. John E. Thompson, '51, Neenah, is the president, and his vice president is Dr. John B. Wyman, '58, Marshfield.

□
Three alumni also head the Wisconsin Allergy Society. Dr. John Ouellette, Res. '60-66, Madison, is president; Dr. Samuel R. Hirsch, '56, Milwaukee, is president-elect; and Dr. Raymond L. Hansen, '52, Marshfield, is secretary-treasurer.

□
Several alumni also head the medical staffs at their respective hospitals. President of the Deaconess Hospital medical staff in Milwaukee is Dr. Charles J. Finn, '43, Wauwatosa. At La

Crosse Lutheran Hospital Dr. William A. Kiskien, Res. '58-63, was re-elected vice president and Dr. Roland A. Locher, '61, secretary-treasurer of the medical staff.

□
"The Anatomy Lesson" is the title of the second novel by Dr. Marshall Goldberg, Med. Res. '60-64, of Flint, Mich. Described as "brilliant and powerful," the novel explores the almost mysti-



Marshall Goldberg, M.D.

cal kinship that develops between a medical student and his cadaver. "The Karamanov Equations," his first novel, is slowly moving towards a TV or full-length film, hopefully starring Jack Lemmon. Dr. Goldberg writes.

□
Dr. Philip M. Marden, '62, recently opened medical practice in Oconomowoc. He previously was in Watertown and continues as pediatrics chairman at Oconomowoc Hospital.

□
After two years as a Navy general medical officer, Dr. George D. Slater, Int. '70-71, is doing full-time ER work with Hawaii Emergency Physicians Associated. He leaves for a med-

ical residency at Pacific Medical Center, San Francisco, in July.

□
Dr. Edward A. Bachhuber, '37, Wauwatosa, in January was among six physicians honored for 25 years of service to St. Joseph's Hospital, Milwaukee.

□
Dr. Keith B. Witte, '45, an internist at the Monroe Clinic, recently was honored by the Wisconsin State Chamber of Commerce as one of its "Men-on-the-Move" for private enterprise in Wisconsin.

□
Three alumni recently returned to Wisconsin to begin practice. Dr. Frederick J. Lamont, '67, joined the Green Bay Clinic after interning at Vermont and serving a residency at UW Hospitals, Madison, and a cardiology fellowship at the Madison VA Hospital. Dr. Gordon H. Rosenbrook, '71, became associated with the Bloomer Medical Clinic after interning at Kaiser Groups Hospitals, San Francisco, and then serving there as staff physician. Dr. Richard E. Appen, Res. '69-72, recently joined the Davis-Duehr Eye Associates, Madison, after training at UW Hospitals and at Duke University.

□
Dr. Herschel M. Schwartz, '61, Greenfield, in January was elected president of the Milwaukee Academy of Family Physicians.

□
The 1974 Wisconsin Diabetes Association's president is Dr. Sanford R. Mallin, '57, of Milwaukee.

□
Honored recently by the Wisconsin Lung Assn. for 21 years of service on its board was Dr.

George C. Owen, '31, Milwaukee. The plaque was presented by his physician son, Nicholas, who replaced his father on the board last year.

□
Dr. Andrew A. McBeath, '61, Madison, last month was elected vice chairman of the Arthritis Foundation of Wisconsin's Southern district. Dr. William R. Austad, '62, Monroe, was elected a director.

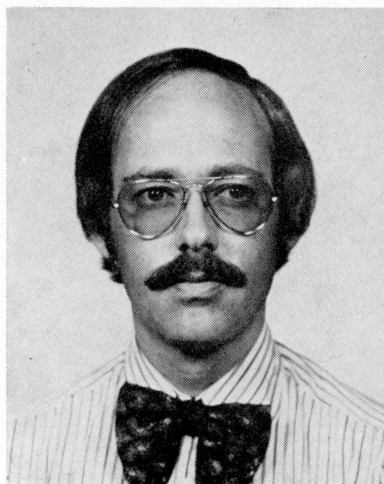
□
Family Practitioner Dr. Charles E. Trush, '49, who's been in practice in Kalispell, Mont., for the past 23 years, writes of four other UW Medical alumni in the area: Dr. Alfred Wallner, '44, is a general surgeon in Kalispell; Dr. Forrest Schroeder, '53, is in family practice in Eureka, Mont.; Dr. Jacob Lulack, '64, is in family practice in Plain, Mont.; and Dr. John Curtis, Int.-Res. '51-53, is a Great Falls pediatrician.

□
Three Milwaukee alumni also received plaques of appreciation for longtime service to St. Michael Hospital. Dr. Joseph A. Mufson, '37, was honored for 25 years and Drs. Ross R. Weller, '37, and Joseph P. Wild, '34, were cited for 30 years.

□
Two UW alumni, one a family doctor who practiced in Wausau for over 30 years and a Marshfield orthopedic surgeon were honored by their colleagues at a Wisconsin State Medical Society district meeting at Wausau in October. The two are Dr. Ervin P. Ludwig, '32, now of Wild Rose, and Dr. Robert W. Mason, '34, Marshfield.

Dr. Ernest A. Pellegrino, '64, has been elected president of the Madison Orthopedia Society. Dr. Pellegrino is an orthopedia surgeon at the East Madison Clinic.

□
Dr. Truman W. Grauel, '66, recently joined a six man OB-Gyn group in Wichita, Kas., and is enjoying civilian life after 2½ pleasant years of Air Force duty in Japan. Dr. Grauel interned at



Truman W. Grauel, M.D.

Parkland Memorial in Dallas and served an OB-Gyn residency at Kansas U. prior to that. He invites all classmates to stop by.

□
Dr. Thomas W. Tormey, '34, Madison, retiring secretary of the Wisconsin Medical Examining Board, in December was honored for his service by the Podiatry Advising Examining Council.

□
Another alumnus residing in Wisconsin who was accepted into the American College of Physicians in 1973 was Dr. Richard L. Franklin, '54, Milwaukee.

Necrology

We regret to pass along the following alumni deaths that have been reported to the alumni office:

Dr. Gilbert E. Brereton, '13, in Dallas, Nov. 3, 1973

Dr. Frederick G. Dutton, '16, in Pasadena, Calif., June 4, 1973

Dr. Earl H. Hall, '24, in Huntington Park, Calif.

Dr. Eleanor I. Leslie, '24, Glenview, Ill., in fall of 1973

Dr. William J. Murphy, '26, Atlanta, in January 1972

Dr. Henry A. Romberg, '26, in Oshkosh, Nov. 4, 1973

Dr. Daniel L. Woods, '27, Cathedral City, Calif.

