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WISCONSIN medical alumni

# Quarterly

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## WISCONSIN MEDICAL ALUMNI

### QUARTERLY

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## About the Cover

Artist Curt Carpenter captured a spring storm approaching the UW-Madison campus from the southwest in a wash drawing for this issue's cover. Familiar landmarks include Helen C. White Hall and the heating plant at the left, the sailboats anchored in Lake Mendota in front of the Memorial Union and Pabst Point off to the right.



# Wisconsin Clinical Cancer Center; Progress in Research, Treatment

By Susan Hurley

Since its beginning 2½ years ago, the Wisconsin Clinical Cancer Center (WCCC) has grown to a group of over 100 physicians and scientists working on a myriad of research projects to develop more effective treatments for cancer at University Hospitals.

And one of the major accomplishments has been its establishment as the Department of Human Oncology of the University of Wisconsin-Madison Medical School. The interdisciplinary, clinical department houses many of the various specialists in different cancer fields who hold joint appointments at University Hospitals departments and the WCCC.

"As the Department of Human Oncology we are able to make appointments ourselves and we have added several excellent people in clinical and radiation oncology, statistics, and in our regional program," said Dr. Harold P. Rusch, '33, director of the WCCC.

## Clinical Oncology One of Three Divisions

One of three divisions of the new department, clinical oncology has really become a multimodality organization with emphasis on medical oncology, says Dr. Robert O. Johnson, '48, acting director of this section. Medical oncology is now a board certified specialty, including chemotherapy, immunotherapy, and general care of the cancer patient. The section has a training program for eight fellows.

"While we are engaged in extensive patient care and teaching at UW Hospitals, we're primarily a clinical research organization with a fair amount of basic research," Dr. Johnson said. "Our staff includes internists, surgeons, chemotherapists, Ph.D.'s in oncology, biochemistry, analytical chemistry and statisticians. We're usually offering the best therapy known or if the current treatment is not satisfactory we're experimenting with new treatments."

Dr. Johnson said there are about 40 ongoing studies of new treatments and better methods of diagnosis. In research the Center is moving toward more combinations of drugs, surgery and radiation, or multimodality therapy.

"In all cancers we're trying to move from treating advanced disease to improving the first treatment a patient receives," Dr. Johnson said. "The key to cancer treatment is the first treatment a patient gets. Once the cancer is recurrent, therapy is a holding action."

Although there are studies ongoing in almost every kind of cancer, Dr. Johnson cited some specific examples of clinical applications of WCCC research.

**Breast Cancer** — Dr. Johnson said a number of studies are being done in treatment of advanced breast cancer.

Dr. David Rose, a clinical chemist and endocrinologist, does his primary research in the role of hormones in breast abnormalities, especially cancer. One of his projects combined several methods of identifying estrogen receptors, including one developed by Dr. Elwood Jensen of the University of Chicago.

The test for estrogen receptors, done at the time of mastectomy, provides a method of selecting patients for additive or ablative endocrine therapy if cancer recurs.

If estrogen receptors are present in the tumor a woman has a 55-60% chance of responding to additive or ablative hormone therapy, which may be major surgery such as oophorectomy, adrenalectomy, or hypophysectomy. With no method of predicting which women have hormone dependent tumors, roughly one-third of women would get a satisfactory remission from therapy.

Use of this information allows better therapy decisions, and if hormone manipulation seems to have



little chance of success other therapy can be started. The test is now offered as a service of the Center to state physicians.

Dr. Johnson said other studies in the treatment of breast cancer include comparative chemotherapy studies of women who undergo surgery for breast cancer and have positive axillary nodes. Researchers are studying the merits of treatment for one year after surgery with a single drug, compared to a four drug therapy program.

Phenylalanine mustard (L-PAM), an oral compound given five days out of every six weeks, is being compared with a four drug combination. Researchers suspect that L-PAM may be making women prematurely menopausal.

"We're not just studying cancer recurrence and how long our patients live but what's happening to patients because of treatment," Dr. Johnson said.

**Colon Cancer** — Researchers are studying the value of drugs such as 5-FU given for one year after surgery to colon cancer patients who have invasive cancers. Studies at UW Hospitals include testing the advantages of different ways of administering drugs. In a recently completed study, Dr. Johnson said 5-FU was given four ways. "It turns out that the way we've always given it is the best — clearly more effective than the other three methods," Dr. Johnson said.

**Lung Cancer** — "Recently we've demonstrated in single drug treatment that Hexamethylmelamine is the best treatment for squamous cell carcinoma of the lung, and Dibromodulcitol is the best single agent for treatment of adenocarcinoma," Dr. Johnson said. Researchers have since launched a new study combining two to four agents in the treatment of lung cancer.

Dr. Johnson is also chairman of the Central Oncology Group. Of the 30 member institutions, 20 conduct clinical studies through funding from the National Cancer Institute. Patient study information is forwarded to the Group Statistics Office in the Clinical Oncology Section for evaluation and reporting. Examples of such combined efforts are a study of DTIC as adjuvant to surgical treatment of patients with high risk melanomas; another study compares using DTIC alone to a combination of other drugs.

"We also do pharmacology studies on drugs — whether they are most effective when given orally or through an IV — by checking the distribution in the body and excretion of a drug or its byproducts," Dr. Johnson said.

One WCCC study involves adriamycin, "which everybody else is giving once every three weeks," Dr. Johnson said. "We gave smaller doses more frequently.

The primary toxicity is cardiac — if the patient gets a total dose of more than 550 mg per square meter he may develop fatal heart failure. With our method of administration to our patients and to those in the national study, none of the 30 patients with a total dose of over 1,000 mg per square meter has developed heart trouble. And we get the same good effect with our method."

#### New Clinical Oncology Director

The department has recruited Paul Carbone, M.D. to head the Division of Clinical Oncology beginning July 1. An outstanding medical oncologist, Dr. Carbone will come to the WCCC from the National Cancer Institute, where he was associate director for medical oncology in the Division of Cancer Biology and Diagnosis.

"When Dr. Carbone arrives there will be some changes in protocols used in the therapy of cancer," Dr. Rusch said. "There will be an increased emphasis of study on certain of the more common cancers, and a trend for people within the Center to specialize in one or two types of cancer. Each group studying a particular organ site tumor will have experts from chemotherapy, x-ray therapy, and surgery in addition to people from the pre-clinical area."

Work is also continuing at the Center in carcinogenesis and etiology of cancer in animals. Charles Heidelberger, Ph.D., associate director of the Center and head of the Preclinical Research Committee, also invented the fluorinated pyrimidines. His work in cancer chemotherapy is now being carried forward in the Center.

"One of the important early discoveries at UW Hospitals was the discovery of the clinical usefulness of 5-FU by Drs. Heidelberger, Fred Ansfield, '33, and Anthony R. Curreri, '33," Dr. Johnson said.

#### Radiation Oncology

"Cancer therapy is really multidisciplinary — for most cancer patients a team of competent oncologists representing the various subspecialties of oncology is essential to ensure good cancer care," says Dr. William L. Caldwell, director of the Radiation Therapy Center, in the Radiation Oncology section of the WCCC.

With a diversity of equipment at University Hospitals, including a rotating Cobalt unit, two 4-million

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*(Editor's Note: Miss Hurley is a graduate student in the UW-Madison Journalism School and a science writer with the Center for Health Science's Public Information Office.)*



volt linear accelerators, and a new 18 million electron volt "Clinac 18," which produces electrons for direct treatment and also makes high energy x-rays up to 10 million electron volts, the Center has the capacity to treat a large number of patients. Last year the staff saw, consulted on, and treated over 1,100 new patients.

### Interdisciplinary Approach

Protocols to assess new therapeutic approaches combine radiotherapy and surgery, radiotherapy and chemotherapy, and radiotherapy, chemotherapy and surgery, in both national studies and intra-institutional studies on many types of tumors.

This interdisciplinary approach is used in a project now underway to localize tumors by labeling various compounds with radioactive chemicals. For example, investigators synthesize 5-FU with radioactive fluorine 18 produced at the Center. With the aid of the labeled compound, nuclear medicine scanning techniques are used to localize both primary and metastatic disease.

Another project utilizes tumor outline information from ultrasound scans together with computer analysis to determine the volume of a tumor. Following the tumor volume over a period of time can then also give an indication of the volume regression during and after treatment. Such information aids in the evaluation of the effectiveness of different radiotherapy or other therapeutic regimens.

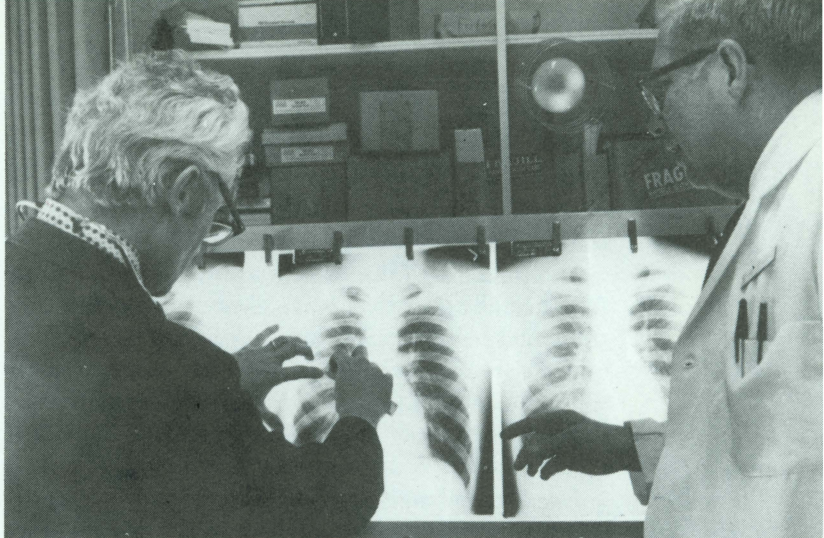
In another project Paul De Luca, Ph.D., and the medical physics group at University Hospitals are developing a machine to produce neutrons for clinical use. Neutrons are more effective than x-rays in destroying tumor cells. Ralph Durand, Ph.D., a radiobiologist, is now beginning to test the neutron beam on cell cultures and in experimental animals, so a similar beam may eventually be used to treat patients.

The radiotherapy group is also collaborating with Ednor Rowe and his associates at the UW Physical Sciences Laboratory in Stoughton to design and develop a microtron electron accelerator. The microtron accelerator would be a cheaper and more reliable means of producing ionizing radiation than the linear accelerators now used to produce high energy x-rays.

Projects also are underway to determine the effect of hyperthermia as an adjuvant to irradiation and chemotherapy. In addition, radiation sensitizing compounds that increase sensitivity of tumor cells to radiation are being studied.

### Research and Development in Cancer Control

The third section of the Center includes biometry and the regional component — professional education



*Drs. Hugh L. Davis (l.) and Robert O. Johnson, '48, (r.) evaluate results of cancer treatment by measuring changes in a tumor seen on the x-ray.*

and public information. Dr. Rusch is acting director of this section as well as the WCCC.

The biometry section, under the direction of Dr. Richard B. Friedman has centralized data collection for all the cancer researchers at the WCCC. UW Hospitals patients fill out one form containing over 300 questions about diet, activity, medical problems, family history, pets, travel, and other details requested by UW researchers. The questionnaire is voluntary and confidential with a 70% response rate. Copies are sent to referring physicians at the patient's request.

Researchers then have rapid access through the Hospitals' centralized computer to multivariate analysis of the questionnaires on patients with different types of cancer.

### Cancer Networks

Through the efforts of staff in the regional component, state cancer networks have been established where no organization existed previously. The first network established created seven colposcopy centers around the state. Chaired by Adolf Stoff, M.D., of the Medical College of Wisconsin, the network has a dual purpose. First it enables physicians to diagnose and monitor cervical and vaginal abnormalities such as those induced in the daughters of women who took diethylstilbestrol (DES) during pregnancy. Second, physicians are able to spot other abnormalities on the cervix, alleviating the need for conization and saving money for the consumer.

The Head and Neck Cancer Network has eight member clinics and hospitals throughout the state and is open to others. Headed by James Brandenburg, M.D., '56, these ENT specialists are together planning the best methods of prevention, detection, diagnosis, treatment, rehabilitation and continuing care of head and neck cancer. These networks and others in the



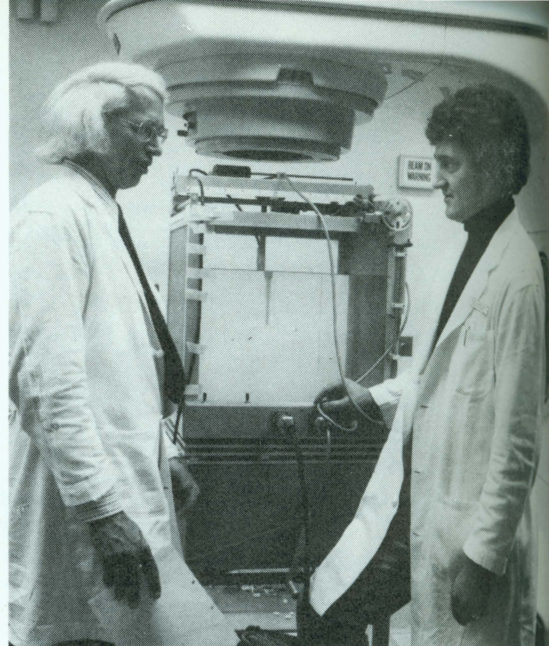
process of organizing, such as the colon-rectal cooperative cancer program, receive administrative support and coordination from the staff of the WCCC.

