

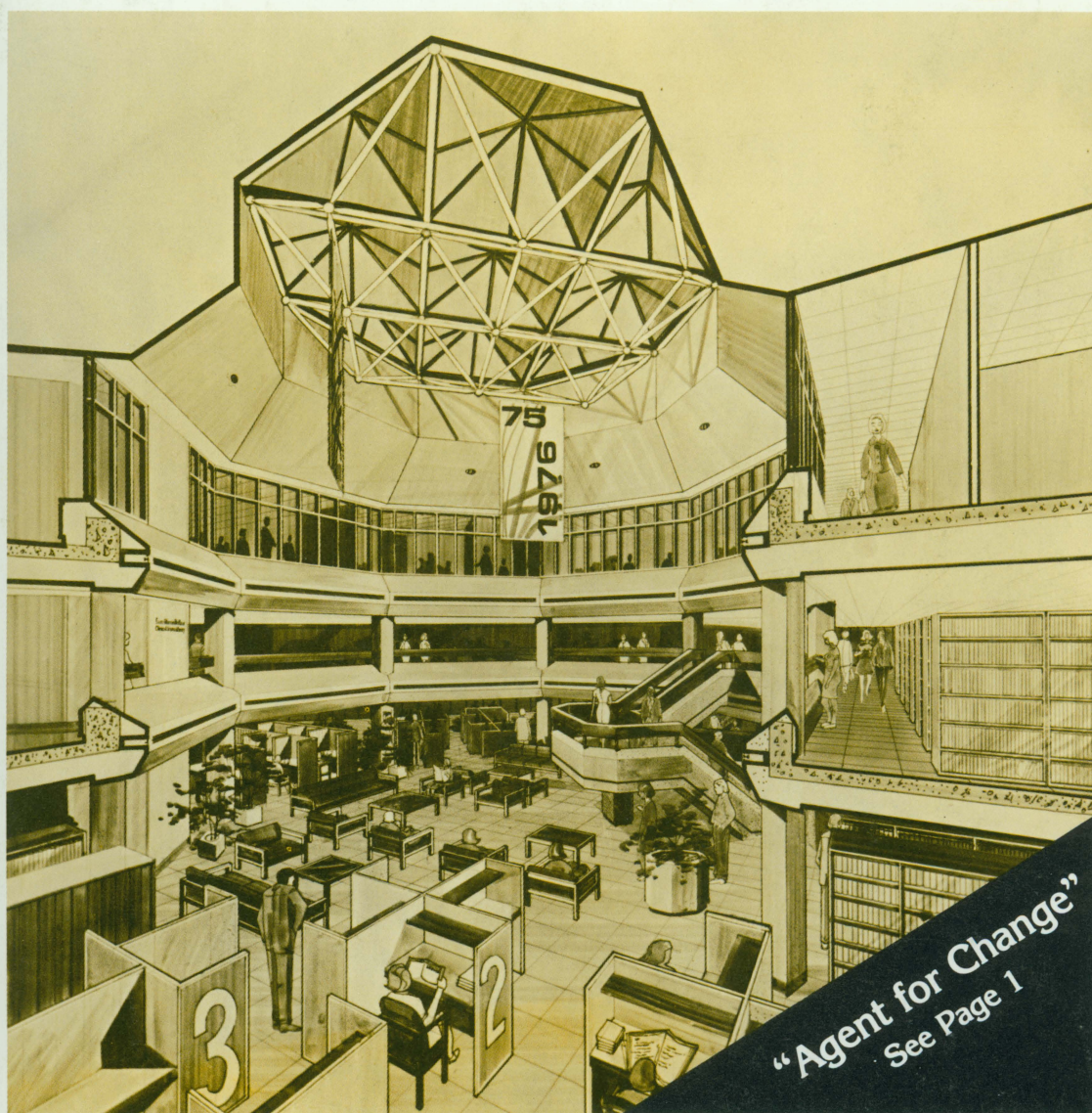
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Wisconsin Medical Alumni