Dr. Oscar H. Hanson, '32, Fort Atkinson, in Madison, Jan. 22, 1974

Dr. Maurice E. Monroe, '32, in Hartford, Jan. 15, 1974

Dr. Robert P. Herwick, '36, Basking Ridge, N. J.

Dr. Melvin O. Langhus, '37, Kansas City, Mo., Dec. 14, 1973

Dr. James F. Shaw, '37, Topeka, Kas., Dec. 24, 1973

Dr. Jerome F. Paulson, '40, Mason City, Iowa, in fall of 1973

Dr. Robert D. Dripps, Res. '41, in Philadelphia

Dr. Horace W. Gerarde, '48, Tenafly, N. J., in a Turkish airliner crash, Jan. 26, 1974

Dr. Richard A. Lende, Neurosurgery Res. '51-53, Albany, N. Y., Nov. 20, 1973

Dr. Charles A. Richards, Ortho. Surg. Res. '64-67, Rockford, Ill., Jan. 13, 1974

Dr. Peter J. Kafura, '69, in Milwaukee, Jan. 19, 1974

Dr. Robert L. Amos, former intern, Osprey, Fla.

FROM THE MAILBOX

A number of doctors have replied with both contributions and poetry to recent alumni fund solicitations by their class representatives. Examples:

Manitowoc

There was an old doctor in town,
Who met each new day with a frown.
Tho' life was a trial, his face got a smile,
As he thought of his old cap and gown.

John R. Larsen, M.D., '59

* * *

Madison

Was your limerick sent to be funny?
Or merely designed to make money?
If the former is true, then I send you a BOOOOO,
And a barrel of laughs by the ton-eee.

So I made a clinician's decision,
To offer a piece of contrition.
With a cheque and a note, from a '54 goat,
Who still has heart 'neath his incision.

Jay P. Keepman, M.D.
Poet Laureate, Class at '54

* * *

Toronto, Ontario

To the *Quarterly* Staff:

Thank you for keeping me in touch with the University of Wisconsin!

Paul Klimo, M.D., Med. Res. '71-73

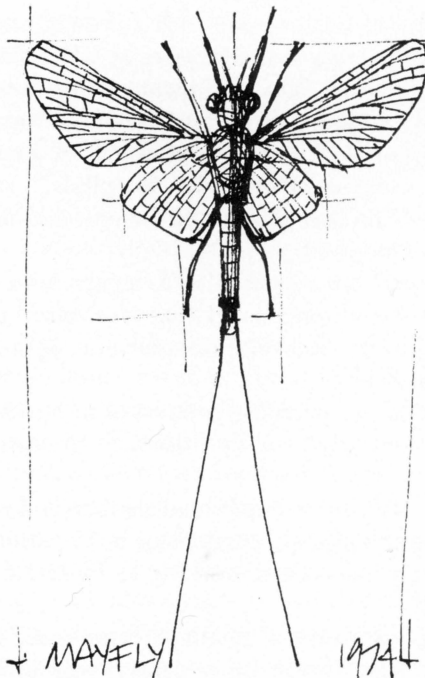
* * *

Edmonton, Alberta

To the *Quarterly*:

After four years as full time mother and wife I'm back looking at eyes. Very interesting eye I see while working in the retinal angiography unit at the University of Alberta. Vern has a joint appointment in biochemistry and immunology. We eagerly await the arrival of Tom and Brenda Wegmann, '66. Tom will work with Vern.

Although there is no energy problem at this time in Alberta, Vern and I are happy to be able to walk



to work. Music (piano and recorder) and children (David, 7, Jean, 3) fill our spare time. If you visit the Canadian Rockies, come see us, too.

Marge Paetkau, M.D., '66

* * *

Seoul, Korea

To the Medical Alumni Office:

Kindly note the change in address from the Christian Medical College, Ludhiana, Punjab, India, to Seoul for the Medical Alumni Quarterly (which is much enjoyed). The address for dues notification remains the same in Columbus, Wisc. The "news" of that address change is that I'll be on the pediatrics staff of the Kyung Hee University Medical Center. I'll work jointly with preventive medicine in their neighborhood health clinic in the low socioeconomics area of central Seoul.

Jeanne A. Griffith, M.D., '50

New Burn Center Opens At University Hospitals

A four-bed burn center with a special air purifying technique opened in January at UW's Center for Health Sciences. "Establishment of this major burn center in Madison, only the 21st of its type in the nation, provides a new dimension of emergency medical care at University Hospitals," said Dr. Joseph A. Moylan, director of the unit and an assistant professor of surgery.

The new burn center will integrate a highly-skilled team approach to care for burn patients. Working in the four-bed isolated unit on a wing of 6-West will be—

- physicians primarily interested in burns
- a nursing staff totally dedicated to burn patient care
- physical and occupational therapists devoted to maintaining optimal functions of burn patients
- dietary specialists working to facilitate patient recovery.

The major cause of death in burn cases is infection and the UWH burn center will attack this problem in two ways, according to Dr. Moylan—by creating a sterile air environment and by curbing infection arising from the patient's own digestive tract.

An uncontaminated environment, similar to that found in an operating room, will be created by using a total horizontal laminar flow technique. Purified air will pass horizontally over the patient preventing environmental infection while permitting easier access for nursing care than was possible with any previous isolation techniques.

Use of the horizontal laminar flow technique at UWH is a first for any major burn center in the country. A nutritious, sterile diet plus antibiotics will help eliminate sources of infection from the patient himself while supplying him with much-needed calories and proteins. Burn patients, categorized by Dr. Moylan as "severely starved," require two to three times the nutrition needed by a normal person for healing to occur.

A concentrated intravenous diet will be integrated with a special oral diet and intravenous salt

solution that will reverse effects of burn shock and help restore normal organ functions in the burn center. Inhalation injuries or chemical burns of the airways caused by inhalation of incomplete products of combustion according to Dr. Moylan have an extremely high mortality rate. Early diagnosis of them can save many lives. Therefore, a flexible scope technique is being used to diagnose such respiratory



University Hospitals nurses inspect a special bed scale during a January open house for the new burn center. They are framed by a plexiglass "bubble" in a plastic shield that separates the sterile patient area from the nurses' station. A patient in the nearest bed can be served with the long-sleeved gloves beneath the bubble without the nurse having to enter the sterile area.

MEDICAL SCHOOL NEWS

act burns which can then be treated before symptoms develop.

"Education," Dr. Moylan emphasizes, "is a key role of the burn center. Staff people, medical and nursing students, physical and occupational therapists, firemen, and other paramedical personnel will receive training that will help them provide optimal care for burn patients."

There are also two beds for burn patients in the Center for Trauma and Life Support on 6-Center so the new burn center expands the hospital's intensive care burn facilities to six beds.