Also in this area the WCCC assisted the State Division of Health with their cervical cancer detection program, and helped establish the Wisconsin Council for Cancer Control. The organization has representatives from over 30 groups in the state interested in cancer, and serves as one of the committees of Gov. Patrick J. Lucey's Health Policy Council.

The regional staff also publishes a quarterly newsletter, *Cancern* in conjunction with 13 other cancer agencies in the state. *Cancern* attempts to speed communication between health professionals and agencies and ultimately benefit the public.

The Cancer Quest Line, originally a pilot project at the WCCC, is now part of the National Cancer Information Service, supported by the National Cancer Institute. The toll-free, 24-hour-a-day service is available both to counsel laymen and provide a consulting service between state physicians and those at the Center. A consulting service brochure is also available with individual listings of WCCC physicians and staff.

Cancer Information Service counselors also answer questions about health programs and services available



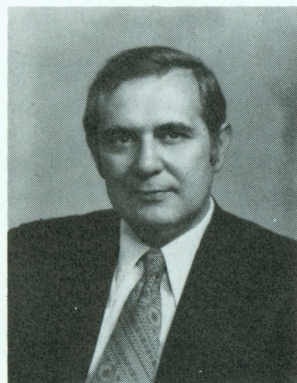
*Dr. William L. Caldwell (l.), director of the Radiation Therapy Center, and medical physicist Donald D. Tolbert, Ph.D. (r.) with University Hospitals' new "Clinac 18."*

in Wisconsin. By June, resource lists will be stored on a computer by county, so that counselors have easier access to requested information.

The Cancer Information Service number is: (800) 362-8038.

## *Dr. Paul Carbone to Head Clinical Oncology Division*

The July 1 arrival of Paul P. Carbone, M.D., as head of the Wisconsin Clinical Cancer Center's Division of Clinical Oncology and an associate director of clinical affairs for the Center successfully concludes the search for a medical oncologist of outstanding national reputation. The background and experience of Dr. Carbone, who also will be a professor of human oncology



and medicine, is extensive in the areas of clinical work, investigation and teaching.

Most recently he has been associate director for medical oncology in the Division of Cancer Treatment and a special assistant to the director of the National Cancer Institute's Division of Cancer Biology and Diagnosis in Bethesda, Md. He serves on the advisory board of two cancer journals and on numerous national societies and

organizations.

Since 1971 Dr. Carbone has been chairman of the Eastman Cooperative Oncology Group, a position he will continue after his move to Wisconsin. In 1972 he received the Albert Lasker Award for clinical cancer chemotherapy and was elected president of the American Society of Clinical Oncology. Dr. Carbone has published over 160 papers on a variety of clinical cancer problems.

Looking ahead to his plans for clinical oncology programs at Wisconsin, Dr. Carbone said:

"The clinical program will stress disease-oriented programs in breast, colon, bladder and GYN tumors and will involve intensive efforts in classification, staging and treatment protocols. The treatment effort will stress multimodality approaches since the greatest chance to improve cancer therapy will be a team approach. . . . In this approach the stress will be on a clearer definition of risk of recurrence and the application of effective systemic treatment combined with optimal local therapy with surgery and radiation."

A native of White Plains, N.Y., Dr. Carbone received his bachelor's degree from Union College in Schenectady and earned his M.D. in 1956 from the Albany (N.Y.) Medical College.



# The Post Doctor Is a Lady

An author, reserve colonel, landowner, huntswoman and family historian — that's Dr. Ann C. Fred, '51. But Dr. Fred is also the post surgeon who treats between 40-60 servicemen and servicewomen as well as DOA civilians\* at Arlington Hall Station, an army post located in Arlington, Va.

She's also the second woman doctor to be commissioned into the regular army.

"The dean of the medical school suggested we serve in the military or public health service after graduation and before going into private practice," the daughter of University of Wisconsin Emeritus President E. B. Fred was quoted as saying in a recent issue of the station's publication.

Dr. Fred joined the army and was first stationed at Ft. Lee, Va., as a general practitioner in the outpatient clinic. "My only trouble was I didn't special-

sioned the regular army's second woman doctor before being transferred to Fort Sam Houston, Texas for the Company Officer's Course."

After service in and out of the army, Dr. Fred spent 13 years in the Disease Information Research Center at Walter Reed, where she co-authored 42 pamphlets on exotic foreign diseases. A civilian staff member faced with a transfer into downtown Washington, Dr. Fred decided on the Arlington Hall job where 5,000 people needed a doctor.

The move also allowed her to stay in the historic area of Virginia where she was brought up and her family owned land. Her weekend retreat and eventual retirement home, Gritton Mills, originally belonged to her grandfather.

She oversees refurbishing of the house and takes an active interest in the 70 head of cattle, sheep and horses maintained by tenants and everything else that goes on. "I've always loved this country and am a Virginian at heart," Dr. Fred says.

Her land is steeped in a lot of history, family and otherwise. As a girl living with her grandparents and riding in the area "hunts," she recalls two local lads (one, another displaced Wisconsinite) who made it as generals. "Patton (Gen. George S.) lived close to my grandparents. And Gen. Billy Mitchell (born and buried in Milwaukee) lived there, too."

Dr. Fred's great-grandfather was in the mercantile business and raised horses. He raised Traveler for General Lee. "You know, he tried to get Lee to take Traveler as a gift but Lee refused, so he was paid."

Some of the most historic Civil War battles were fought on the family land and diaries tell how, in order to keep the land intact, her great-grandparents played the North against the South, intermittently feeding and watering one side, then housing the other.

The land and house are still there.

With an already active past, the doctor looks expectantly towards the future. Never having regretted anything she's done, nor even imagining anything she'd ever regret, Dr. Fred finds a challenge in everything she does.

"I don't understand how nowadays people have to have certain preconceived niches to enjoy life," she says.



Post Surgeon Ann C. Fred, M.D.

ize," she said. "You know, I thought I'd be a first lieutenant forever! A lot of my friends owned boats and kept offering to make me captain of their boat so I'd feel better.

"When my tour was up, I decided to take a residency in pediatrics at Walter Reed and was commis-

(\*DOA" in this case means "Department of the Army.")



# Your 1976 Board Candidates

The Wisconsin Medical Alumni Assn. nominations committee, comprised of past presidents, has presented the following list of candidates for president-elect and directors of the association. Biographies and, where possible, photos, are printed below to acquaint alumni with them.

A ballot will be sent to each dues-paying member

prior to the Annual Meeting on May 28. There will be provisions for "write-in" candidates. Ballots must be returned to the alumni office by the date indicated on the sheet if they are to be tallied and results will be announced at the annual meeting.

President-elect Hanno H. Mayer, '46, Milwaukee, will be installed as president at the annual meeting.

## For President-elect



*Bernard H. Kampschroer, M.D., '67*

Practicing radiologist, St. Joseph's Hospital, Milwaukee, Clinical Instr. Radiology, Medical College of Wisconsin. Native of LaCrosse, B.A. UW-LaCrosse, M.D. UW-Madison 1967. Interned Stockton, Calif. Radiology Res. St. Joseph Hosp., Milwaukee 1968-71. U.S. Navy 1955-58. Certified in radiology 1973. Class of '67 rep. Several time winner of Brown Derby for class activity in alumni fund. Mbr. Milw. Roentgen Ray Soc., Am. Coll. Radiology, Radiology Soc. N. Am. Married, 4 children. Hobbies: tennis, racquetball, flying.

## For Director (Elect Three)

*Dorothy Wittmann Betlach, M.D., '46*

Retired anesthesiologist in Janesville. Madison native, B.S. UW-Madison (Med. Tech.), 1942, M.D. in 1946. Interned, Oakland, Calif. Anes. Res. Ochsner Foundation Hosp., New Orleans (first woman fellow), 1947-48, UW Hosp., Madison, 1948-49. Certified Am. Brd. Anesthes. 1952. On staff St. Marys, Mdsn. Gen Hosps. with Madison Phys. Anesthetists, 1949-53; Editor Wis. Study Comm., Wis. Soc. Anes., 1950-58. Brd. Mbr., Wis. Soc. Anes. 1953-58. *Who's Who of Am. Women's* 1st. Ed., 1959. Brd. of Regents (chmn. 1973-74), Campion Jesuit H.S. Class Rep. since 1973. Married Eugene H. Betlach, M.D., '46. 4 children.





## *Ann Bardeen Henschel, M.D., '45*

Practicing anesthesiology in Milwaukee and Oconomowoc. Assoc. Prof. Anes., Medical College of Wisconsin, Milwaukee. Born Milwaukee, B.S. UW-Madison, 1942, M.D. in 1945. Interned Jersey City, N.J. Int. Med. res., Cornell U. 1946-47, Anes. UW Hosp., Madison 1947-50. Studied, practiced and taught in England. Practiced, taught in Sweden, Denmark, Canada, UW-Mdsn. Dipl., fellow, (Anes.) Royal Coll. Surg., England, Canada. Cert. Am. Brd. Anes. 1953, Am. Coll. Anes. 1962. On MCOW faculty since 1965. Practices at 3 Milw. hosps., Wood VA, Oconomowoc hosp.



## *John F. Brown, M.D., '51*

Practicing internist, Warner S. Bump Medical Group, Rhinelander. WWII veteran, B.S. from UW-Madison 1949, M.D. in 1951. Interned U. Texas Med. Branch, res. in gen. medicine, UW Hosp. Madison 1952-54. NIH fellow in cardiology, UW 1954-55, resch. cardiovascular lab, UW Hosp., 1955-56. In Rhinelander since 1956. Past Dir., Wis. Div., Am. Cancer Soc. Presently on Stated Med. Soc. Committee on Cancer.

## *John W. Doty, M.D., '65*

Practicing ophthalmologist with the Ashland Eye Clinic in Ashland. Native of Kenosha, age 41. Education at UW-Madison and UW-La Crosse, B.S., 1961. M.D. UW-Madison, 1965. Rotating Internship, San Joaquin County Hosp., Stockton, Calif. Residence in ophthalmology, UW Hospitals, Madison, 1966-69. Practiced at Dean Clinic, Madison, 1969-72. At Ashland Eye Clinic since March 1972. Diplomate, Am. Br. Ophthalmology. Fellow, Am. Acad. Ophthalmology and Otolaryngology. Currently president med. staff, Memorial Center in Ashland.

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## *Lou A. Raymond, M.D. '62*

In family practice with group, the Putnam Heights Clinic in Eau Claire. Associated with UW Post Graduate Medical Education Program. Native of Eau Claire. Attended UW-Eau Claire, BS UW-Madison. M.D., UW-Madison 1962. Interned Mdsn. Gen Hosp. Worked with Dr. John Grab, Sun Prairie, then went to Eau Claire to open practice. Member, Luther, Sacred Heart Hosp. med. staffs. Mbr., Wisc. Acad. Family Practice. Mbr. Regis H.S. Assn. 8 yrs., Mbr. school board 4 yrs. Began renovation of local park that initiated Eau Claire's "Sawdust Days". Married, 5 daughters. Hobbies: woodwork, handicraft, reading.





## ALUMNI NEWS

### Lustok to be Alumni Citation Recipient

Few persons have more devotedly supported our medical alumni association, our medical school and its activities than this year's Alumni Citation recipient. Association board member, president (1960), chairman of the eminently successful Middleton Memorial Library Fund Drive, co-representative of his medical school class, editor of the *Quarterly*, preceptor, chairman of undergraduate education for medicine at our affiliated Mt. Sinai Medical Center in Milwaukee. . . .

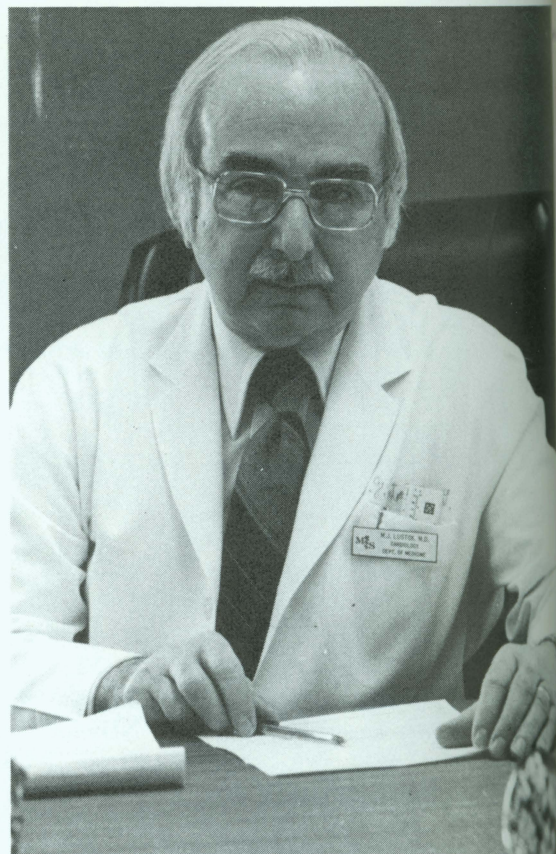
Such are the credentials of Mischa J. Lustok, M.D., '35, of Milwaukee, a man deeply proud of his profession and just as deeply in love with his alma mater, teaching, his family, skiing and muskie fishing . . . but not necessarily in that order.

When Mischa Lustok has something to say about medicine, teaching, the association or the *Quarterly* . . . and he usually does . . . people listen. The trim cardiologist with a subtle sense of humor speaks frequently of new ideas or compromise after hearing others, adding his experience and enthusiasm to the issue at hand.