Quarterly



volume 16 • number four • fall 1976

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Wisconsin Medical Alumni Quarterly

volume 16 • number four • fall 1976

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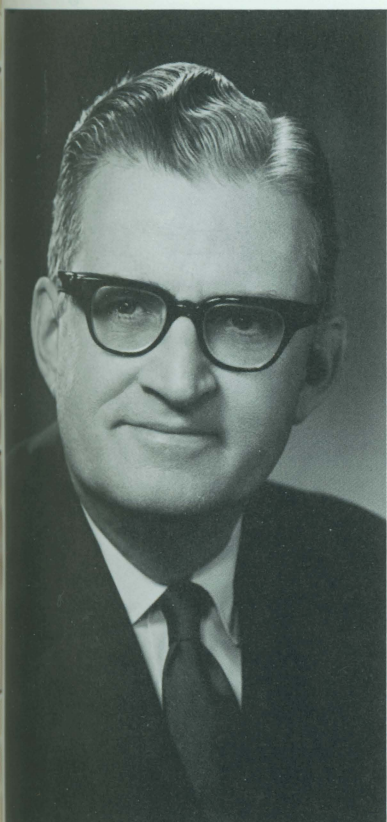
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COVER — Artist's rendering of the future library reading room in the Clinical Sciences Center. This facility will be an extension of the Middleton Health Science Library.

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Agent for Change

BY JOHN C. WEAVER, Ph.D.
President, University of Wisconsin System



John C. Weaver, Ph.D.

I'm here, you understand, by courtesy of the University of Wisconsin Center for Health Sciences.

Fellow Rotarians, I am both happy and grateful to be with you today. I'm here, you understand, by the courtesy of the University of Wisconsin Center for Health Sciences.

Earlier this year I was scheduled to carry on the tradition of my annual address to the Club, with a report on the round-the-world trip that took Ruberta and me to India on an official state visit in late December. My remarks were all polished up — then fate intervened. Rather than having the pleasure of being with you, I found myself instead, ordered to the hospital for open-heart surgery.

It is said that there is no pain like the pain of an undelivered speech, albeit I think I found something that could rank a close second! In any event, I have thrown out the India talk and today I propose to visit with you about my other unusual trip in recent days — namely the one to the operating room on 6-North at University Hospitals.

Forgive a few personal references. I assure you I won't burden you with all of the details of my operation, but I would like to share with you some of the truly remarkable developments taking place on our campus in the medical sciences.

While recuperating from surgery I had an uncommon opportunity to visit with a variety of doctors, nurses and other staff. I also had the opportunity to reflect on the many fundamental contributions the University here is making to improve the health of Wisconsin citizens and to advance the frontiers of medical knowledge to the benefit of people everywhere.

Actually, so much is going on day and night that it is, of course, impossible to give proper credit to all of the dedicated men and women working in the University Hospitals, classrooms and laboratories in the quiet fight against disease and suffering. Their discoveries, their skills and their decisions literally can — and do — determine the position of that fateful line between life and death.