3 New Preceptors are Appointed

Appointment of three family physicians as University of Wisconsin Medical School preceptors was announced in January by Dean Lawrence G. Crowley. The three are Drs. John Henningsen, Rice Lake; Larry W. Johnson, '67, Lancaster and Eugene Krohn, '59, Black River Falls. They were selected from among 23 applicants in an effort to enlarge the school's preceptorship program to handle an increase of over 50% in medical students in the past five years, Dean Crowley said.

Under the preceptorship program, which was popularized by UW over 45 years ago, each senior medical student spends eight weeks with one of 19 physicians in 17 Wisconsin communities. The students observe all aspects of the doctor's daily routine and perform some tasks under physician supervision.

The volunteer physicians contribute their talents and time under the program, which offers preceptorships in family practice, mixed family and specialty group practice and specialty in large city and rural locations. The new additions are all family practitioners and represent an effort to bolster that portion of the program. Drs. Henningsen, Johnson and Krohn hold three year appointments.

Dr. Henningsen received his medical degree from the University of Nebraska Medical School in 1962.

He interned at Sioux Falls Valley Hospital, Sioux Falls, S. D., and served in the U.S. Public Health Service for a two year period at Springfield, Mo.

The new preceptor is certified by the American Board of Family Practice and is chief of staff at Lakeside Methodist Hospital, Rice Lake.

Dr. Johnson earned his MD from UW in 1967. He served an internship at Presbyterian University Hospital of Pennsylvania, Philadelphia, and then a tour with the U.S. Navy medical corps at Norfolk, Va.

Dr. Johnson is a member of the State Medical Society's committee on hospital relations and medical education. He is on the Wisconsin Academy of Family Physician's organization committee, the Grant County Health Resource Committee and the ad hoc committee for implementation of physician service review organizations for the 11 county area of southwestern Wisconsin.

Dr. Krohn received his medical degree from UW in 1959. He interned at Denver General Hospital and then served as a physician in the U.S. Air Force for two years. He is on the State Medical Society's committee on midwifery, is on the Governor's Health Council subcommittee on maternal and child health and also serves as secretary of the Jackson County Medical Society.

Physicians College Cites 2 on Faculty

The American College of Physicians cited two UW medical faculty members with its highest honors when the society met this month in New York City.

The college's Distinguished Teaching Award for leadership in medical education was presented to Emeritus Dean William S. Middleton. The dean is no stranger to receiving honors of this type, having been presented our association's distinguished teaching award in 1969 and 1973.

Dr. Helen A. Dickie, '37, professor of medicine at UW, was among 24 distinguished fellows who will be awarded masterships, the national college's highest membership honor.



Associate Vice Chancellor Anthony R. Curreri, '33, (right) was treated to a going away party March 20, prior to his permanent departure for Washington, D.C. Dr. Curreri has been named first president of the new Uniformed Services University of Health Sciences. Vice Chancellor Robert E. Cooke here presents the surgeon with a certificate that attests to his persuasive abilities.

\$250,000 Leslie Bequest Honors Four

An alumnus' \$250,000 bequest to the UW Medical School in memory of four early basic science chairmen was accepted by the University of Wisconsin System regents at their February meeting. The late Dr. Eleanor I. Leslie, '24, Glenview, Ill., gave one-fourth of her estate to the medical school for general purposes in memory of Drs. Charles Bunting, Walter J. Meek, Harold C. Bradley and Arthur Loevenhart.

Dr. Leslie, a pediatrician, died last fall at the age of 78. She did her pre-clinical work at UW, received her M.S. and because there was no UW Hospitals transferred to Johns Hopkins, where she graduated with an M.D. in 1924.

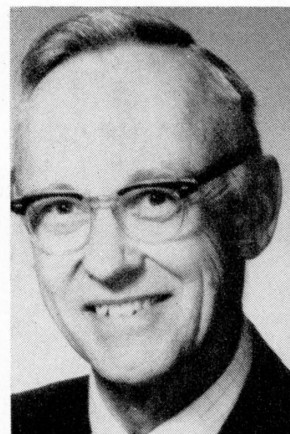
Mail Misplaced?

If the "Quarterly" and other Wisconsin Medical Alumni mail gets misplaced at the office, why not have it sent to your home? To effect a change, just return the form on this issue's back cover.

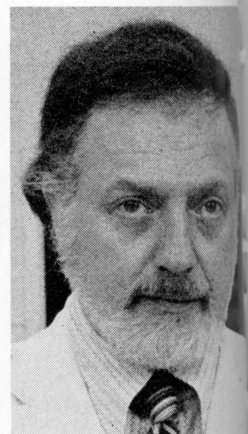
Drs. Crow, Shrago to Work Overseas

Coveted Josiah Macy Jr. Foundation Faculty Scholar Awards will allow two UW medical faculty to undertake sabbaticals or research at universities in Japan and England later this year. Drs. James Crow and Earl S. Shrago were among 38 to receive the awards, according to an announcement in March.

Dr. Crow, who is the John Bascom Professor of Medical Genetics, in July will pursue six months research at the National Institute of Genetics in Mishima, Japan. A world-renowned specialist in population genetics, he will collaborate on research in mathematical population genetics with two faculty members.



Dr. Crow



Dr. Shrago

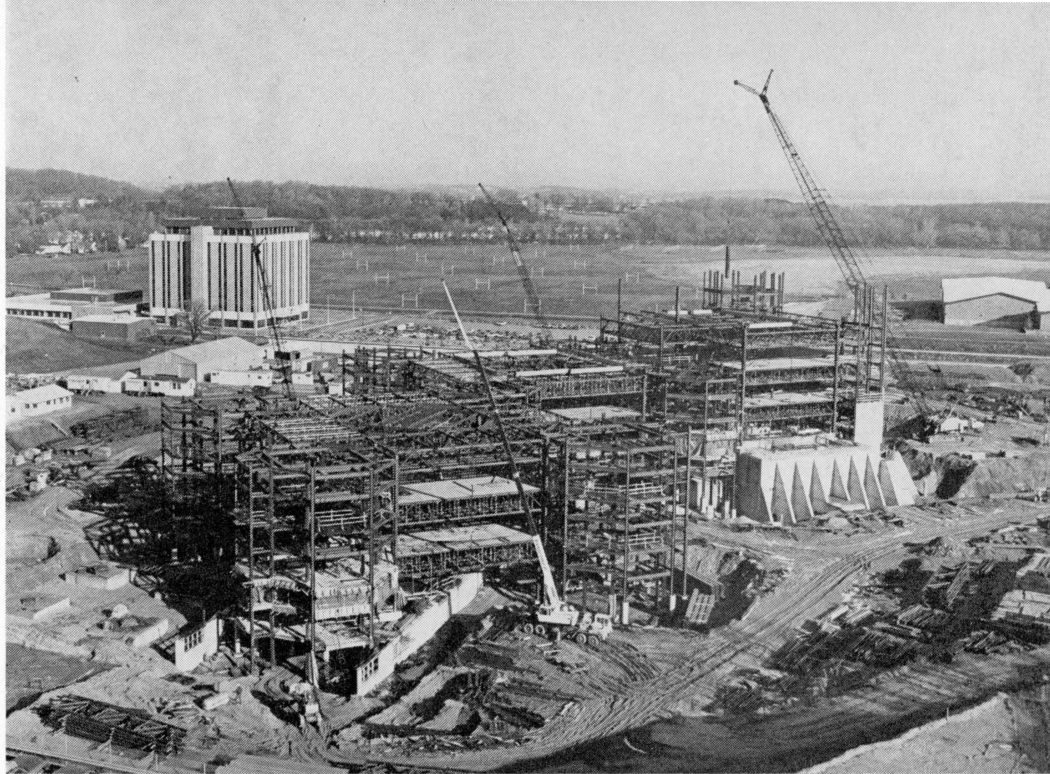
mer students and will work on revising a 1970 book on theoretical populations genetics.