While it may or may not be indicative of the above, after following in the previous footsteps of Drs. A. A. Quisling and Ken Lemmer in different jobs, Dr. Lustok accepted the president's gavel in May 1960 and said: "A pigmy can stand on the shoulders of a giant and see further."

An idealist who is very strong about his convictions, Mischa Lustok is a hard worker. Up at 5:30 each morning, he loves teaching and academics and contributes many hours to the Mt. Sinai program in addition to his private practice.

After an internship at old Wisconsin General in Madison and a residency at Denver General, he barely got started in practice in Milwaukee before going into service. He served from 1941-46, much of it overseas in England, in the European Theatre and as chief of medical service with the 114th General Hospital.



Mischa J. Lustok, M.D., '46

Returning a Lt. Colonel, Dr. Lustok published extensively in the area of clinical and research cardiology, was chief of medicine at Mt. Sinai, on the active staff of several other Milwaukee hospitals and taught medicine at Marquette.

Past governor for Wisconsin of the American College of Chest Physicians, a fellow of the American College of Physicians, he is a member of numerous other professional organizations. An excellent and provocative writer, several of his *Quarterly* articles have been reprinted by the *Milwaukee Journal* and other publications.

Alumni Recipient Lustok is a proud family man and grandfather for the seven grandchildren pretty evenly divided between daughters in Denver, Milwaukee and the Nation's Capital. At 63 he loves fishing, skiing, photography, travel and music.

And he hunts that "Lunker," the giant muskie in Northern Wisconsin, each summer as persistently as he does everything he loves . . . "with class."

Dr. Lustok will be the 18th Alumni Citation recipient since the Association initiated the award in 1959.



## Emeritus Faculty Honor to Dr. Albright

It was World War II service on the Philippine island of Leyte and contact with colleagues in the 44th General Hospital that convinced the young doctor from Iowa that there were good residencies and a future at Wisconsin. Dr. Edwin C. Albright, Harvard '40, acted on that conclusion in 1946 and has been in Madison ever since.

After 28 years on the UW medical faculty as a teacher, clinician, researcher, expert on diseases of the thyroid gland, chief of staff at University Hospitals, assistant dean and president of the Dane County Medical Society, Ed Albright retired last June and was quickly advanced to emeritus professor of medicine.

He will receive the association's 17th Emeritus Faculty Award in Alumni Day ceremonies in May, after having been voted to that honor this past winter by the board of directors.

The son of an Iowa City physician, Dr. Albright did his undergraduate work at the state university in his home town and earned his M.D. from Harvard. Post graduate training at Boston's Massachusetts General Hospital was cut short by the war and Dr. Albright joined Harvard's 105th General Hospital. It was on Leyte that he met the men of Wisconsin's 44th General Hospital and particularly the late Dr. Edgar Gordon, '32, who suggested he come to Madison.

There was a research fellowship that began in 1946 and then a residency at University Hospitals. He joined the medical school faculty as an instructor in 1948.

Certified by the American Board of Internal Medicine in 1948, our emeritus faculty award recipient was advanced to associate professor in 1955 and full professor of medicine (endocrinology) in 1960. He devoted his talents to both internal medicine and endocrinology, serving as teacher, physician and researcher.

His work in the diagnosis and treatment of thyroid disease included pioneering with several others at Wisconsin in the use of radioactive iodine as a treatment agent. It was announced in London in the summer of 1956 that Dr. Albright and three others at Wisconsin had discovered the occurrence of two new thyroid hormones in living tissue.



*Edwin C. Albright, M.D.*

"It's been a continuous process ever since," he told an interviewer when he was featured in the popular "Know Your Madisonian" column last May. "When we began in 1947, we were using T-14 (a small, temporary building) to store the iodine and literally had to run back and forth during treatment."

Now, University Hospitals can draw upon personnel and equipment in a nuclear medicine department.

Purposely not limiting himself to internal medicine, Dr. Albright felt there were disadvantages in becoming too highly specialized and that it might become possible for a person to become limited in his desire. As he neared retirement, Prof. Albright spent less time in research but continued teaching and rounding.

Dr. Albright takes great pride in his four sons who include a naval officer, a physician, an environmentalist and a limnologist. With his wife, Mary, he enjoys a summer cabin near the Brule River State Forest near Lake Superior.

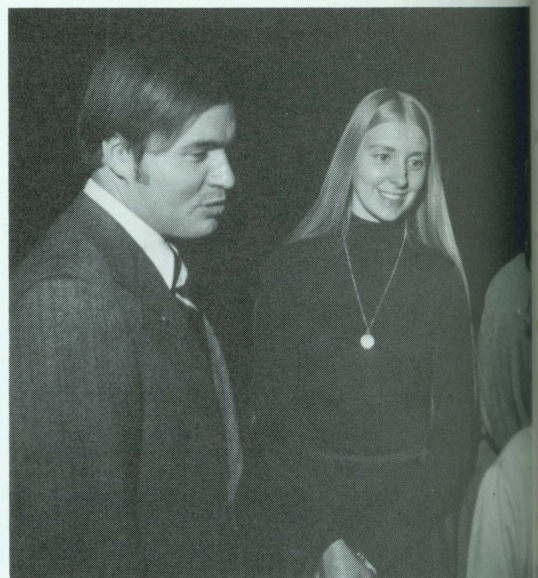
Ed Albright has served Wisconsin medicine well. This honor as Emeritus Faculty Award Recipient is well deserved.



# *It Was Milwaukee Gemeutlichkeit*



*It was true gemeutlichkeit ... or good fellowship together ... when the Wisconsin Medical Alumni Assn. held its winter meeting in Milwaukee on February 13. Over 75 alumni, spouses and guests heard Mrs. Jean Lindemann of the Milwaukee Museum and UW Medi-*



*cal School Dean Lawrence G. Crowley speak. (Above, left): Dr. and Mrs. Herbert W. Pohle, '38 (l.), greet Dr. Chester W. Long, '27. (Above, right): Over from Madison was senior medical student Jeff Kunz and his wife, Lauren. The social hour and dinner were held in the popular Cafe Rouge of the Pfister Hotel.*



*(Left): Alumni Board Member Frederick Lamont, '67, DePere (l.), and Dr. David Glassner, '53, Milwaukee, converse with Madison faculty members Dr. Robert Schilling, '43, and Dr. Leroy T. Brown, a new assistant dean.*

*(Left, below): Also in attendance at the Milwaukee meeting was the family of Executive Director Ralph Hawley. Here, Mrs. Nell Hawley (l.), daughter Yvonne and son Jason converse with Mrs. Bert Lustol Milwaukee.*



*(Below): traveling from the greatest distance on that cold winter day was Dr. Frederick W. Reichardt, '43, and his wife from Stevens Point. In the photo below, President Roger I. Bender, '43, Beaver Dam (l.), talks with his medical school classmate.*







(Above, Left): Dean Lawrence G. Crowley and Mrs. Chester Long, Milwaukee, meet at the appetizer table during the social hour. (Above, Right): Flanking Presi-

dent-elect Hanno H. Mayer, '46, are fellow Milwaukeeans Dr. and Mrs. Silas M. Evans, '36. Dr. Evans is a former member of the alumni association board.



(Above, Left): (L. to r.) Mrs. Frank Urban, Past President Lorron F. Thurwachter, '45, Mrs. David Glassner, and Dr. Frank H. Urban, '54, all of the Milwaukee area, are caught by our cameraman.

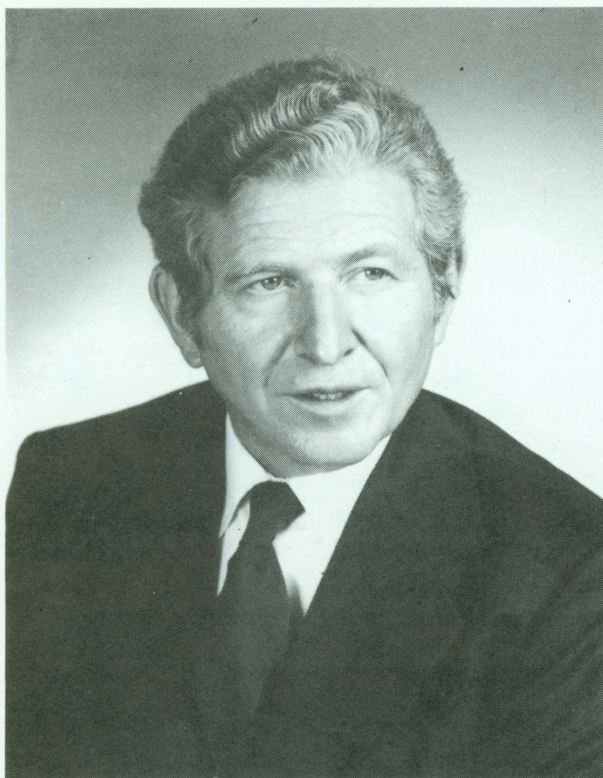


(Above, Right): Down from Sheboygan for the evening were Dr. and Mrs. David A. Werner, '53. Numerous out-of-town alumni and their spouses were in attendance.

(Right): Mrs. Betty Pohle (center) struck up a pre-dinner conversation with Dr. and Mrs. Edward A. Birge, Res. '36-42, Milwaukee.







Ben R. Lawton, M.D., '46

## Dr. Ben Lawton, '46, Appointed Regent

Dr. Ben R. Lawton, '46, president of the Marshfield Clinic, was appointed to the University of Wisconsin Board of Regents by Gov. Patrick Lucey on March 4. A past president of the Wisconsin Medical Alumni Assn. (1962), Dr. Lawton is a prominent health planning advocate and chairman of the State Health Policy Council. State senate approval of the appointment was expected to be swift.

In making the announcement, the governor said he was pleased with Dr. Lawton's acceptance because of the University's increasing role in delivering the best health care possible to every corner of the state. He noted Dr. Lawton was familiar with the necessity to get the job done with resources at hand and in a manner that minimizes waste and emphasizes efficiency.

The governor also cited Dr. Lawton's leadership in establishment of the Marshfield Clinic as one of the country's first health maintenance organizations with large rural coverage.

A general surgeon specializing in thoracic surgery, Dr. Lawton heads the clinic in Central Wisconsin that

serves a large area, carries on extensive medical research and has training programs for medical students, house staff and other health care personnel.

Dr. Lawton after graduating from Wisconsin in 1946 served an internship at the University of Colorado. He then took a one year residency at the Gunderson Clinic in La Crosse and continued at UW-Madison from 1948-52. He is a clinical professor at the UW Medical School.

Dr. Lawton, who is 53, is an Army veteran, a past president of the Wisconsin Surgical Society, a fellow of the American College of Surgeons, and a member of the American Thoracic Society, the AMA and the Milwaukee Academy of Surgery. He is married and the father of four children.

He succeeds Regent Mary Williams, Stevens Point, who resigned recently, and will fill out a term that expires May 1, 1977.

## May 28 Alumni Day Schedules are Set

The overall structure for our 1976 Alumni Day observance will pretty much follow the successful format of last year, according to plans as the *Quarterly* went to press in early April. Just as in past years, it'll be a jam-packed weekend of class reunions, seeing what's happened lately at the Medical School, honoring the emeritus and alumni recipients.

Class reunions are already planned for three groups on Thursday, May 27. Others among the classes that end in "1" and "6" will be held throughout the three day period, Thursday through Saturday . . . and maybe even one on Sunday, May 30! Much will end, however, with UW-Madison commencement on Saturday, May 29, when 134 seniors become the Class of 1976.

The *Quarterly* editorial board will hold its annual meeting at 3 p.m., Thursday, May 27, at the Edgewater. Then, all class representatives will meet with President Roger Bender and Dean Lawrence Crowley at the Edgewater to be briefed on alumni association and medical school happenings. Formal resolutions and informal opinions will be aired. After that, it's dinner with the spouses.



## Prof. Quillian R. Murphy, '48, Dies

Dr. Quillian R. Murphy, '48, professor of physiology and a UW Medical School faculty member for 27 years, died at his home in Madison on Feb. 8. He was 58.

Prof. Murphy during his tenure at Wisconsin taught medical and graduate students and conducted extensive research in the area of cardiovascular physiology.

A native of Birmingham, Ala., Dr. Murphy received his B.S. degree from Birmingham Southern University and his M.S. in zoology from the University of North Carolina in 1948. He had moved to Madison in 1940 and earned his Ph.D. in physiology from Wisconsin in 1946 before receiving his M.D. two years later.

Dr. Murphy became a fulltime faculty member after his graduation from medical school.

He is survived by his wife, Dr. Marion Estabrooks Murphy, '46, of Madison, and his mother, sister and brother, all of Birmingham. Burial was in Madison. The family suggested memorials to the Wisconsin Heart Assn.

One class will already be enjoying its reunion. The silver anniversary class of 1951 had a 3-5 p.m. get together in the 11th floor lounge at the McArdle Labs and then went over to the Ivy Inn for a social hour and dinner.

The new and popular "continental breakfast," initiated last year, will be served during Alumni Day registration Friday morning (May 28) in 224 S.M.I., beginning at 8:30. In addition to the traditional sweet rolls and coffee there'll be juices, regular hard rolls, some tables, chairs and a cafe atmosphere. At the same time downtown at the Edgewater, the spouses will breakfast together.

"The Future of Cancer Diagnosis and Therapy" will be the title of a morning scientific program after the progress and projection reports have been made by President Roger Bender and Dean Lawrence G. Crowley. Featured in the scientific program will be the new techniques of non-invasive diagnosis. Speakers will include Radiation Therapy Chairman William Caldwell and Medical Physicist Charles Mistretta.