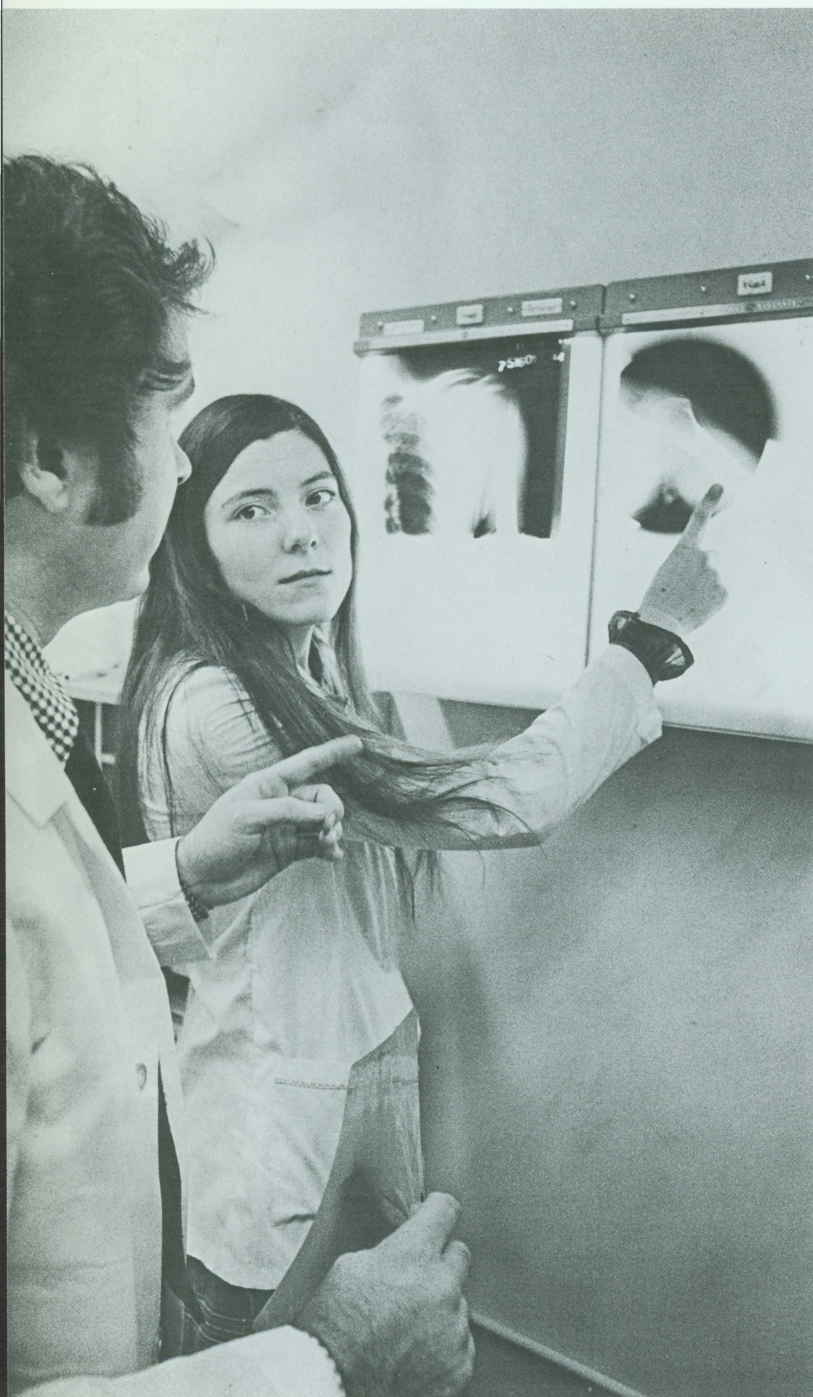
Many Areas in National, International Forefront

Scientists doing basic research and practicing physicians in the classrooms and hospitals are making solid progress toward a common goal: shortening the time period between scientific discoveries and their application to patient care.

In many areas the Center for Health Sciences and other departments of the University here are in the forefront nationally and internationally. Just one example is the recent Nobel Prize won by Howard Temin of the McArdle Laboratory for Cancer Research. Our McArdle Laboratory, by the way, is one of the small number of cancer research centers selected by the federal

(EDITOR'S NOTE — This address by UW System President John C. Weaver not only describes his open heart surgery at University Hospitals but tells of the innovations and changes being undertaken there and in the Medical School. We thought these words, delivered by the University's top officer to the Rotary Club of Madison in May, indicate how he feels we're accomplishing our missions.)

“Making solid progress toward a common goal: shortening the time period between scientific discoveries and their application to patient care.”



government for national support for pioneering excellence in this urgent field. The Wisconsin Clinical Cancer Center has brought innovation to methods of detecting and treating cancer patients.

The hospital and medical school are widely renowned for cardiovascular research and treatment, for the use of laser beams in treating retina disease of the eyes of diabetic persons, for genetic counseling, and for a wide range of health education, research and patient service developments. In truth, the Center for Health Sciences is a tremendous specialty medical resource for the entire state — indeed, for the nation and world.

I was surprised to learn that open-heart surgery operations are now being performed at the University Hospital at the rate of about 400 a year, or eight each week. In open-heart surgery the heart must be wholly stopped during repairs. This can be done by using a machine which is connected to the patient and takes over the functions of the heart and lungs during the crucial part of the operation.