As chairman of the National Academy of Science committee established to advise the Atomic Bomb Casualty Commission, Dr. Crow will spend time studying the genetic effects of radiation on survivors and their children in Hiroshima and Nagasaki.

Dr. Shrago, professor of medicine and nutritional sciences, in July will begin a 12 month sabbatical at the Courtauld Institute of Biochemistry of the Middlesex Hospital Medical School in London. He will do research in metabolic mechanisms of heart disease and diabetes.

The Macy program offers outstanding faculty members in the U.S. and Canadian medical schools 6-12 months of concentrated research or study away from their home institutions.

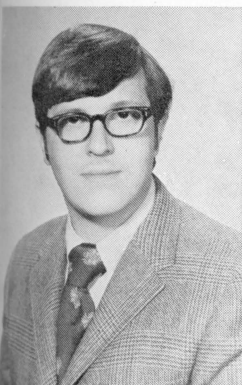
Some shortages have been encountered over the winter but steel continues to rise north of the VA Hospital on the UW-Madison's western edge. This photo, taken March 12, shows progress at the new Center for Health Sciences. The view looks northwesterly.



Birnbaum, Stein Cited as Teachers

Med IVs who shortly will be the Class of 1974 in April selected a young faculty member and a third year medical resident to receive the 1974 Distinguished Teaching and Distinguished Teaching by a Resident Awards. The honors will be presented at the Alumni Day Banquet to Dr. Marvin L. Birnbaum, '60, and Dr. Robert N. Stein.

Both were selected by secret ballot for the awards, which include a cash gift. The alumni association



Dr. Stein



Dr. Birnbaum

has been sponsoring the awards since 1963.

Dr. Birnbaum, the distinguished teacher, is an assistant professor of medicine and physiology and co-director of University Hospitals' Trauma and Life Support Center. A Milwaukee native, Dr. Birn-

baum has been on the UW faculty since 1971. He teaches medical and graduate school physiology, pathophysiology of the cardiorespiratory system and general and chest medicine.

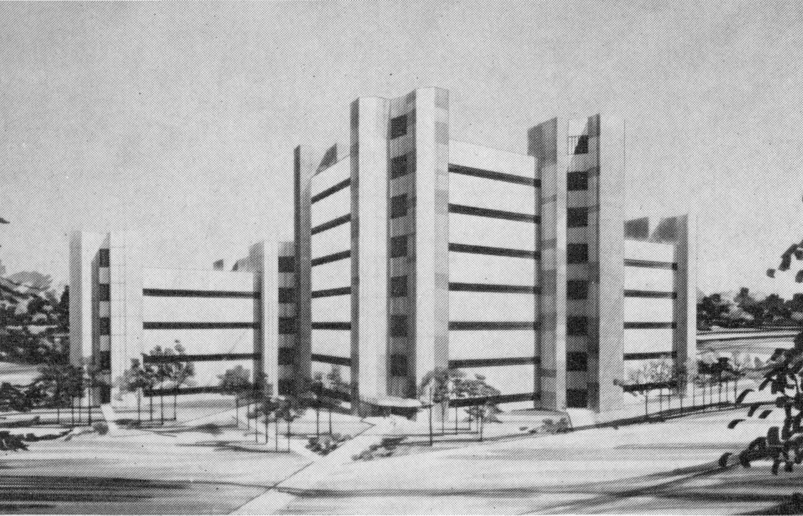
The top house staff teacher, Dr. Stein, is a 1971 graduate of the Chicago Medical School. He previously had received his B.S. from Wisconsin. Dr. Stein served his internship at University of Wisconsin Hospitals and plans a career in academic medicine with primary interests in patient care and teaching.

Tormey, Paul, Davis are Cited

The State Medical Society of Wisconsin honored three men associated with the UW-Madison Medical School . . . an alumnus, a teacher and a student . . . at its annual meeting in March.

Dr. Thomas W. Tormey, '34, was given special recognition as a member and secretary of the State Medical Examining Board, for his committee work in the society and for contributions to the society's charitable, educational and scientific foundation. Dr. Tormey retired as secretary of the examining board in 1973.

Professor Emeritus of Radiology Lester W. Paul, Res. '30-31, was presented the Interstate Postgraduate Teaching Award by the society for his many years of teaching medical students. Dr. Paul, who



This artist's conception by Architect John F. Associates shows how the Wisconsin Clinical Cancer Center portion of the new Center for Health Sciences will look. The Cancer Center is in the middle of the picture on the northwest side of the building. You are facing southeast.

retired from the UW Medical School in 1970, was a faculty member for 40 years.

Senior medical student Jeffrey D. Davis, Madison, received one of two Houghton Awards for his "promise of becoming a complete physician."

Practice Management Being Surveyed

Physicians in Wisconsin interested in determining the type of patients they are seeing and whether or not they're using their staffs efficiently have some allies in the form of Drs. Marc Hansen and David Gustafson at UW-Madison.

Dr. Hansen, professor of pediatrics, and Dr. Gustafson, associate professor of industrial engineering and preventive medicine, are the principal investigators in a Comprehensive Health Manpower Training Act research study on the subjects. The 1971 legislation authorizes computers to study tasks performed by physicians in ambulatory health care settings to find what can be done by others.

The participating physician learns: The amount of chronic care problem management in his practice and how visits can be altered to improve patient care as well as efficiency, am I under-utilizing the skills of my support staff, how can I maximize its efficiency, how much time am I spending with patients and how much time is my nurse or assistant spending with patients.