Dr. Hanno H. Mayer, '46, Milwaukee, will be installed as president during the brief business meeting in the late morning and annual election results will be announced.

Then it'll be off to the Wisconsin Center on the lower UW-Madison campus for lunch. There'll be a brief informal program with the graduating seniors and their spouses or guests in attendance.

Alumni and their spouses will be free to do as they wish during the afternoon. Popular attractions will be shopping in Madison's many stores, the Memorial Union, walks along Lake Mendota, the Elvehjem Art Center and other campus facilities.

Annual banquet highlights in addition to awarding the Alumni and Emeritus Citations will include a skit by the senior class. Banquet activities begin at the Concourse Hotel downtown with a 6 p.m. social hour. Dinner commences about 7 p.m. The Class of 1976, the members' spouses, guests and parents will also attend the banquet.

Rooms have been reserved for alumni at the Edgewater Hotel and can be booked by alumni registering early.

Many alumni will stay over to observe the UW-Madison commencement Saturday morning, May 29. Some classes also will have reunion activities that day.

### Alumni Weekend at a Glance

Here's a summary of 1976 Alumni Day activities as the *Quarterly* went to press. Some of the entries are still tentative, however.

**May 27 (Thursday)**—*Quarterly* Editorial Board, 3 p.m., Edgewater Hotel. Class Representatives meeting with the Dean, Edgewater, 4 p.m., dinner with spouses afterwards at 7 p.m. Reunions: Class of '51, 3-5 p.m., coffee and chit-chat, 11th floor, McArdle Labs, then cocktails and dinner, Ivy Inn. Class of '41, cocktails, 6 p.m., followed by dinner, Concourse Hotel. Class of '46, cocktails and banquet, Edgewater Hotel.

**May 28 (Friday)**—8:30 a.m. Alumni Day registration, continental breakfast in 224 S.M.I. Alumni Day meeting at 9 a.m., 227 S.M.I., including Dean's report, scientific program, business meeting. Welcoming event, breakfast for spouses at Edgewater. Noon luncheon at Wisconsin Center with brief, informal program. Afternoon will be unstructured.

Evening social hour, Concourse Hotel, 6 p.m., banquet, program by Class of '76, awards at 7 and 8.

**May 29 (Saturday)**—UW-Madison commencement and reception in morning. Other class reunions.



# The Spring Meetings

Well over a hundred alumni, spouses and guests traveled from all points of Wisconsin to attend two spring meetings last month. Over 60 were in attendance at the March 11 session at the Left Guard Inn on the outskirts of Eau Claire and heard a presentation about the new family practice residency in that city. Dean Crowley also reported on medical school happenings and fielded questions from the audience.

Another 60 persons attended the March 18 meeting at the Carleton Motel between Manitowoc and Two Rivers. Associate Deans Bernard Nelson and Don Fullerton presented the medical school's program and answered questions at this gathering.

Because of bad weather a photographer could not attend the Eau Claire meeting; these pages are from the Manitowoc-Two Rivers gathering.



*Dr. George M. Simon, '44, Manitowoc, affixes a name tag to his wife's dress after they've just registered.*

*(Top, Left): Dr. and Mrs. Richard A. Van Driest, '62, Manitowoc, are about to sample the appetizers during the social hour at the Eastern Wisconsin Spring meeting. Looking on is Mrs. G. S. Custer of Marshfield.*

*(Bottom, Left): A trio who were enjoying each other's company before dinner was Dr. Robert N. Horswill, '68, Manitowoc, his wife, Nancy, and Dr. John Van Dries, '48, (r.) Sheboygan.*

*(Below): Dr. Norman C. Schroeder, '62, Manitowoc, has the attention of his wife, Judy, and Mrs. Helen Randolph, Manitowoc.*







(Left): Tablemates at dinner also happened to be classmates 33 years ago as Dr. R. M. Neesemann, '42, and past president G. S. Custer, '42, Marshfield, enjoy conversation with another alumnus. (Right): Associate Dean

Donald T. Fullerton (second from right), Madison, hears about local practice from (l. to r.) Drs. James Brasiliere, '62, Oshkosh, Gilbert H. Stannard, '46, Manitowoc, and James R. Plos, '61, Oshkosh.

(Right): Associate Medical School Dean Dr. Bernard Nelson (standing) ponders a question from the audience at the Manitowoc-Two Rivers meeting. Also shown at the head table are (l. to r.) Past President and Professor of Medicine Dr. Robert F. Schilling, '43, Madison; Mrs. Schilling; Associate Dean Donald Fullerton, Madison; and Mrs. William Randolph, Manitowoc.



(Bottom Right): Dr. William C. Randolph, '44, (center) Manitowoc, chairman of the meeting, and Alumni Executive Director Ralph Hawley review the inevitable ... the bill for the evening's dinners.

(Below): Colleagues Dr. Robert C. Randolph (l.) '41, Manitowoc, and James F. Hildebrand, '43N, Sheboygan, converse prior to the dinner meeting.





## Directors Vote to Postpone Retreats

The alumni/faculty retreats will be discontinued, work on the Middleton Fund is well under way, a slate of director candidates was accepted and Alumni Day plans were reviewed . . . these were the highlights of the Feb. 13 alumni association board meeting held prior to the Milwaukee winter gathering.

Past President Louis C. Bernhardt, chairman of an ad hoc committee on the annual retreat/seminar, reviewed the history, content and attendance at the past programs. Criticism focused on what appeared to be high costs compared to excursions offered by other professional groups. Dr. Bernhardt recommended discontinuance of the program and after discussion it was so voted by the board.

Dr. Herbert Pohle, '38, reported that 245 contributors have given \$15,812 to the William S. Middleton Fund, with the clinical arm of the Library as the project most favored by those responding. There also are many volunteers to help initiate a formal campaign. Dr. Pohle's committee invited additional responses and contributions. It also will prepare a progress report and begin activity on a capital fund drive, including advance gifts and organization on a national basis.

Past President Loron Thurwachter presented a nominations committee report (see pages 6-7) and candidates for president-elect and alumni directors. The slate was endorsed by the board.

Planning for three meetings was discussed. The May 28 Alumni Day plans were reviewed, as were those for the March 11 Eau Claire and March 18 Manitowoc-Two Rivers upstate sessions.

Mr. Hawley reported that there currently were 1,128 individual dues paying members of the alumni association and that 50 new life members had been processed. Close to \$100,000 from life memberships currently is invested with the University of Wisconsin Foundation with a portion of the annual income used to maintain membership services.

An interim annual giving report was also distributed, showing contributions running at a par as compared to last year at this time. A total of 441 contributors so far have given \$26,508 to the alumni fund.

Dean Crowley informally reported on recent Medical School developments including the untimely death of Prof. Q. R. Murphy, '48, physiology, and appointment of new chairmen in pediatrics and radiology (see stories elsewhere in this issue). He also announced the

appointment of Dr. Paul Carbone as professor of human oncology and medicine.

A record number of third year medical students dictates expansion of the statewide clinical campus. A good start has been made with the Gundersen Clinic, La Crosse, Mt. Sinai Hospital, Milwaukee, with contemplation of similar development in Marshfield. Student satisfaction has been high and the entire program has been done without state funding.

The dean also said the Department of Family Medicine and Practice hopes to expand from 51 to 63 residents, with growth including a program in Waukesha if state funding is obtained. Of the department's first 26 graduates, 22-23 will be practicing in Wisconsin, mainly in smaller communities.

He also said the Association of American Medical College's recent profile showed UW 11 in the nation in teaching load, below average in state support and with 4.5 student per faculty member as opposed to a mean of 3.5 for all schools.

In attendance were President Bender; Directors Kampschroer, Kunz, Lamont, Mayer, Russell and Thurwachter; Drs. Bernhardt and Pohle; Editor Lustok; Dean Crowley and Mr. Hawley.

## Dr. Nordby, '43, Cited by Med Society

Dr. Eugene J. Nordby, '43, Madison, received the State Medical Society's Council Award for "service of outstanding distinction to the public and to medicine," during the SMS Annual Meeting in Madison March 30. Dr. Nordby retires this year after serving since 1968 as council chairman.

Dr. Howard L. Correll, '35 Arena, SMS president, in presenting the award described Dr. Nordby as a major spokesman for Wisconsin medicine. As council chairman Dr. Nordby had been a judicious leader who served with patience, wisdom and integrity, Dr. Correll noted.

An orthopedic surgeon, Dr. Nordby served as president of the Dane County Medical Society in 1956. He was also vice-chairman of the council, an SMS councilor, and a society delegate.

A nationally recognized teacher of orthopedics, Dr. Nordby is a diplomate of the American Board of Orthopedic Surgery. He has served on the Board of Councilors of the American Academy of Orthopaedic Surgeons and in 1974-75, the Academy Board.



## Nine Classes Have Alumni Reunion Plans

UW Medical School classes from 1931 to 1971, whose years end in "6" or "1", will be holding reunions over the May 27-29 Alumni Day weekend. As the *Quarterly* goes to press, here are individual class plans:

**CLASS OF 1931**—No known plans at present. Any 31 alumnus who wants to get something going, please contact the medical alumni office.

**CLASS OF 1936**—Class Representative Silas Evans, Milwaukee, is planning a gathering.

**CLASS OF 1941**—Richard Shannon, Wausau, is planning a reunion for Thursday, May 27, at the Concourse Hotel. Cocktails (cash bar) at 6 p.m., dinner follows. More information to follow.

**CLASS OF 1946**—Drs. O. O. Meyer and Helen Dickie will share our get together, according to Gene and Dorothy Betlach, '46, Janesville. It'll be Thursday, May 27, at the Edgewater. Cocktails and dinner. More details will follow to classmates.

**CLASS OF 1951**—Headquarters is the Ivy Inn, say Don Schuster and Bob Samp, Madison. Thursday, May 27, get together, 11th floor, McArdle Lab lounge, 3-5 p.m. Buffet gourmet eats and cocktails at the Ivy Inn afterwards. Possible Saturday golf, lunch at Lake Windsor Country Club.

**CLASS OF 1956**—Robert Schmidt, Elm Grove, the class representative, hasn't divulged their plans yet.

**CLASS OF 1961**—A get together and dinner is being planned for Thursday, May 27, according to Class Rep. Ken Oberheu, Dayton, O. Local coordina-

tor is Andrew McBeath, Madison. Class members will be receiving a letter shortly.

**CLASS OF 1966**—There are no known plans at present. Since '66 is without a class representative, a volunteer is needed to initiate a reunion. Please contact the medical alumni office if you'd like to plan a class of 1966 gathering.

**CLASS OF 1971**—Class Representative Daniel C. Leicht, New York City, as yet has not announced any reunion plans.

In addition to the above, arrangements have been made for each class to sit together at the annual banquet Friday night, May 28.

## Medical Student is Wendt Recipient

A first year UW medical student, John Noon of Wattertown, is one of two students in health care fields who are benefiting from scholarships honoring a deceased alumnus. Noon is a recipient of a Dr. F. A. Wendt Scholarship, established by long-time patients and friends of Dr. Wendt, '32, who served the Jefferson county area for many years. Dr. Wendt died at Johnson Creek on Aug. 30, 1974. The other recipient is a nursing student at Pacific Lutheran University, Tacoma, Wash.

## Alumni Dates

**Alumni Day, Friday, May 28, 1976** — A bit later this year. Commencement follows next day. Class reunions scheduled for '31, '36, '41, '46, '51, '56, '61, '66, '71. Members of these classes who haven't heard of planned activities by mid-February should contact their class representative!

**Sun City, Ariz.**, first Saturday morning of each month, Greenway Restaurant. Wisconsin medical alumni breakfast together.

**Specialty groups** — This section will be run in each issue. We invite alumni organizing get-togethers at regional and national meetings to publicize their planned gatherings of Wisconsin medical alumni.

## Back 'Quarterly' Copies Available

A limited number of copies of the Fall 1975 *Quarterly* are available free of charge to alumni who wish additional copies as mementos. The issue contains the eulogy and news of the death of Dean Emeritus William S. Middleton along with two pages of Middleton photos over the years. Individual copies will be sent by return mail while the supply lasts.

Also available is a limited supply of back *Quarterly* issues dating to the Summer of 1974. If you need a particular back copy to complete your *Quarterly* files, indicate the proper issue in a note to: Associate Editor, Medical Alumni *Quarterly*, 1301 University Ave., Madison 53706.



## ALUMNI CAPSULES

**Dr. Ellen Rae Crabbie Norton, '56**, is a medical missionary at Machakos, Kenya, where she supervises dispensaries and bush safaris. She is a mother of six, according to a note that arrived too late for the class newsletter, and her husband is station superintendent and a teacher at Scott Theological College in Machakos.

□

**Dr. John C. McCarter, '32**, Port Townsend, Wash., recently sent *Quarterly* editors a special section of the *Seattle Times* that announced an addition to Swedish Hospital Medical Center there. He pointed out that "one of our boys who made good" there is internist **Dr. James B. Bingham, '37**, a member of the Swedish board of trustees.

□

Local news sources over the past several months have reported numerous Wisconsin physicians who have been named fellows of the American Academy of Family Physicians. Known to be included are the following alumni:

**Drs. David R. Downs, '57**, Dodgeville; **Herbert A. Dasler, '44**, Amery; **John K. Hoyer, '60**, Rice Lake; **Eugene Krohn, '59**, Black River Falls; **Lloyd L. Fifrick, '38**, Elm Grove; **Jewel S. Huebner, '38**, Oshkosh; and **Robert Wheaton, '55**, Burlington.