Faculty Member Performed First Bypass

The most common open-heart operation today is the coronary artery bypass. This operation bypasses blocks or constrictions which can occur in the small, but terribly vital, arteries which supply the heart muscle with blood.

Almost all innovations in medicine come from the medical school faculties in this country and the coronary bypass is no exception. After a great deal of experimental work the first coronary artery bypass on a human was done in March, 1966, by an assistant professor at the University of Michigan Medical School, Dr. Donald R. Kahn. To our enormous good fortune, Dr. Kahn was persuaded to come to the University of Wisconsin Hospital five years ago. He is now chairman of the division of thoracic and cardiovascular surgery here.

With Dr. Kahn and his surgical team from Ann Arbor came cardiologist Condon Vander Ark — an outstanding young man who, fortunately for me, has been in general charge of my welfare since my heart attack hit me late last July. It's a little hard for a Badger to be an enthusiastic rooter for a Wolverine, but here's an exception I'll buy all the way!

After Dr. Kahn had reported on 10 successful operations, surgeons in Cleveland and Milwaukee began doing coronary artery bypass operations in 1967, and many others soon followed. Since Dr. Kahn's pioneering

“We have a great tradition of medical service — a forward moving, research-oriented team — facilities on their way to being the best in the world.”

work only 10 years ago, the coronary bypass operation has become the most common, life-saving and life-prolonging heart operation in the world.

Operation Took Seven Hours

In such an operation as performed here, the operating room team consists of nine people — the principal surgeon, a second surgeon drawn from the medical faculty, an anesthesiologist, a resident training in heart surgery, a physician's assistant specializing in heart surgery and a third-year medical student assigned to follow the patient's total care. In addition, there are two people skilled in operating the heart-lung machine and managing all the electronic monitoring, and there are two nurses to prepare the surgical instruments and hand them to the surgeon.

The operation itself takes several hours — in my case it is about seven hours — because of preparations and surgery required before and after the open-heart surgery itself. Throughout this period the electrocardiogram, blood pressure and venous pressure are continually monitored on a large television screen.

For the operation, a small vein is taken from the patient's leg to use as the new lines to carry blood flow that will bypass the segments of the coronary arteries where disease has dangerously narrowed them. The patient is connected to the heart-lung machine which oxygenates and pumps the blood through the body, permitting the heart and lungs to be at rest.

The arteries to be bypassed run along the surface of the heart. The surgeons know exactly where the blocks are, because they have studied motion pictures taken previously, during heart catheterization showing how blood injected with dye moves through the heart arteries. Each serious narrowing is then bypassed by connecting a length of the vein from the aorta to the coronary artery, just the nearly blocked area. These coronary arteries, which bring the blood supply to the heart, are almost unbelievably small considering the procedures involved. They are, in fact, about half the size of the lead in an ordinary pencil and the sewing is done with a special needle the size of a hair.

Underwent Six Bypasses

After all the connections are made the patient is taken from the heart-lung machine and his own heart and lungs

begin functioning again. In my case, Dr. Kahn was the principal surgeon and he did a near-record six arterial bypasses.

Following an operation such as mine the patient spends some time in the cardiac intensive care unit. This constantly illuminated place of urgent activity is staffed by 22 specially trained nurses. Electrocardiogram, blood pressure and venous pressure are monitored continuously on television screens above the patients' beds as well as the nurses' station in the center of the unit. In due course, from intensive care the patient goes to a regular hospital room until such time as the wonderful day arrives when the doctor tells him he can undertake his ongoing recuperation at home.