The physician also learns the age/sex distribution of his patients, the distribution as to types of problems and the diagnosis people present, the amount of his charges per visit and their relationship to time spent with the patient and the percentage of patients returning for the same problems.

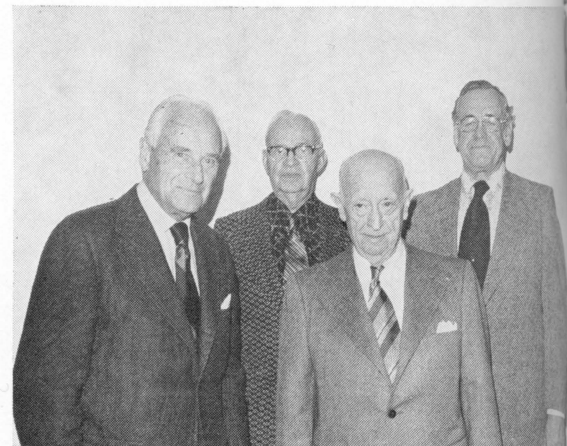
The study was begun in June 1972 and involves eight national organizations joined in a cooperative

effort. Because the Wisconsin project cooperates with institutions in other states, physicians in Badger State can compare their practices to others locally and nationally.

In addition to filling out a contact record on a patient over a 2-3 week period to obtain the information, the participating physician and his staff complete a task inventory to provide more detailed insight into their performance.

The federally funded survey still seeks participating physicians in Wisconsin, who may get details by contacting Dr. Gustafson at 1225 Observatory Dr., UW, Madison 53706, (608) 263-4884. Dr. Hansen at 1552 University Av., UW, (608) 262-1170.

Hygiene Lab. Now is 'Stovall Building'



Participants in dedication ceremonies of the William D. Stovall Building that houses the State Laboratory of Hygiene on the UW-Madison campus on Feb. 6, were (l. to r.): Dr. H. Kent Tenney, emeritus professor of pediatrics; Dr. M. Starr Nichols, retired assistant director of the Hygiene Lab.; Emeritus Dean William S. Middleton; and Dr. George Handy, state health officer.

COLUMNS AND EDITORIALS

Do You Have A Cartridge?

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

MILWAUKEE — This month I would like to share with you an experience that my wife and I had on a recent camera safari to East Africa. Our travels included several of the national game reserves in Kenya and Tanzania. It was a vacation I would highly recommend to anyone looking for a stimulating, different, and interesting excursion.

Africa, at least in the game reserves, is primitive, mysterious and unspoiled. Like all outposts, however, one can observe the inroads of progress (?). Roads are being improved, accommodations are being expanded and made more plush. It will not be long before this lovely land with its thousands of animals will have the "blessing" (?) of civilization and the exodus of its fabulous wild-life.

At any rate, game is photographed from small Volkswagen buses. They hold about six to seven persons and are driven across the African veldt by native drivers in

search of the ever present game. When the particular animals are found, the buses are maneuvered into favorable positions to insure good camera angles. Because the animals are wild it is absolutely forbidden for safari travelers to leave the vehicles . . . as a rule one comes to respect after witnessing a lioness on the hunt or a kill by a hyena.

One afternoon we were on a game run on the Masai Mara Reserve. This particular run was in search of crocodiles and hippopotamus but, because of the severe drought Africa has experienced in the past several years, only a few areas of the Mara River are deep enough to allow these obese freaks

of nature a chance for survival. These areas are not accessible by bus so it was necessary for the black park rangers to escort us through the bush to gain the proper vantage point.

We were a bit apprehensive as we walked through the lush vegetation that graced the tropical river since just before we had stopped for this trek a lioness had been observed hunting for supper. To say the least, it was reassuring to have these guards leading the way with their formidable firearms at their sides.

As we neared our destination we heard the aquatic grunts and splashes of the hippos coming from the muddy Mara. Soon we could see the exophthalmic eyes and the funny, twitching little ears just above the roiled water some 30 feet below. Every-



one was thrilled to see over 15 of these huge river horses all together and shutters began to click in earnest. Our fears of the dangers lurking in the bush vanished. The only challenge at hand seemed to be catching one of the hippos in a giant yawn.

My apprehension returned, however, when I overheard one of the rangers ask his partner (and it wasn't in Swahili), "Do you have a cartridge?"

Going, Going — Gone!!

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

SKOKIE — I would like to pose a question in medical ethics to my fellow alumni. "Is it morally right to withhold medical discovery from mankind? Do doctors have the authority to keep secret from patients findings that may be true but that in their opinion should be withheld?"

I have in mind a recent article by a professor of pathology at a well known medical school. He opens his paper with the statement, "If you're over 30, your body's over the hill, Buster." He speaks of collagen, the connective tissue that supports the



body's cells. Until age 18 the body synthesizes new connective tissue proteins. Then there is a plateau period until age 25 or 30, after which the collagen begins to stiffen. Initially I began to feel hopeful. However, he then states, collagen fibers become brittle as the years go on. Since collagen is distributed throughout the body and

ages at the same rate, everything collapses together and breaks down like the wonderful one-horse shay.

The announcement of this medical discovery truly upset me. I made an appointment with my guru to get a proper perspective on this article and to try to allay some of my anxiety.

Clarice was washing the walls as I approached. She had one foot on a chair and the other on the headboard of the bed and I marvelled at the elasticity of her collagen. "Would you rinse out this sponge?" she asked, not being aware of the anxiety I was feeling. I explained being concerned about bending over to reach the wash pail, as I was uncertain about my collagen.

She looked surprised, saying she had not heard me use this excuse before. I informed her that I was serious about this. That I had just read a paper on the aging of collagen and that I was concerned, indeed frightened, by this discovery. Should we call our insurance agent and take out another policy or maybe change my will? I was beginning to have a mental picture of my collagen cracking and my

coming to a halt and collapsing like that one-horse shay.

Clarice climbed down off the headboard and next to me on the bed. "What are you worried about? What's all this about collagen?"

I explained the article to her and further described the specific experiences I've had which confirm this idea. When I sit in the office all day my knees stiffen by 5 or 6 o'clock. After a full day of teaching and seeing patients in the hospital and attending a medical meeting until 10:30 or 11:00 I come home exhausted and fall in a heap. Recently I've also noticed I get more tired just watching him do all the chores around the house. "He's right," she shouted, "my collagen is cracking up!"

Clarice sensed how upset I was and tried to divert my thoughts by changing the subject. "Have you been reading about the students streaking on campus?" she subtly asked.

"But they have young collagen," I returned, "especially the coeds. If I tried streaking they would arrest me for indecent exposure. They would take me by ambulance to an intensive care unit at the nearest hospital."