□

Recently promoted to professor of clinical pediatrics and psychiatry at the Yale University School of Medicine, New Haven, Conn., is **Dr. John Schowalter, '60**. He also has been appointed to the editorial board of *Pediatrics*.

Six alumni have joined the medical staff at Lutheran Hospital, La Crosse, in the past year. They include **Drs. Thomas P. Lathrop, '69**, an internist; **David D. Norenberg, '70**, an internist; **Thomas C. Norris, '74**, an Onalaska family practitioner; **Barry E. Olson, '67**, an anesthesiologist; **Marilyn Rymer, neurology Res. '72-75**; and **Robert A. Rymer, ophthalmology Res. '72-75**.

□

**Dr. Willard Huibregtse, '33**, Sheboygan, in October delivered his 3,829th ... and last ... child



*Willard Huibregtse, M.D.*

since beginning practice in that city 42 years ago. He then gave up the obstetrics portion of his family practice to concentrate on other areas.

□

**Dr. Lloyd M. Baertsch, '56**, has established a 4-man family practice group in the Hayward Medical Center Building, opened in 1969 by two dentists and himself

in that Northern Wisconsin community. His other activities include the Academy of Family Practice, medical politics and horse breeding.

□

"I'd appreciate calls/contacts from any and all friends or enemies visiting the Palm Springs (Calif.) area," added **Dr. Raymond H. Ten Pas, '49**, to the Alumni Directory Questionnaire. He's an anesthesiologist.

□

**Dr. Thomas Steinmetz, '72**, Germantown, has joined Medical Associates of Menomonie Falls, a northwest Milwaukee suburb. He interned at St. Luke's Hospital, Milwaukee.

□

Presently completing his third year of internal medicine training at Maricopa County General Hospital, Phoenix, Ariz., is **Dr. Jeffrey P. Jaffe, '73**. He will be returning to UW Hospitals, Madison, in September 1976 as a fellow in hematology.

□

**Dr. Thomas M. Kivlin, '60**, recently was elected president of the medical staff at Mercy Medical Center, Oshkosh. Another alumnus, **Dr. James H. Barbour, '46**, Green Lake, is chairman of the surgery department.

□

The Milwaukee Psychiatric Hospital recently announced that **Dr. Daniel T. Peak, '59**, former director of Duke University's Center for Aging since 1972, has joined its attending medical staff.

□

**Dr. S. Lawrence Kaner, '56**, is in general practice in a group at Two Rivers. He also is city health officer and a physician for nuclear plants in that city on the shore of Lake Michigan.



Two 1948 classmates have joined the department of family practice at Deaconess Hospital, Milwaukee. They are **Drs. Roland R. Liebenow** and **John A. Palese**. Dr. Liebenow is a fellow in the AAFP, a member of the Aerospace Medical Society and the Assn. of Life Insurance Medical Directors. Dr. Palese is an associate clinical professor in preventive medicine at Medical College of Wisconsin, Milwaukee.

□  
**Dr. Lewis Chamoy, Res. '68-71**, has opened the practice of surgery of the hand in Milwaukee. He has joined the department of surgery at Deaconess Hospital after completing other residencies in Denver and Honolulu.

□  
Leaving private practice in September 1973, **Dr. Curtis C. Knight, '56**, Rio Piedras, Puerto Rico, joined the Veterans Administration medical staff. He presently practicing anesthesiology and medical administration.

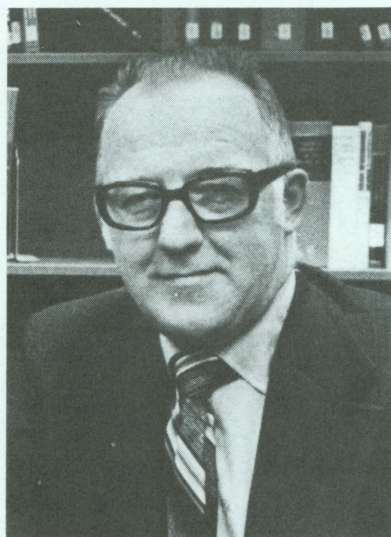
□  
**Dr. James R. Kimmey, '61**, Madison, former administrator of the Wisconsin Division of Health and Policy Planning, in December announced the opening of a national consulting firm for health care planning. His firm will seek contracts with health care planning agencies and other groups.

□  
**Dr. Karl H. Beyer, Jr., '43**, West Point, Pa., in November was presented the \$10,000 Albert Lasker Special Award for 1975 with three Merck Sharp & Dohme research colleagues. They were cited for "pioneering leadership in creating a new spectrum in medications — the thiazide diuretics and, specifically, chlorothiazide — for the control of high blood pressure and of edema associated with

cardiac failure." Dr. Beyer retired as senior vice president in charge of research two years ago.

□  
**Dr. Earl T. Kaske, '59**, Monona, was elected treasurer of the South Central Chapter of the Wisconsin Academy of Family Physicians, it was announced in December.

□  
**Dr. David J. Noll, '49**, Madison anesthesiologist, in January was



*David J. Noll, M.D.*

elected chief of staff at St. Mary's Hospital Medical Center.

□  
In busy private practice at Cheyenne, Wyo., is **Dr. Thomas J. Gasser, '69**. He recently was certified by the American Board of Orthopedic Surgery.

□  
**Dr. Edward J. Barylak, Res. '71-73**, has joined the Manitowoc Clinic after completing a fellowship in hematology and oncology at the Mayo Clinic. He is certified by the American Board of Internal Medicine.

□  
In September **Dr. Mary E. Wilson, '71**, became a clinical instruc-

tor in medicine at Harvard and a staff member in infectious diseases at Mt. Auburn Hospital, Cambridge, Mass. Her active past year included working at the Albert Schweitzer Hospital in Haiti and a trip to China after completing a two year infectious disease fellowship at Beth Israel Hospital.

□  
**Dr. Carl Olson, '69**, Glendale, has been named chairman of radiation oncology at St. Mary's Hospital, Milwaukee. He recently completed a three year fellowship in radiation oncology at University Hospitals, Madison.

□  
Recently elected vice president of the board at the Gundersen Clinic, Ltd., La Crosse, was **Dr. Edward L. Perry, '46**. Also on the board are **Drs. Robert W. Ramlow, '43**, **William A. Kiskien, Res. '58-63**, and **John D. Swingle, '56**.

□  
**Dr. Frederick L. Paulsen, '69**, has joined the medical staff of the Marshfield Clinic. An anesthesiologist, he was chief of that service at the U.S. Naval Hospital, Naples, Italy, before returning to Wisconsin. He is a La Crosse native.

□  
Wisconsin pathologists late last year elected **Dr. Dean M. Connors, '52**, Madison, president at a meeting in Milwaukee.

□  
**Dr. David C. Riese, '68**, an anesthesiologist, in January was elected president of the medical staff at St. Clare Hospital, Monroe. A Monroe native, he was a Madison medical technologist before entering medical school.

□  
Joining the Monroe Clinic in that city was **Dr. Melvin S. Blumenthal, Res. '69-71**, cardiologist.



Dr. Blumenthal recently served at the Army's 130th General Hospital, Nuremberg, Germany.

□

**Dr. Mary Beth Jones Tasker, '56**, is in the private practice of ophthalmology in Sacramento, Calif., and is an assistant clinical professor at the UC-Davis Medical School. She and her husband, an aerospace engineer, are the parents of three children.

□

New 1976 medical staff officers at Memorial Hospital, Sheboygan, include **Drs. James L. Weygandt, '56**, vice president, and executive committee members **Allen Misch, '52**, **Paul Bassewitz, '41**, and **Martin Rammer, '59**.

□

The Sheboygan Medical Society elected **Dr. Robert A. Keller, '58**, president, and **Dr. Henry J. Winsauer, '40**, vice president and president-elect, at its November 20 meeting.

□

Psychiatrist **Edward L. Green, '56**, Los Angeles, Calif., has had recent activities that include consultant to the National Institute of Mental Health, the American Public Health Assn., and the American Assn. of Private Psychiatric Hospitals. Last year he traveled in Scotland and England.

□

Chairman of otolaryngology at the Gundersen Clinic, La Crosse, **Dr. John E. Clemons, '62**, has been elected president of the Wisconsin Otolaryngology Society. He takes office this month.

□

A 1931 alumnus, **Dr. Clement F. Cheli**, was honored at a "Dr. Cheli Day" recently in Columbus, where he served the community for 43 years. He interned at West

Suburban Hospital, Oak Park, Ill., and moved to Columbus in 1932.

□

**Dr. Albert Fisher**, La Crosse, was named a fellow in the Academy of Psychosomatic Medicine at the group's annual meeting in New Orleans.

□

**Dr. Merle L. Brose, '46**, Madison, is the current District 10 commander of the U.S. Power Squadron, overseeing 12 squadrons of pleasure boaters in parts of



*Merle L. Brose, M.D.*

Wisconsin, Minnesota and Michigan's Upper Peninsula. The University Health Service physician and UW medical faculty member continues a busy schedule with meetings and boating courses on evenings and weekends.

□

Milwaukee otolaryngologist **Dr. Charles J. Finn, '43**, in December was elected to a one year term as president of the medical staff at Deaconess Hospital. His residencies were served at the University of Oregon and the VA Hospital, Wood.

□

**Dr. William W. Storms, '68**, after completing an allergy-im-

munology fellowship at UW Hospitals, Madison, last fall joined Allergy Associates Clinic in Colorado Springs, Colo. His major activity includes the private practice of allergy and immunology with some time spent in search and teaching.

□

From Santa Rosa, Calif., **Dr. Richard Wallrich** reports in the **Class of 1956** newsletter that three other alumni near his village are in that area. They include orthopedist **Fritz Born, '57**, radiologist **Sid Miller, '58**, and urologist **Don Van Giesen, '58**.

□

**Dr. Harry Kniaz, '66**, resigned as director of the Child-Adolescent Center at the Mendota Mental Health Institute and began the private practice of child psychiatry in Madison last November. He passed the boards in general psychiatry in January.

□

After retiring as chairman of physiological chemistry last year, **Dr. Philip P. Cohen, '38**, has been visiting professor of biological chemistry at the UCLA Medical Center in Los Angeles the past three months.

□

**Dr. Lyle R. Wendling, '68**, completed his diagnostic radiology residency and then a nuclear radiology fellowship at the University of Minnesota last June. In July 1975 he joined the radiology staff of the Sacred Heart Medical Center, Spokane, Wash., where alumnus **Dr. Clyde Stevenson, '34**, is also a staff member.

□

Another 1934 alumnus, class representative **Dr. Judah Zizman**, has been appointed clinical professor of radiology at the New York University Medical School. In Oc-



tober he was guest lecturer in Madison at the post graduate medical education program on geometric and computerized tomography.

□

**Dr. Anthony Richtsmeier, Res. '46-49**, clinical professor of medicine at UW, recently was featured in the Sunday *Wisconsin State Journal* "Know Your Madisonian" column. In practice in Madison since 1951, he chaired the committee to establish the first coronary care unit at Madison General Hospital.

□

In the practice of internal medicine, hematology and medical oncology in Woodland, Calif., **Dr. Robert C. Edmondson, '54**, still is teaching on a volunteer basis at Univ. California-Davis and medical students from there coming to the Woodland Clinic.

□

From San Clemente, Calif., **Dr. Edwin T. Bishop, '38**, wrote that he retired from general practice at the age of 62 in January of 1975, is in excellent health and is now "living"!

□

**Dr. Gene F. Armstrong, '53**, a Racine radiologist, has been named president of the medical staff at St. Catherine's Hospital in that city. Board certified in Roentgenology, radium therapy and nuclear medicine, Dr. Armstrong interned in Madison and served his residency at Affiliated Hospitals, Kansas City, Mo.

□

**Dr. Leo V. Kempton, '50**, has moved to La Crosse from the Chicago area and has joined the staff of the Gundersen Clinic-La Crosse Lutheran Hospital. After an internship in St. Paul, Dr. Kempton fulfilled his residency in psychiatry in Illinois.

Enjoying a busy private practice in Cincinnati since 1972 is **Dr. Milton B. Lambert, '64**, who was inducted into the American Academy of Orthopaedic Surgery at New Orleans in January. He also teaches at the Cincinnati Medical Center. After an internship in Cincinnati, Dr. Lambert did Air Force duty and a residency at Duke University. He welcomes old friends passing through the area.

□

**Drs. Alois M. Bachhuber, '32**, and **George L. Boyd, '33**, retired Kaukauna physicians recently were honored for their medical services to the area. Dr. Bachhuber served the community for 36 years, retiring in 1972. Dr. Boyd began his practice in 1935 and retired last year. Instrumental in the building of the city's hospital, Dr. Boyd remains as president of the hospital board.

□

**Dr. Nicholas Geimer, '63**, last year joined **Dr. Howard Dubner** and another physician in partnership (Hematology Associates, Ltd.) in Wauwatosa, specializing in hematologic and malignant diseases. Dr. Dubner was a UW Hospital hematology fellow, 1972-74.

□

The Milwaukee Academy of Medicine in January elected **Drs. Sanford Mallin, '57**, as president, and **Richard D. Fritz, '54**, as president-elect.