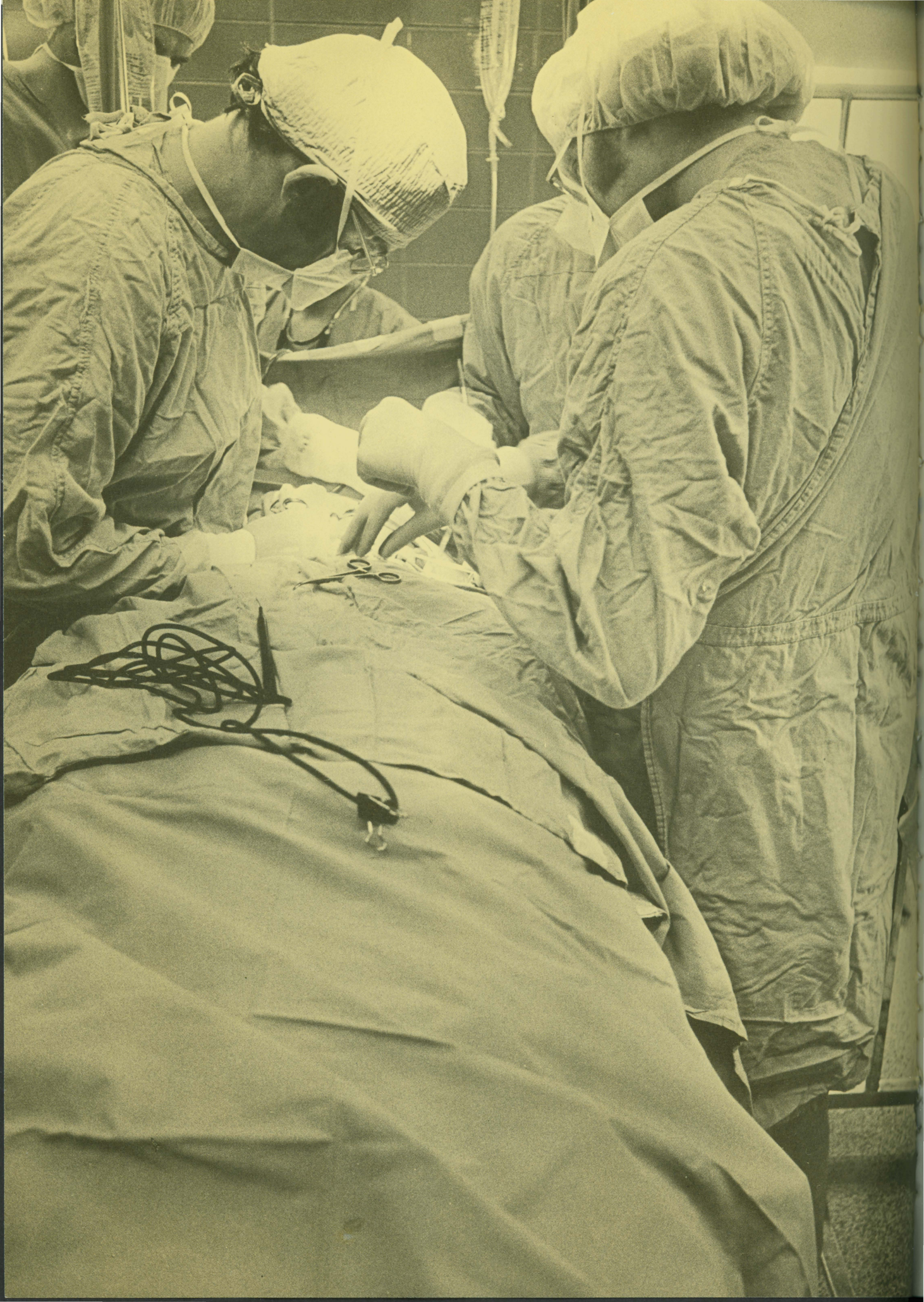
We never know when the time may come when we have to turn our lives over to the hands and trained wisdom of doctors and hospital staffs. Mine happened to be a heart attack. It could, of course, have been anything — a critical injury, a massive burn, a stroke, cancer, a diabetic calcium deficiency. While I was in the hospital I met people with an unbelievable variety of ills and injuries. And for the illness, I find we seem to be able to come up with a specialist, often nationally known, who has prepared himself or herself through years of study, research, teaching and clinical experience.

In University Hospitals we have a great tradition of medical service — a forward-moving research-oriented team — facilities on their way to being the best in the world. If you must be sick, you couldn't be in a better place to have it happen.

Chief Strange Arrow Sends Signals

For many years we have provided services here for people from all parts of Wisconsin. Increasingly, we are finding ways to take those services to the people. You could be living 300 miles north of Madison, like the Chippewa Indian chief named Strange Arrow.