Again trying to be reassuring, Clarice said that for a man my age, I didn't look so bad . . . that I really hadn't deteriorated as much as I thought. I stood before the full length mirror in the bedroom hoping to confirm her compliments. Further despair came when I could not see myself in focus with my bifocals. This was truly a crucial time in my life. Perhaps the pathologist was right. Medical training had taught me that the pathologist was always right. Even Bill Middleton didn't disagree with the pathologist! At least so legend has it.

As Clarice and I were commiserating, the front doorbell rang. Our eldest son, Larry, was just arriving for spring vacation. We opened the door and there was all of that viable, elastic, energetic collagen. He nodded hello, dropped his bags on the foyer floor and said how tired he was. He was going upstairs to the bedroom to take a nap. He planned to call his friends later since they, too, were probably napping. That evening they would come over and watch the televised basketball game. He reminded us to order in a couple of pizzas as they would be hungry watching the game.

As I carried his suitcases upstairs and Clarice went up to freshen his bed a sudden thought occurred. This article I had read was reaching the wrong people. We middle-aged don't have to be reminded that our collagen is going out of date and

growing with age. It's the young people who have
be told how elastic and vital their collagen is!

Alumni Day is All These Things

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

MILWAUKEE — We're all looking forward to
annual alumni day meeting in May. A committee
your directors has been assiduously planning a
program with a focal point that would encompass
the interest of all alumni. It is difficult to prepare a
menu that would pleasure everyone.

The image in the mirror is not dependent on the
molecular structure of the glass but on the reflection
the person who stands before it. Alumni Day con-
notes different things to different people and often
different things at different times to the same peo-

To the senior student it is an implied escape from
obligatory study and pedagogic surveillance into the
quality of free choice. To their spouses and parents
it is a social event that
marks the passage from
the "mister" to the "doc-
tor society."



The first decade alum-
nus could not care less.
He is preoccupied with
his career orientation, an
all consuming effort that
leaves no room for senti-
mental expression to the
school he just escaped,
beyond the need to
maintain affinity to his

peer group and the loyalty it demands.

The second decade alumnus has traveled his
visioned road and has the rainbow's edge in sight.
He can now slow his headlong drive and allow him-
self a nostalgic glance back in time to the warm
memories of teachers, classmates and friends. To
him, the return to Madison is an emotional experi-
ence and he seeks the place and scene which were
the fountainhead of his life's commitment.

The third decade alumnus has arrived. He has
consolidated his successes and sublimated his fail-
ures. He is now all that he will ever be. It is time
for him to be noticed. He seeks out his teachers and

his peers in approbation of his achievement and
from them gleans support and reinforcement to his
goals. He looks for recognition, and if perchance he
reaps an accolade, his cup runneth over.

The fourth decade alumnus is disconcerted by the
thinning ranks and recollects less troublesome
times. His forward movement is less brisk and he
laments the change of shifting sands. He looks to
anchors for his ship which moves faster in the wind
than he cares to follow. He looks to firm values in
past experience, expresses an interest in the history
of medicine and the school. His reminiscences be-
come more vivid as if their light would cast out the
shadow of the future which threatens his stability.

The fifth decade alumnus is delighted to be
among the survivors and still a part of the scene. He
is condescending to younger alumni, proud of his
class reunion badge, but is careful not to go back
too far too often lest he seem archaic. He is no long-
er startled by the urgency of change. He has lived



long enough and seen enough to know that such
movement will often make full circle and is con-
vinced that true human values really never change.
He may be miffed at times when the offer of his wis-
dom is denied but knows that with maturity his re-
provers will see the error of their ways.

And the faculty? To some it is an opportunity to
relive the days of glory and to vicariously share the
careers of their professional offsprings. To others it
is a function essential to engendering alumni fund
support for unfunded projects. To a few it is an in-
vasion of their privacy by visiting firemen which
must be tolerated as a social grace. To most it is a
reaffirmation of the greatness of their purpose and a
confirmation of the worth of their dedication to
medical education and research as envisioned by the
returning alumni who are the fruit of their labors.

Our Alumni Day in May is all these things to all
these people. How can we have one program fit to
all? Let us not lose sight of the forest for the trees.
Let us have a Day of Gathering, a Day of Return,
and let us raise our voices in song—to each his own,
and in his own time.

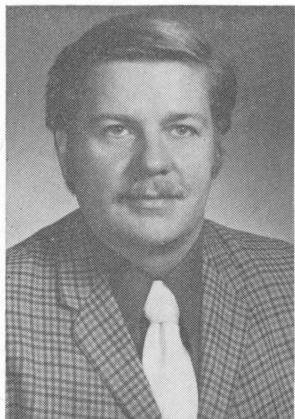
Wisconsin — Opportunity Still Limitless

BY RICHARD D. LARSON, M.D., '70
MEMBER, EDITORIAL BOARD

FORT ATKINSON — That first afternoon of practice we (three of us) saw 115 patients. This was not unusual for my associates but for me—the junior man in the practice—it was something new after seeing rather comfortable numbers of patients each day as a resident and intern.

That was early in July 1973, and I had just completed a family practice residency and, of course, was anxious for work.

My wife and I had considered many areas in Wisconsin as future practice sites, had checked the ads



in the journals and made the rounds but were not completely satisfied with any one location. One mid-winter day we drove through Fort Atkinson on our way to check an opening in another community. Neither of us knows for certain just what attracted us to Fort Atkinson but we both felt this would be an appropriate and

pleasant place in which to live with our family and to practice medicine.

As we were not acquainted with anyone in the city to whom we could address questions, we stopped at the local hospital and made some inquiries. The administrator was out of town so we directed our questions to some of the clerical help. They in turn informed us that they really didn't think any more doctors were needed in the community. Of course, our bubble popped right there. But we left our name and address, anyhow, with the administrator's office—just in case.

To shorten the story, we had just arrived home in Verona when we received a call from a group of two practitioners who *did* think more doctors were needed in Fort Atkinson and who in fact had been looking two years for help. That was the beginning of our association with a busy Fort Atkinson family practice.

It's nine or so months now since we began practice. It has been a rewarding experience as well as some hard work and long hours. But there has been a satisfaction in it all. We have established a good working relationship as a three man group. The call schedule really isn't unbearable even though we are a small group. Extra physicians are hired to cover the hospital emergency room on weekends and this takes a big load from our shoulders.

As the junior member of the group I am jokingly referred to as "The Kid." We have a free and open exchange. The partners have come to me with problems encountered with patients and I have depended upon their years of experience and training on many occasions. We practice as a group, not as three individuals. Of course, this means staying current on about 30 patients in the hospital at any one time and I've found this to be a far cry from any of my training day experiences.