## Necrology

We regret to report the following alumni deaths:

**Dr. Helen Binnie Zank, '11**, in Madison, Feb. 3, 1976

**Dr. George H. Anderson, '16**, in Spokane, Wash., Aug. 20, 1972

**Dr. Arthur M. Moll, '19**, Grand Rapids, Mich., Dec. 14, 1975

**Dr. John E. Haberland, '22**, in Milwaukee, Dec. 15, 1967

**Dr. Mary Howe Pope, '24**, in Evanston, Ill.

**Dr. Didrick Sannes, '27**, in Madison, March 6, 1976

**Dr. I. R. Birnbaum, '29**, Akron, Ohio

**Dr. Samuel D. Zuker, '29**, in Toledo, Ohio, Dec. 14, 1970

**Dr. Norman N. Fein, '30**, Little Rock, Ark., Jan. 1, 1976

**Dr. Herman S. Hendrickson, '31**, Solvang, Calif., in Aug. 1975

**Dr. Adrien H. Scolten, '31**, Portland, Mr., in Hendersonville, N.C., March 21, 1976

**Dr. Archie H. Tax, '32**, in Milwaukee, Feb. 16, 1976

**Dr. John R. Smith, '34**, St. Louis, Mo., Jan. 5, 1976

**Dr. Ralph G. Rohner, '36**, East Orange, N. J.

**Dr. Quillian R. Murphy, '48**, professor of physiology and a faculty member since 1942, in Madison, Feb. 8, 1976 (see story elsewhere)

**Dr. Ronald L. Uecker, '58**, Wausau, in Chicago, Nov. 8, 1975



# Medical School Admissions – The Other Side of the Coin

BY KELLY H. CLIFTON, Ph.D.  
Assistant Dean, Pre-Medical Affairs

Some 15,000 young people will receive happy news from at least one American medical school this year. But more than twice as many applicants will not. In fact, the average member of this 30,000 or more will suffer through the receipt of seven letters of rejection. The U.W. Medical School alone will send about 400 such letters this year to resident applicants and 1,000 to non-residents.

Many of these rejected applicants will contact admissions offices for advice. More will seek counsel from advisors at their undergraduate colleges. Virtually all will turn to their families for emotional support and counsel. What can be said to – or done for – these disappointed applicants? What choices are there? Is reapplication a reasonable choice?

The answers, of course, depend on the reasons for rejection – academic deficiencies, non-cognitive factors, or commonly, both. Reapplication is reasonable only if these deficiencies can be identified and corrected. Clearly, the good candidate who was rejected for entry to medical school at the end of the junior undergraduate year should reapply for entry on graduation. One who sat for the medical college admissions test (MCAT) before completion of all usual pre-medical courses, or who was ill during the examination, and so did poorly, but who otherwise appears to be a good candidate should be encouraged to prepare, retake the examination, and reapply. Those few who through misunderstanding or poor counseling had not fulfilled specific pre-medical course requirements should be encouraged to do so and try again.

Counseling those rejected for non-academic reasons is more difficult. Time to mature, gain experience and examine one's motivation for desiring to enter medicine is often the best prescription.

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*(Editor's Note—This is the third in a series on major issues that face medical school admissions committees as they seek to equitably form the classes of future physicians at Wisconsin and other schools. Prof. Clifton wrote about high grades and MCAT scores and about the female candidate in the past two issues.)*

In short, only those who can present a second application significantly better than that which was rejected should be encouraged to reapply. The statistics on the success rate of reapplicants (nationally, one admitted out of every four) indicate that it is most often difficult to achieve such improvement. One should keep in mind the cost in time, the postponement of other goals, and the possible trauma of a second round of rejections.

What should the most common rejectee – the student with good but not outstanding academic credentials, pleasant but not outstanding personality, experience and background – do? What paths are open?

Whatever the choice, it should be made after reflection and analysis of both the career choice and the applicant's aims. For example, graduate study toward an advanced degree in biological sciences – probably the most commonly stated plan – is a good choice for relatively few. This decision is most frequently made with the conscious or unconscious intent to reapply to medical school (see above), without considering the realities of the practice of science as a career. It thus may represent a desire to avoid facing the fact of rejection. The service-oriented people-related motivation of many pre-medical students can often better be satisfied by non-research oriented careers.

In considering alternatives, schools of nursing, pharmacy, and allied health professions which admit the majority of their students before completion of the bachelor's degree should not be excluded. Some of these have special programs for those with a bachelor's degree. The possibilities for service and self-satisfaction in teaching, law and business should be examined, as well as those in dentistry, clinical psychology, optometry and podiatry.

The trauma suffered by medical school rejectees could be greatly reduced if every pre-medical student had an acceptable career alternative in mind from the outset. Alas, the pressures of a career-oriented society, of ambitious families, and of youthful exuberant, often unrealistic optimism most often outweigh the cautions of college advisors. Would that undergraduate education could be recognized by all as preparation for life first, and less importantly as preparation for admission to professional training.



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## MEDICAL SCHOOL NEWS

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*The following is the opinion of the author, and is not intended to represent the policies or opinions of the U.W. Medical School administration or faculty.)*

BY KELLY H. CLIFTON, Ph.D.

The **Fallacy of Inverse Empathy** — the thesis which holds that empathy is inversely related to academic performance — that the straight A student must have much less capacity for sympathy than the B student, in-

and the athlete runs again. Direct action by X leads to positive response by Y which feeds back to yield satisfaction to X.

At the long-loop end of the scale are those who derive greatest pleasure from setting and reaching long range goals which often involve no others. Action, intermediate steps, reaction and satisfaction are intensely personal. The payoff — the ultimate reaction — makes the process of the intermediate steps enjoyable

An Essay:

# *The Fallacy of Inverse Empathy* *vs* *The Theorem of Long and Short Loop Feedback*

...eed must possess humanity titers near zero — is based in part on the assumption that excellent performance in science courses indicates at best a dedication to the practice of science to the exclusion of all else, and at worst a grade-preoccupied freak.

This assumption is also likely responsible for the lack of wide-spread recognition of the **Theorem of Long and Short-Loop Feed-Back (TSLSLFB)** amongst those who deal with pre-medical students and medical school applicants. Simply stated, the TSLSLFB holds that on a feed-back requirement scale from short to long, the frequency distribution of undergraduate science students is not necessarily dependent on academic ability and is bimodal, i.e. might look like that in the accompanying chart. A corollary is that the position of the individual in this distribution should play an important role in career decisions.

Short-loop feed-back people derive their greatest satisfactions from rapid responses to their actions. And most usually, this takes the form of individual human responses to their individual and beneficial interactions with people. The acutely ill person responds to penicillin overnight, the perfect baby is born to joyous parents after a difficult pregnancy, the set bone heals

in themselves. But unless the person is long-loop by nature, that is, finds the ultimate reaction in and of itself worth the time and effort, the process would be — well, deadily dull.

Scientific research is at the heart an esthetic process. It is the personal sense of beauty in recognition of a relationship in nature not seen before — a rare event — that is the pay-off of the scientific long loop feed back system.

The importance of the TSLSLFB to those who deal with pre-medical students and medical applicants — particularly unsuccessful applicants — is that rarely are short-loop people happy in or good at long-loop careers, or vice versa. There are many short-loop careers other than primary care medical practice — many not even remotely related to health care — which may be more appropriate for short-loop people than are long loop alternatives.

To return to the **Fallacy of Inverse Empathy** — if a student is good in science course, doesn't this suggest a long-loop feed-back personality? No, although it surely doesn't exclude it. The excellent student of art history and appreciation may be a poor painter indeed, and be less than interested in becoming a good



one. The ceramic chemist may not be able — or wish — to throw a pot, though his knowledge is essential to his career. Similarly, scientific knowledge is essential to a short-loop medical career.



By no means does this imply that scientists cannot be good physicians, or physicians good scientists. We all know of outstanding examples. But that's it. They tend to be outstanding. The medical school applicant who expresses the desire to practice family medicine in a rural community and do molecular biological research on the side is not likely to be numbered among them.

Finally, the scale of the chart is divided by letters. The author suspects that most successful and happy family practitioners, pediatricians and other primary care physicians in private practice, as well as nurses and physical therapists, would fall between points A and B. Internists and surgeons would be bimodally distributed from B to D, with the academics toward the latter. Most pathologists and radiologists would fall near D, and most non-clinical scientists between D and E. It is not clear to the author where deans and admissions personnel would fall.

## Drs. Ruzicka, Segar Named Chairmen

Dean Crowley earlier this year filled two important medical school departmental chairmanships by selecting Dr. Francis F. Ruzicka, Jr., to head radiology and Dr. William E. Segar to lead the pediatrics department.

Dr. Ruzicka, the new radiology chairman, is a professor and has been associate chairman since joining the UW Medical faculty in 1973. Prior to coming to Madison he was acting chairman and clinical professor

of radiology at the New Jersey College of Medicine and Dentistry from 1964-67.

His other activity was in New York where he was rector of radiology at St. Vincent's Hospital and Medical Center from 1950-73, associate clinical professor of radiology for four years and then clinical professor until 1973. He also attended the department of radiology at New York University Hospital, 1968-73.

After receiving his bachelor's degree at Holy Cross College in Massachusetts, Dr. Ruzicka earned his M.D. at Johns Hopkins in 1943. He interned at University Hospital in Baltimore and later served both a residency and a fellowship in radiology at the University of Minnesota, 1948-49. He was certified by the American Board of Radiology in roentgenology in 1947 and in radiology in 1951.

He served at the University of Minnesota's Cancer Detection Center for a year and also was an instructor and roentgenologist at University of Minnesota Hospitals from 1949-50.

Dr. Ruzicka's honors include past secretary-treasurer, vice president and president of the New York Roentgen Society, an honorary member of the Rocky Mountain Radiological Society, listing in "Who's Who in the East" and an honorary degree from Holy Cross College.

Dr. Ruzicka succeeds Dr. John H. Juhl, Res. '46, as chairman of Radiology. Dr. Juhl, who stepped down in January, will remain on the faculty.

Dr. Segar, the new pediatrics chairman, has been a full professor and faculty member since 1970. He has been acting chairman of the department since Dr. Charles Lobeck left UW to become dean at the University of Missouri last year.

An Indianapolis native, the 52-year-old chairman has both his B.S. and M.D. (1947) from the University of Indiana. After an internship at the Indiana University Medical Center, Dr. Segar served a one year pediatrics residency at Illinois and his final two years in Indiana. A fellowship in pediatrics followed at Yale in 1951-53.

After military service Dr. Segar joined the Indiana medical faculty as assistant professor in 1955. He rose to full professor in 1963 and from 1967-70 was professor of pediatrics at the Mayo Clinic and Mayo Graduate School of Medicine at Minnesota before coming to Madison.

Dr. Segar is a past president of the Midwestern Society for Pediatric Research and a member of over a dozen professional societies. He has been a member of the faculty senate and council both at Indiana and Wisconsin, chairman of the committee to develop a cur-



riculum for the freshman year at Mayo and chairman of Wisconsin's utilization and audit committee and its ad hoc committee on affiliated programs.

## Colleagues, Students Cite Dr. John Juhl

Hundreds of Wisconsin-trained radiologists throughout the country were responding to plans that honored Dr. John H. Juhl, Res. '46-49, at a testimonial dinner in Madison on April 3. In addition to the dinner, the committee was soliciting funds to support a John H. Juhl Visiting Professorship of Radiology.

Dr. Juhl, who retired as chairman of radiology at UW in January, continues as professor and will participate in the activities of that department at Madison. The dinner was held at the Wisconsin Center with a social hour, followed by dinner.

Alumni and colleagues wishing to contribute to the professorship may still do so by sending their checks to the John H. Juhl Professorship at the UW Medical Alumni Assn. offices.

Committee members who planned the event were Drs. Paul R. Bolich, Int.-Res. '70-74, La Crosse; Andrew B. Crummy, Res. '58-61, Madison; Robert F. Douglas, '55, Neenah; Timothy T. Flaherty, Res. '63-66, Neenah; Marvin L. Hinke, '55, Marshfield; Andrew M. Lucas, Res. '69-72, Wisconsin Rapids; and Mary Ellen Peters, '67, Madison.

## Residence Hall Named After Dr. Bradley

It'll be "Harold C. Bradley Hall" after this — not Elm Drive A residence hall at UW-Madison. UW System regents at their February meeting approved the name change, honoring the late emeritus professor of physiological chemistry and pioneer member of the medical school faculty.

Dr. Bradley, a faculty member from 1906-48, died at his California home Jan. 4, 1976, at the age of 97. He was also a well-known skier, conservationist, founder of the UW Hoofers and a member of the Madison Sports Hall of Fame. Another building on campus, Bradley Memorial Hospital, was donated to the university by the Bradleys in honor of a deceased child.



*Present when a bronze replica of the 1975 Nobel Prize medal and other Stockholm momentos of Laureate Howard M. Temin (center) were put on display in the Capitol Feb. 23, were Wisconsin Lt. Gov. Martin Schreiber (l.) and UW-Madison Chancellor Edwin Young (r.). Medical School faculty member Temin received the Nobel Prize in medicine and physiology for his cancer research.*

## Continuing Medical Education Calendar of Events

### April 30, 1976—"Peripheral Vascular Disease"

The Wisconsin Center, Madison. Recent advances in evaluation, treatment of vascular disorders for the family practitioner. Fee \$45, includes lunch.

### May 14-16, 1976—Spring Meeting of the Midwest Sports Medicine Club

The Abbey Lodge, Lake Geneva, WI. Membership fee \$5, Conference fee \$100, includes banquet and two breakfasts.

### Sept. 23-24, 1976 — "Estrogen and the Pill"

### Sept. 30-Oct. 2, 1976 — "A Seminar-Workshop on Mammography"

### Oct. 1-2, 1976 — Annual Optometry Conference

### Oct. 8-9, 1976 — "Practical Aspects of Cardiac Pacing for Primary Care Physicians"

### Oct. 16-17, 1976 — Autumn Meeting of the Midwest Sports Medicine Club

### Dec. 3-4, 1976 — A Seminar-Workshop in Radiology, topic to be announced

(\*All conferences offered by the UW-Extension Department of Continuing Medical Education are accredited by the AMA for Category I credit.)