He is getting along fine these days on the Bad River Reservation with his “white Man's heart” — not a transplant, but his own heart with an electrical pacemaker to regulate his heart rate. He has monthly checkups, too, without leaving the reservation, and without anyone from here going north. He calls the hospital by telephone and holds a special device over his pacemaker, which is implanted in his chest. A doctor here listens to the signals and monitors the beats. When the battery gets low, Strange Arrow is told to come to Madison for recharging. This is necessary about once every five years.



No matter where you may be in Wisconsin, you have the comforting reassurance of knowing that you have the possibility at any hour of having close and immediate contact with top heart specialists here at home base.

He is now using his third pacemaker. Dr. George Kroncke says that for his age of 71, Strange Arrow is doing very well. He can go all day at a reasonable pace, doing light work.

Suppose you suffer a heart attack while you are in a rural area of the state. At the nearest hospital an electrocardiogram is made, but no one at the hospital is expert in interpreting it.

The wavy tracings from the machine are pasted on a standard-size sheet of paper and fed into a telecopier for transmission to Madison over an ordinary telephone line. The similar counterpart machine at the hospital here produces a copy of the original electrocardiogram in about three minutes. A highly trained University Hospital staff specialist then interprets the electrocardiogram immediately and telephones his report to the doctor caring for you.

ECG Transmission, Evaluation

Many such electrocardiograms are transmitted from outlying hospitals to University Hospital every day. Urgent cases get immediate attention. Others are collected and interpreted each afternoon. Reports are sent back to the out-state hospitals both by telephone and by overnight mail.

To insure that the service is available at all times one of the cardiologists at University Hospital takes a telecopier machine home nights and weekends and plugs it into his own telephone. No matter where you may be in Wisconsin, you have the comforting reassurance of knowing that you have the possibility at any hour of having close and immediate contact with top heart specialists here at home base.

If, instead of a heart attack, I had been seriously injured or burned in an accident, I would almost surely have been rushed after surgery to the Hospital's Center for Trauma and Life Support. It was established just three years ago as a 10-bed unit, which is a cooperative effort of the departments of surgery, medicine and anesthesiology and the hospital nursing service.

One 21-year-old Wisconsin student and rocket enthusiast owes his life to the trauma center. He was assembling a demonstration missile when it exploded. He suffered mutilating injuries to his left hand and serious injuries to his abdomen, chest, lungs and internal organs. In an operating room a team of general and thoracic surgeons controlled internal bleeding from a ruptured

spleen, a stomach and lung injury. Plastic surgeons repaired his left hand.

From the operating room the student was taken to the trauma center where several organ system functions were monitored simultaneously. Constant care and special intravenous feeding are required to deal with multiple infections. After about six weeks of hospitalization the student was discharged and returned to his classes. He is getting along well and has good use of his injured hand.

Lowest Recorded Body Temperature

If you suffer from cold and exposure you may get the same treatment as a Madison man who recovered from the lowest body temperature recorded in medical history. A state marine biologist was on a fishing site study in early April when a sudden squall capsized his boat on Lake Wingra. He was exposed to 40-degree water and cold wind for 1½ hours before he was rescued. Upon arrival at the emergency room at University Hospital he was unconscious and no pulse or blood pressure could be found. His body temperature dropped to 61 degrees.

At the trauma center Dr. Marvin Birnbaum put the biologist between two circulating water blankets heated to 104 degrees. His breathing was supported and many body functions were monitored. He regained consciousness within three hours and after eight hours his body temperature had returned to normal. He spent five days in the trauma unit and 10 days in an ordinary hospital room before returning home. Ultimately he has suffered some very slight damage to his heart and a bit of muscle weakness as the result of the accident — but he's alive.

If you or a member of your family ever suffer serious burns you will be grateful for the burn center opened two years ago. It was one of the first two dozen of its kind in the nation and the first to use a special air purification technique to insure an uncontaminated environment similar to that in an operating room.

The major cause of death in burn cases is infection. The burn center fights infection in two ways — by creating a sterile air environment and by curbing infection arising from the patient's own digestive tract.

The trauma center and burn center are backed up by an improved emergency department. Special training has been given to hospital staff, medical and nursing students, therapists, community firemen and other paramedical workers to help them care for people seriously injured and burned in accidents and fires.