Because of the numbers of patients and all the demands on one's time, the record-keeping end of practice can easily suffer. As a resident it's really no problem to keep excellent medical records, but in the reality of a busy practice one can easily fall



short. It helps some to remember that the most likely source of information for many agencies, including the PSRO's is and will ever increasingly be the medical record, both in-patient and out-patient.

It's been a real pleasure for me to begin practice here in Wisconsin and it appears that I've found my appropriate corner of the medical world. I hope that many other residents who are training in whatever specialty will come out to rural Wisconsin and find the satisfaction that I have. The opportunities are still limitless.

The Latest California News

BY WILLIAM H. OATWAY, JR., M.D., '26
CALIFORNIA CORRESPONDENT

LAGUNA NIGUEL — The first paragraph of this column in the *Quarterly's* Fall issue was not well written and as a result readers might be confused about the sculptors and the sculpture. **Jim Neller**, North Hollywood, again won a sculpture prize at the 1973 Los Angeles Physicians Art Association and has his own subjects. The **W. S. Middleton** portrait in clay is being done by this reporter (Oatway California) who also has done a bronze bust of the late **Joseph S. "Uncle Joe" Evans**.

However, Neller is very versatile and is now writing. Recently, a scientific report on a 1,000 mile section of the River Nile along with a description of the pyramids was published in *Mankind* from Salt Lake City. Jim has a good start on a "whodunit" which takes place in Egypt.

C. Richard Smith, '31, is former head of the great "Smithlab," Los Angeles, and emeritus professor at USC. He lives in Pasadena, a fine case of operations for editing (a chapter for "Disinfection, Sterilization and Preservation," consult opinions, etc.). He and wife get to Mexico and to Scotland to visit their daughter at the University of Edinburgh.

Gale G. Clark, '42, (and U. Cincinnati) lives in Oakland and has a notable series of chores as a certified neurological surgeon, chief of the neurosurgical service at the U.S. Naval Hospital, associate professor at U. Cal. Medical School in San Francisco, fellow of the ACS, neurological consultant of NASA Project Mercury . . . also, by chance he is helping arrange a symposium in Madison, Wisconsin, on neurological aspects of pain relief.

Two Northern Californians have sent along happy news about **Dr. Harold C. Bradley**, long-time professor of physiological chemistry at UW. He just celebrated his 95th birthday at his home in Berkeley. No longer a Sierra Club climber, he sings old

songs and now leads the Charter Day Parade at U. Cal. Berkeley as their oldest alumnus (1900).

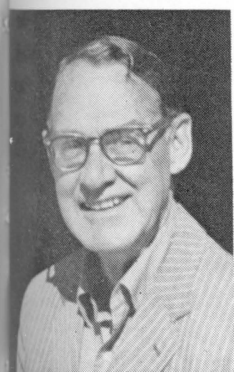
The **Homer D. Kestens** have a beautiful home in the pines above Inverness near the Pacific Shore. Homer and Bea (**Beatrice Maher**) left UW in 1922 to finish their medical work at Columbia in 1924. They were married in Riverside, Cal. in '25. Homer was certified early in pathology and Bea was certified and practiced dermatology. Both are retired, travel widely (Austria in 1973) and do "medical journal reading and cocktail party consultations". They also see Wisconsin people quite often.

Our correspondent (or undercover man) in the Bay Area is **Chauncey D. (Sarge) Leake**, '23. He is worth a paragraph of his own in every issue and his activities are legion. He currently is on the editorial advisory board of *Current Contents: Clinical Practice* and chairman for its *Current Contents: Life Sciences*. He writes a column entitled "Calling Attention To" which lists bibliographical lists of new books of interests to bio-medical and alert clinical people. He regularly goes to NYC to chair the continued DMSO research.

We recently checked a bit further with **Class of 1953** UW graduates in California after seeing their newsletter: **Bill Acheson**, La Mesa, mentions that he has seen **Don Howland** and **Sammy Beltran** recently and he promised to attend the class' 25th reunion. **Delfin J. "Sammy" Beltran** lives in Palo Alto, was certified in anaesthesia in 1961 and was in practice in Milwaukee through 1967. He is on the faculty at Stanford, medical director of the ICU and chief of anaesthesia for the famed unit which had done 37 cardiac transplants up to that time. **Francis (Frank) Fessler** is in general practice in Reedley but is interested in internal medicine and cardiology and is an instructor in the Central Valley Heart Association.

Donald Glicklich is practicing pediatrics in Los Angeles. **Rolf E. Johnson** is in the private practice of dermatology in Monterey. **Richard B. Theisen** is in the private practice of OB-GYN in Anaheim (if you know the location of "Disneyland"). **Willis Warner** and **Lincoln Westman** are in nearby Phoenix but we'll leave their stories to Southwestern correspondent **Jerry Szymanski**. **David Krugman** is, as they say in a recent stage play, "alive and well and living" in Long Beach.

And this, dear friends, is a hopeful plea: Californians, send your news to me! W. H. Oatway, Jr., 146 Monarch Bay, S. Laguna, Calif. 92677.

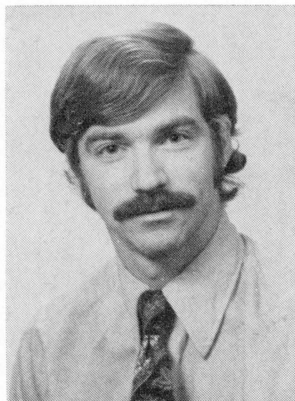


'Watch Out, Doc' Revisited

BY JAN R. WEBER
SENIOR CLASS PRESIDENT

MADISON — God forbid that I should contribute to the widening of the generation gap! For the past four years a huge percentage of my spare time has been devoted to narrowing that abyss in hundreds of committees and meetings with faculty members. Now, on the last page of the *Winter Quarterly*, I find myself accused of widening it. Horrors!

I must note with pleasure, however, that nearly all the comments I received about my Fall column, "Watch Out, Doc, I'm After Your Job!" were strongly positive; but I must admit some readers thought I was right but that they thought so for the wrong reasons. Such is the dilemma of writing a tongue-in-cheek article to spice up a usually boring column. I mean, everybody reads it for a change, but nobody is quite sure what exactly was said.