For further information on any of these offerings contact Dennis M. Day, #456 WARF Bldg., 610 Walnut St., Madison 53706 (608-263-2860).





A \$12,180 gift to assist further research on the role of hormones in regulating cholesterol metabolism in tumors was presented by the Damon Runyon Cancer Fund and the Grand Order of Eagles last month to Dr. Stanley Goldfarb (second from left), Pathology. The grant will specifically support the fellowship of Dr. Alva Mitchell (left). Making the presentation were Eagles officials Judge Leander Foley (with check), Milwaukee, and Duane Busby, Madison.

## First UW PA Class in Junior Year

This college class is an unusual one. It is the first in a brand new degree program to train a new breed of health professionals.

Although all the students began the program last fall, they are classified as juniors working on a bachelor's degree. Yet one has a Ph.D. and half already are college graduates. They range in age from 20 to 46.

They are the UW-Madison's first class of physician assistants.

They are being trained to work as physician assistants, lightening the physician's load of basic patient care duties. This includes such jobs as taking medical histories, doing preliminary physical examinations, identifying patient problems, and assisting in performing technical procedures.

One of the most important things they are taught, according to the program's medical director Dr. Sigurd E. Sivertson, '47, is "to know their limitations and at what point the physician must be involved." By doing all this successfully, they can help solve the shortage of physicians in parts of the state.

Concern about this problem was what led the legislature to establish the program. A law passed at the end of 1973 gave UW-Madison instructions to put a physician assistant program together and graduate the first class by 1978. That deadline will be met a year early, as the first class will graduate in 1977.

Besides beating the legislature's deadline, the program has been an economical one to establish.

"Additional tax dollars were not necessary to develop any new courses for the freshman and sophomore years of the program with one exception," Dr. Sivertson said. "That exception was an introductory course in medical terminology and emergency care, which is taught specifically for any student who might

be interested in becoming a physician assistant. This course is important, for it lets undergraduate students know that the physician assistant career track exists," he said.

The physician assistant program utilizes courses taught in the schools of medicine, pharmacy, nursing, education, agriculture and life sciences and letters and sciences. This means the physician assistant students learn alongside students in other health disciplines.

According to Patrick Runde, director of the physician assistant program, this reflects the "team approach to the delivery of health care."

"We want to train various kinds of health professionals together so they will work together later," he said.

The program also meets another goal. It makes it possible for many people to change careers without starting over as college freshmen. Take, for example, Larry Goetz, one of the 19 students in the UW-Madison's first class of physician extenders. Like half his classmates he already has an undergraduate degree.

"When I first came to college I majored in animal science, mainly because I was from a rural area and didn't know what I wanted to do," Goetz said.

While in school he worked part time at University Hospitals as a nursing assistant and found that he liked the work. When he graduated he got a job as a laboratory technician at the Madison VA Hospital. Like many of his classmates, he enjoyed being in the health field, but wanted more direct contact with patients.

He took further courses at the UW whenever he could fit them in, with an eye to someday getting into a physician assistant type job. And, when the UW-Madison's program was ready to go last fall he was qualified to enter as a junior.

Goetz, who was raised near the western Wisconsin community of Norwalk, said he wants to get back into a rural area when he gets out of school. His wife is a teacher and could probably find work elsewhere in the state.



Both to encourage students to stay in Wisconsin when they graduate and to give them training with physicians in communities, the fourth year of the physician assistant program will be a preceptorship.

On March 4 a meeting was held with physicians doing primary care in Wisconsin to plan for the first preceptorship. Wisconsin physicians are familiar with this idea because of long experience with the preceptorship for medical students, the oldest one in the country. The physician assistant preceptorship will use this as a model.

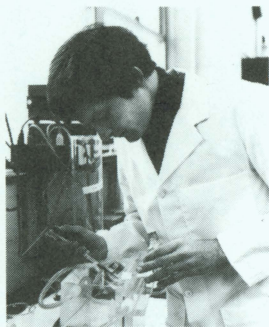
"I think the whole program can best be summed up by saying that the University is really doing its part to meet the health manpower needs of the state," said Dr. Sivertson. "And we're doing it by building on what we already have."

## Romnes Fellowship to Prof. Dahlberg

Prof. James E. Dahlberg of the Medical School's department of physiological chemistry, was one of seven younger faculty members to be awarded \$25,000 H.I. Romnes Faculty Fellowships to help support their research at UW-Madison.

Dr. Dahlberg has conducted technically innovative studies in the detailed structure of nucleic acids. His research has led to new and important insights into mechanisms of transcription and translation of genetic messages. A faculty member since 1969, he received his Ph.D. from the University of Chicago.

The Romnes Fellowships are made possible through funds provided by the Wisconsin Alumni Research Foundation (WARF) and honor the late board chairman of American Telephone and Telegraph Co., a Stoughton native and UW alumnus.



## UW Hospitals Opens Minimal Care Unit

A minimal care unit was opened earlier this month by University Hospitals as part of efforts to help reduce health care costs for patients. The unit is designed for patients not critically ill who can take their

meals in the cafeteria, walk to treatment areas, keep their rooms neat and be otherwise self-sufficient.

The result will be a 40% saving on the current typical \$84 per day hospital room cost. Recent remodeling included new lounges and other facilities. The first minimal care patients are those receiving cancer therapy but administrators expect the unit shortly will be used by other patients in the near future.

## Dr. Cowan is First Woolsey Lecturer

Dr. W. Maxwell Cowan, nationally-known anatomist of the nervous system from Washington University, St. Louis, delivered the first Woolsey Lecture in Neuroscience on March 3. "Errors and Error Correction in the Nervous System" was the title of his presentation, in the Sallach Auditorium.

The lectureship was established last year to honor Dr. Clinton N. Woolsey, emeritus professor of neurophysiology, upon his retirement after 42 years on the Medical School faculty. A renowned research neurophysiologist, Dr. Woolsey was elected to the National Academy of Sciences in 1960. The Woolsey lectureship program will bring distinguished speakers in the neurosciences to the Madison campus each year.

## Physicist Holden is Picker Scholar

Physicist James E. Holden, of the department of radiology, in February was named a Picker Scholar for his work on computer applications in nuclear medicine and won for the UW Medical School a 4-year grant totaling \$40,000 from the James Picker Foundation to support advances in radiology research and education.

During the award period, Dr. Holden will work to develop improved detector instruments which include small computers to provide physicians with better images on which to base their diagnoses and treatment.

Dr. Holden joined Radiology's Medical Physics Division as an assistant professor in 1974. He has his Ph.D. from the University of Pennsylvania, Philadelphia.



# COLUMNS AND EDITORIALS

## Subject — A Word of Many Meanings

BY ROGER I. BENDER, M.D., '43  
PRESIDENT

**BEAVER DAM** — "A subject, a subject, my kingdom for a subject . . ."

"Subject"—a word of many meanings.

You are my "subjects while I am in the presidency. As your leader, I have tried to accomplish tasks as you would have if the positions were reversed. I have tried to make our alumni association an organization which is productive and helpful to the University of Wisconsin medical graduate. The association needs your mental, physical and financial support.



To send a check or pay dues or admit openly we are graduates of the University is not enough. We must not rely only on a few to promote our university and society. Think positively how you in your area can sell the remarkable merchandise we have to offer.

To be subjective, as a group we have varied specialties, interests, and geographical locations and must face the responsibilities essential to the longevity, stability and good public image of our association. Here, I feel, too few of us are willing to take the time and effort to sacrifice ourselves on the altar of service. I hope to have stimulated your interests so you can make the alumni association a worthwhile supporting group. This demands your assistance and sustained efforts to keep our school a healthy, stable "top of the heap" educational institution.

Subjects are also categorized themes for education. We must communicate with the medical student so he or she will know the problems of practical medicine. We must be in the position to work with and for the faculty in promoting programs for the student and for the continuing education of ourselves. Last but not least, we must maintain intra-society programs for solving our problems.

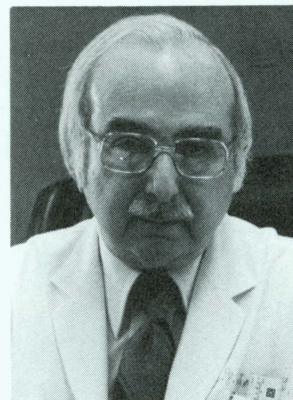
As subjects of the University of Wisconsin Medical Alumni Association we must be subjective in teaching the subjects with objectives for our subjects.

## A Few New Classes are in Order

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

**MILWAUKEE** — Admittedly, a major goal of medical schools is to educate medical students to a level of competence in the delivery of medical care. It is obvious to this observer that recent medical school graduates are lacking in many skills and attributes essential to successful medical practice.

The curriculum planners are hard pressed to contain



the scientific explosion within the prescribed four year program. Nevertheless, there are subjects which must be taught in medical schools, even at the expense of curtailing some technical material in order to properly prepare the young physician for medical practice in his community.

Here is an abbreviated list of some of the essential courses which should be included in the medical school catalogue, and a brief description of their contents:

**MEDICAL FORMS I**—How to fill in boxes with number of visits, reason for the visits, what was done, when it was done, why it was done, and whether it or anything similar to it was ever done before.

**MEDICAL FORMS II**—How to list all diagnoses in four words, how to find the proper code number with 4th and 5th digit variables, and how to interpret the conversion factors in relative values.

**BUSINESS ADMINISTRATION**—An all inclusive survey of office overhead, personnel practices, record keeping, billing and trying to



collect, housekeeping, and surviving the Monday sick leaves.

**POLITICAL SCIENCE I**—How to comply with government regulations on licensure, withholding, Keogh retirement, industrial compensation, unemployment compensation, property inventory, and PSRO and other regulatory agencies.

**POLITICAL SCIENCE II**—An advanced course in political action intended to gain legislative influence for the medical profession comparable to the chiropractic. Labor union organization and tactics are explored. Bureaucracy upmanship is introduced.

**HOSPITAL MANAGEMENT**—How to get things done on a week-end, and how to get things done in general. How to certify the need for hospitalization other than stating that the patient is sick. How to keep the administrator from practicing medicine without license.

**MEDICAL JURISPRUDENCE I**—How to treat your patient and avoid the malpractice hazards without ordering all the remotely available tests and X-rays. How to get informed consent impervious to legal challenge.

**MEDICAL JURISPRUDENCE II**—The advanced student will learn how to differentiate between treatment failure, patient non-compliance, malpractice, unrequited anger at the size of your bill, paranoid neurosis, covetous attorneys, omnipotence and immortality.

**PUBLIC RELATIONS I**—How to explain to your patient that his insurance policy does not cover all medical costs, and when his contract lists non-allowable charges that it does not mean that you have committed an unwarranted act. How to convince the patient that the insurance he bought is his and not yours.

**PUBLIC RELATIONS II**—How to convince the public and press that there are at least some other reasons why you became a doctor besides making money. How to be recognized for skillful performance and dedicated service without being locked in on an omnipotent obligatory father image, traditionally expected to give but not receive.

**INTROSPECTION I**—How to read novels, do photography, play tennis, ski, fish, bicycle, jog,

play golf, write columns to let off steam, and when the pressure gets a bit too much get away from it all, including the telephone, and travel.

**INTROSPECTION II**—How to get back into the swing and continue to be the best doctor you can possibly be, with all your energy and all your resources, simply because you chose medicine as a way of life and committed yourself to the covenant of a physician.

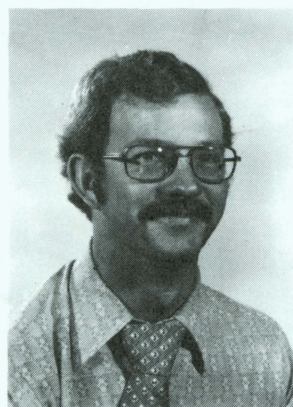
These courses could be offered to the senior students only, when they had reached the point of no return.

## Anatomy of the Intern-Resident Matching

BY DALE L. REID, '76  
SENIOR CLASS PRESIDENT

**EAU CLAIRE**—It is an unproven fact that sales of minor tranquilizers rise the first of March in medical centers and drop after the tenth of the month. The reason, of course, is announcement of the results of intern and residency matching activities. One little envelope represents the culmination of lots of hard work and ranks up there with being born and admission to medical school.

The announcement tells where and with whom the next two to seven years of life will be spent. Perhaps, the remainder of it. What has the current fourth year student done to choose a particular program?



The initial hurdle for most of us was the decision of **what** to be. The selection processes is a mixture of scientific analysis, whims, salesmanship and basic gut reactions. It has been fun to watch ardent family practitioners-to-be become seduced by the excitement and challenge of surgery, or see others decide on a specialty we as Med I's did not know existed. There are those who knew they were going to be an orthopedic surgeon, for





example, from the time they were still in diapers. I feel they have missed something by not having to make the decision.

A tough decision it is, too. I found myself spending hours in discussion with classmates, residents and friends weighing the pros and cons of the myriad of specialties presented to us. Then, for no sound reason, one field begins to emerge as the front runner.

The next decision is where to train. The location is of no importance to some, the reputation of the program is all important. Others experience disappointment after paging to the "Colorado" section of the *Approved Residencies Manual* to find the program in Vail has not gotten off the ground yet. The majority realize family, friends and the love for a particular area weigh heavily in our selection.