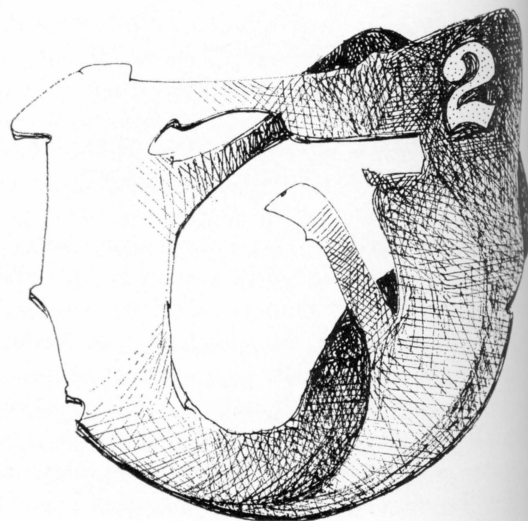


Now, this article is written as the straight dope (not *by*, *as*), so I suspect that lots of you have already considered turning the page to look for some cartoons (don't bother, there aren't any; I checked), but I guess that's the price you pay for clarity. At any rate,

for those of you still reading, I'd like to make sure the "Right on's" and the "Good grief's" are lined up on the proper sides of the field so everybody knows what it is they like or dislike.

If I may summarize the points made in "Watch Out, Doc," they would be as follows:

A.) The number of students entering medical schools is increasing at an astronomical rate. I will spare the gory details and simply say that the American Enterprise Institute has calculated that by 1980 there would be a physician surplus "even without medical school subsidies passed in 1971." If you want to check their work, see the *Journal of Medical Education*, January 1974, pp. 3-13 (and for an added thrill, you can re-read "Watch Out, Doc," 'cause it's printed in that issue, too).



B.) To date there is no organized national program to entice young physicians into high need areas or into primary care roles. Emphasis has been on the total number of M.D.s practicing and not on where or what.

C.) Enrollment increases have occurred at many schools as a part of a "deal" with the government to get funds for building projects. In some cases these increases were promised even though the amount of clinical material available for instruction was inadequate before the increase. Sound familiar?

D.) Everybody's trying to get into the act: nurses don't want to nurse any more, legislators don't legislate, and pharmacists don't pharm (or whatever they're supposed to do). They all want to be doctors! Given the chance they'll be happy to tell you what to do, how to do it, and how much it's going to cost.

E.) The point: Some of you had better get the old proverbial lead out and work to insure (1) the quality of medical education, (2) an appropriate distribution of health manpower, and (3) the right of the physician to practice *good* medicine the way he or she wants.

American medicine is still the best 'round and there is much that should be preserved. There are also some aspects direly in need of revision. If appropriate changes are to be made, medicine ought to be initiating them, not reacting to them after the fact. Finally, for those of you who are still afraid, I'm "after your job," here is a heartening note: If things in the profession continue to be allowed to fall apart as is threatened, by the time I'm ready to practice in a few years I may not *want* your job.

1973-74 Medical Alumni Giving*

Class	No. in Class	No. of Contri.	Alumni Fund	AMA-ERF	Class Total	Last Year
Pre 1927	224	23	\$ 745	\$ 100	\$ 845	\$ 1,865
1927	37	9	540	—	540	405
1928	31	6	3,210	20	3,230	310
1929	63	14	205	140	345	215
1930	46	7	170	20	190	1,295
1931	55	9	445	10	455	385
1932	71	14	485	345	830	2,291
1933	63	20	684	180	864	882
1934	57	11	482	170	652	696
1935	75	10	550	130	680	860
1936	71	15	415	55	470	275
1937	64	12	575	40	615	610
1938	67	18	885	358	1,243	630
1939	69	25	965	180	1,145	1,405
1940	75	12	460	175	635	934
1941	68	9	495	25	520	300
1942	46	11	395	—	395	10
1943M	70	17	740	15	755	1,055
1943N	54	8	250	25	275	100
1944	61	17	610	165	775	700
1945	73	13	1,055	5	1,060	240
1946	70	23	810	100	910	855
1947	57	16	795	—	795	310
1948	56	12	275	155	430	580
1949	52	8	1,210	40	1,250	1,105
1950	72	11	360	60	420	380
1951	67	21	637	80	717	755
1952	67	14	978	150	1,128	5,440
1953	75	14	305	160	465	323
1954	78	22	960	40	1,000	777
1955	72	20	1,025	50	1,075	280
1956	75	9	280	20	300	425
1957	75	12	400	55	455	495
1958	76	7	235	20	255	265
1959	70	20	305	35	340	260
1960	71	23	600	85	685	375
1961	82	16	405	75	480	135
1962	86	13	350	25	375	35
1963	72	14	340	35	375	675
1964	79	10	350	155	505	175
1965	81	5	125	60	185	275
1966	86	4	80	25	105	165
1967	94	36	685	45	730	537
1968	96	20	255	—	255	140
1969	94	5	65	20	85	140
1970	95	9	155	—	155	114
1971	100	8	60	10	70	35
1972	93	13	170	—	170	169
1973	107	1	50	—	50	—

Former House Staff**

Interns	5	45	—	45	99
Anesthesiology Residents	5	75	—	75	85
Dermatology Residents	—	—	—	—	—
Gen. Surgery Residents	2	25	25	50	60
Internal Medicine Res.	12	710	20	730	818
Neurological Surgery Res.	5	70	120	190	120
Neurology Residents	8	400	—	400	10
Ob-Gyn Residents	—	—	—	—	—
Ophthalmology Res.	3	165	—	165	210
Orthopedic Residents	—	—	—	—	—
Otolaryngology Res.	—	—	—	—	—
Pathology Residents	1	15	—	15	—
Pediatric Residents	1	25	—	25	110
Psychiatry Residents	1	5	—	5	15
Radiology Residents	9	730	30	760	150
Urology Residents	—	—	—	—	—
Faculty**	20	880	25	905	2,610
Former Faculty**	2	60	—	60	10
Preceptors**	—	—	—	—	100
Emeritus Faculty**	7	285	—	285	195
Friends - Medical School**	46	610	697	1,307	5,642
TOTAL	793	\$30,726	\$4,575	\$35,301	\$40,917

*An interim report of gifts from July 1, 1973, to April 2, 1974. You can still send your contribution and make it count towards your class total!

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The Board of Directors has launched a program that requests all members to use their home address for Wisconsin Medical Alumni purposes. They reason that the *Quarterly* and other alumni association mailings have a better than normal chance of getting lost when addressed to our offices because they have to compete with all the other mail sent there. And the Alumni Office is receiving more and more complaints, apparently for just this reason.

If your alumni mail isn't coming to your home please take a few moments and fill out the change of address form below. And while you're at it, why not jot down a few news notes about yourself . . . professional accomplishments, recent travels, publications, things you think fellow alumni might find newsworthy. . . . Tear off the convenient form and mail it to Wisconsin Medical Alumni Assn., #767 WARF Building, 610 N. Walnut St., Madison, Wisconsin 53706.

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DATE OF MOVE _____ ANY NEWS? _____