To apply to and rank a program without an interview at the hospital is unthinkable to me. My experiences during two preceptorships made it clear even two months at a location is a relatively short time to evaluate the true quality of the faculty, staff, city and people. We are expected to make an intelligent decision based on a one-half day visit.

Next we must formulate our infamous rank-order list. Despite pretenses of being analytical, most of us have a "feeling" about where we would be happiest. We have asked ourselves questions like: What was the hospital like? Was it raining when the plane arrived? Did I feel comfortable there?

We prepare and submit our match list with some last minute hesitation and drop it into the mailbox. Few of us realize all our work and worry is paralleled by those who read the applications, see us for a moment and then make as arbitrary a decision as we do.

Finally, the computer will start crunching and matching in a final attempt to give a scientific air to a ridiculously imprecise process. It is an attempt to give justification to a powerful sheet of paper which will make us laugh with relief or cry with disappointment.

As the Med III's wander through the student lounge wondering about the big commotion, we will be adjusting to our future and pause to think of the past four, eight and 25 years. I, for one, would not have traded it for the world.

## The Dean's Corner

BY LAWRENCE G. CROWLEY, M.D.  
DEAN

MADISON — As I drafted this column, members of our senior class were anxiously anticipating results of the first post graduate year national matching program exercise. With varying degrees of calmness, confidence and resignation they realized that their fate was in the hands—or mind—of HAL, the giant computer of 2001 fame and that there was little more that they could do about it other than to silently grind their teeth and bemoan another computer takeover and depersonalization of their lives.

However, the computer provides distinct advantages for all of us and for the students in particular.



this instance it has brought some rational order into what was previously a rather chaotic process.

Formerly, in many respects, it resembled the seamy side of the recruitment process for potential college athletes. The residency program around the country and large measure have cooperated fully with the new system and the unethical

proselytizing which provided advantage to the few and disadvantage to the many no longer exists except in rare instances.

Our students were quite pleased with the results which were announced on Wednesday, the 10th of March. A trend first noted two or three years ago towards a greater interest by graduating classes in pursuing careers in the primary care specialty areas of family medicine and practice, general internal medicine and pediatrics continues this year. This is a good sign for the future of our health care system. I am hopeful that an in-depth analysis of the career selections of our students will be the subject of a future article in the *Quarterly*.

As this goes to press, we are still unclear as to the amount of state appropriations that will be made available for the continued expansion of the Department of Family Medicine and Practice. We have requested an additional appropriation of \$312,000 to enable the department to continue its planned development at a modest pace.



We wish particularly to bring to fruition the long planned opening of the new Northeast Clinic which will become the major ambulatory care training center for the Madison based residency program, including the initiation of education activities for medical students and some allied health students. The appropriation will also allow opening of a new site for an affiliated 12-resident program in Waukesha which is ready to start in July 1976 and to permit preliminary planning for one additional site. We hope the final news will be good.

William E. Segar, M.D., professor of pediatrics and former acting chairman of the department, was appointed chairman of the department; and Francis F. Ruzicka, M.D., professor of radiology and former associate chairman, was likewise named chairman of radiology. He replaces Dr. John Juhl who relinquished the post after a long and distinguished career as chairman. Dr. Juhl will remain very active in the department.

I am hopeful that many of you will be able to return for the festivities of Alumni Day and graduation on Friday and Saturday, the 28th and 29th of May. We are planning an interesting program and I shall be looking forward to seeing you.

## The Madison Clinical Campus Revisited

BY LOUIS C. BERNHARDT, M.D., '63  
MEMBER, EDITORIAL BOARD

MADISON — I suppose this column completes the full circle from student, resident, staff, assistant dean, alumni board member and president of the alumni association to the transcriber of notes and ideas.

As this issue prepares for press I have pondered Mr. McNary's article in the Fall *Quarterly* entitled "Statewide Clinical Campus Will Help Us Set the Pace". Indeed, the concept is sound and thus far its implementation successful. Mt. Sinai, Marshfield and La Crosse are certainly not rural centers as indicated, but are hubs of medical education where students and post-graduates (interns and residents) alike can learn at excellent clinical centers.

Notably overlooked—or perhaps not as yet categorized with respect to its

position in this scheme—is the vast educational resources (of patients, facilities and clinical faculty) which exist at the back doorstep of the University Health Sciences Center. The three community hospitals in Madison (St. Mary's Hospital Medical Center, Methodist Hospital and Madison General Hospital), whose combined educational budget is of the magnitude of \$1.4 million now teach students in the second year (physical diagnoses), third year (obstetrics-gynecology) and fourth year (medicine, surgery, pediatrics and anesthesia and certainly not least, family practice).

In addition, internship and residency programs in just about all specialties are represented throughout the Madison community hospitals. The responsibilities to the Health Science Center are well recognized by the clinical staff who give of themselves so selflessly in teaching these young men and women. Their time, skills and participation complement the fulltime professors at the University to the extent that the product is physicians who have been exposed to the "academic" and "private" sector of medicine. This product is our future alumni and our future strengths.

As a corollary, the Health Sciences Center has a profound responsibility to the community physicians and facilities. Rather than setting up direct and counter productive competition, the Center must foster the cooperative venture of mutual respect and concern that will lead to an improved environment in which our future alumni will glean "the best of both worlds."

The clinical faculty—some of whom are alumni—teach 12 months per year without salary and at times without proper recognition. Their expertise, interest and participation should not go unheralded, for without them, many clinical campuses would be but bricks and mortar. The Wisconsin Medical Alumni Association salutes you, the clinical faculty of a clinical campus!

The statewide clinical campus of Dr. Cooke, Mr. McNary and the administrative wing of the Health Sciences Center begins in its own back yard . . . Madison. As the mandate of 200 students per year becomes a reality, full bilateral discussion of educational issues will make our alumni aware of the medical center's concern for cooperative growth, increased productivity and clinical faculty's role in the maturing process of our young physicians.





## The BOAC Peanut Butter Tour

BY BERNARD i. LIFSON, M.D., '49  
MIDWESTERN CORRESPONDENT

Oh, Robert Morley—You've done me sorely,  
Your British Tour I did take.  
You never mentioned peanut butter nor  
chicken soup nor cake . . .

**SKOKIE** — Much has been written of the psychopathology of separation anxiety in children. I should like to elaborate upon this phenomenon by sharing a case history of a mother and her over-reaction. I shall discuss her behavior and psychological responses to her own anxiety. Papers have been written about her two previous experiences dealing with her sons leaving

for college. A third paper has dealt with her short term cure of a dog phobia. In this paper I should like to examine the premise of **PEANUT BUTTER** as a cure for separation anxiety in mothers.

Since this mother's history is so well known I shall not repeat it. Her second son, Ed, applied

for his sophomore year of college at the Institute of European Studies in Paris. Initially, our patient did not become anxious since she did not believe he would be accepted. Normally, students apply in their junior year. Her son took full responsibility in applying, contacting the necessary people and having his high school and college transcripts forwarded. This degree of independence was such a shock to her that any anxiety associated with his actually leaving was totally repressed. Only her husband's reassurances helped her to cope. The husband's source of strength was the fact that tuition, room and board and air fare were \$2,000 less than the cost of an American college.

In Paris, Ed was assigned to the home of a French woman. His letters only referred to her as "Madame." The more he wrote of his Madame, the more anxious our patient became. Madame would awaken early, run out for fresh warm croissants for Ed, prepare his breakfast and then leave for work. Madame would return in



the evening and in 30 minutes prepare a seven course meal with wine. Since the kitchen is a woman's main, she would not allow him to wash dishes or clean up. She felt it her duty to keep his room in order.

By this time our patient's anxiety was at such a level she began exhibiting bizarre behavior. She made frantic calls to travel agents, BOAC, Air France, TWA, Icelandic and even Lichtenstein. There were no tours. People travel to a warm climate in January, not to Europe. Eventually she was able to find 10 people throughout the entire U.S.A. to fill a BOAC chartered plane leaving from New York. The weight allowance was 44 pounds per person.

Having been told by well meaning friends that peanut butter and popcorn were unobtainable in Paris, our mother quickly purchased 20 pounds of peanut butter, 10 pounds of popcorn, four quarts of chicken soup (net weight 8 pounds), chewing gum, chocolate candy bars, life savers and some good old fashioned American breakfast rolls. This came to 70 pounds. She pondered how to fill the remaining 18 pounds. Her husband reminded her of the clothing, toiletries and other articles necessary for a two week trip. Her suggestion was that they wear all the necessary clothing and stuff the rest in their pockets.

The flight was uneventful but somewhat uncomfortable with three changes of clothing and stuffed pockets. Ed met his parents at the airport. His mother thought he looked pale and peaked. His father thought he had gained 10 pounds and never looked so good.

Since his mother felt he so badly needed the pampering she had brought, it was decided they go to his house directly from the airport. Besides, our patient could no longer control her curiosity in meeting "Madame." They arrived with light heart and heavy suitcases only to find he lived on the top floor of a six story walkup. After three flights the father developed oxygen debt and had to sit on the steps. Ed's mother began faltering when he casually mentioned that Madame at 52 can skip up and down the steps like a 15-year-old. At this point Clarice grabbed two suitcases and bounded up the remaining three flights. The father trudged slowly behind.

We entered a comfortable apartment, warm and friendly. Ed's room was 6 feet by 4 feet with a bare overhanging light bulb. An army cot was his bed and a cardboard closet stood in the corner, a small desk placed under a window. At last we could understand Ed's rapturous descriptions of his room in his letters. This was Utopia-paradise regained.

With great pride he showed us the rest of the apartment and introduced Steve, another student who



lived at Madame's. He, too, looked healthy and happy. Suddenly the bell rang. It was Madame returning from work. She was a very attractive, intelligent, warm woman and very smartly dressed. To make matters worse she had just bounded up six flights of stairs, her arms filled with packages of food purchased at the evening market and she wasn't even short of breath. Madame spoke only French, so Ed was our interpreter.

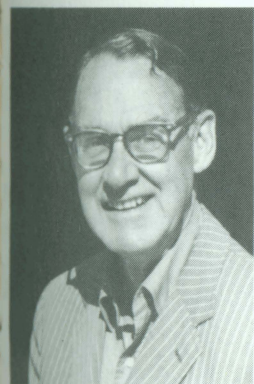
When Clarice thanked her for her kindness to Ed and the good care she had taken of him, I started to say, "But I thought ..." when her heel jammed my toe.

## Wisconsin in California

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

**LAGUNA NIGUEL** — It is easy for a California columnist to write news about the U.W. people who have sent letters and items from **elsewhere** in the U.S. This seems to occur five or six times as often as the arrival of local news from Californians. The reasons are not clear—local modesty, lack of time, deferment, laziness? It is fortunate that the Cal people who write seem to do interesting or exciting things.

Examples of the extra-Cal letters: The loss of **Dr. Middleton** last Fall brought a great series of letters from long-time friends.



**Karver Puestow**, '22, of Madison kept us up-to-date about events, and he was obviously very proud of his two well-merited (and overdue) honors — **Helen Dickie**, '37, told a few stories of Dr. Mid's enjoyments in teaching. **Mrs. Middleton** wrote of the great general kindness of hundreds of

Hospital in Philadelphia, the Henry Ford Hospital in Detroit), was grateful for news, though sad, and told of his delight in new post-op vision and travel.

A surprising U.W. contact was a meeting with **Dr. Donald Smith**, Dept. of Microbiology, in Atlanta. This was strictly chance, a dividend, due to both of us being guest-consultants at a U.S.P.H.S. meeting at C.D.C. last spring.

A follow-up piece of news with a U.W. Medical Center connection came from the "Hopital du Dr. Albert Schweitzer" in West Africa. (It was noted last year that a bust of 'Le Gran Docteur' has been located in the University of Wisconsin Hospitals lobby.) First, the "bad news" was that the 'Hopital' would have to close after years of great service, due to lack of funds. Then the "good news" was that the country of Gabon will join with the Foundation to continue the hospital and all its good work.

All California physicians hope that the terrific new load of liability insurance can be lightened. At least one former U.W. Med. has a special reason. **Jim Neller**, '39, orthopedic surgeon (as well as writer, versifier, and sculptor), has chosen to retire from practice in Los Angeles—and we hope that it is temporary.

**Dave Treweek**, '29, (2 years), and then Northwestern, has moved south from Los Angeles to Mission Viejo; it is inland from the ocean about six miles and is very pleasant. Dave was one of the first residents in anaesthesia of the great **Ralph Waters**, 1930 to '32. Dave moved west to go into practice with Dr. Guedel, and retired in 1969 ... He has been a conferee of **Harold Younggreen** of Los Angeles, who was U.W. Med. 1941, and a partner of the late **Stanley Edwards**, U.W. Med. 1935 and resident in medicine ... Dr. Waters "Went The Other Way," southeast, and lives in Orlando, Florida.

This Inquirer sped out to Hawaii for a holiday and maybe to get U.W. news. We spent our time on the Big Island (Hawaii) - no U.W. M.D.s, nor many others. Then Maui—a retired surgeon, Joe Robinson, who was once a senior partner of the now famous L.A. chest surgeon **Bert Meyer**, 1946-49 (surg. Res.). Then Oahu—there are 16 Wisconsin-Hawaiian M.D.s, but we got there only as far as the huge airport. **Someone** should make a survey of Honolulu, someone who lives there.

Again, we ask for news notes from and by U.W.-California alumni.

(Editor's Note: Doctor Oatway may be contacted at 146 Monarch Bay, S. Laguna, CA 92677.)



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