A Traveling Intensive Care Unit

The University Hospitals emergency care program took to the highways just over a year ago in the form of a mobile unit similar in appearance to a large mobile home. This traveling intensive care unit was funded by a foundation and several insurance companies. It is used to move critically injured and ill patients from community hospitals to regional medical centers.

On such trips it carries a physician, a nurse and a medical technologist. Even the drivers are trained emergency medical technicians. The mobile unit is equipped with stretcher bed, oxygen, heart monitoring devices, laboratory support and electric generator. It is available throughout the state on a 24-hour basis and has a radio tie-in with most Wisconsin hospitals.

If you saw **Time** magazine earlier this month you saw something about the new minimal care unit of the hospital that is attracting national attention. If you need to be in the

hospital for repetitive tests but are feeling well, can walk about and take care of your own room, you may be one of a dozen patients assigned to the new unit.

You can wear street clothes, join your fellow patients for cards and coffee in the lounge and even leave the hospital for shopping, a walk or dinner with friends. You are not fed in your room but go to the hospital cafeteria. You don't really feel like a hospital patient at all.

The unit has been open only a few weeks but it's already a smashing success, not only because room bills have been cut 40% below the regular rates, but because of the improved attitude and morale of the patients. At the present the unit is used only for cancer patients but it has made such a hit that doctors are asking for space for other patients, including those recovering from open heart surgery.

We who live in the Madison area are fortunate that these improvements in health care are being made right here on our collective doorstep, but happily for other citizens of



“Our goal is to make the best use of all the clinical resources in the state, and at the same time reduce unnecessary duplication and expense . . . It is the 1976 model of the Wisconsin idea.”

Wisconsin, we aren't alone in our good luck. The Center for Health Sciences is moving on several fronts to improve health care throughout the state.

Emphasis on Direct Patient Care

As we all know, we have searched for several years for the solution to two serious problems. The first is too few doctors in rural areas and small communities. The second is too few general practitioners or family doctors, compared to physicians trained in highly technical specialties.

We believe that we have found the way to the long run solution of both of these problems. The concept is the development of a statewide clinical campus, centered here in Madison. It involves cooperative arrangements or affiliations with hospitals in various parts of the state. It also involves the establishment of family practice clinics where medical students can complete the last years of their preparation as medical doctors.

This provides clinical experiences for growing numbers of medical students who cannot, in any event, all be trained in Madison. It also enables medical students — and, equally important, their wives — to become acquainted with, and put first roots down in, areas of the state where they may ultimately find themselves wishing to live and establish a much needed practice.

Some idea of the distribution problem is indicated by the fact that Iron County has one physician to care for a population of 6,533 while Dane county has 1,110 physicians, a ratio of one to each 262 residents. The doctor shortages are most severe in certain northern and western counties. Bayfield county has one doctor for each 2,300 residents; Price one for each 2,900; Lafayette one for each 3,500.

We now have affiliations for undergraduate medical education with Mount Sinai Hospital in Milwaukee, the Gunderson Clinic in LaCrosse, and the Marshfield Clinic. We have family practice clinics operated by University physicians in Verona, Milwaukee, Waukesha, Eau Claire and in two outlying areas in Madison.

Optimum Use of Clinical Resources

The program is working. Of the first 13 physicians to complete their three-year residencies in the Family

Practice Program 12 are practicing in smaller Wisconsin communities. Another 13 will graduate this summer and eight of them already definitely plan to practice in Wisconsin while at least two others have indicated that they may do so.

Our goal is to make the best use of all of the clinical resources in the state and at the same time to reduce unnecessary duplication and expense. The mission is compatible with the general goal of the University of Wisconsin System, to direct attention to the needs of all of our citizens, urban and rural alike. It is the 1976 model of the Wisconsin idea—that the boundaries of the campus are the boundaries of the state.

The Health Sciences of the University of Wisconsin-Madison are now administratively under one roof. Soon many of them will be physically sheltered in the huge building under construction at University Bay Drive, far west end of the campus. This facility is badly needed to replace an aging hospital and other cramped and crowded buildings.

About 60% of the structure will be occupied by a new 545-bed hospital. The remainder will be the School of Nursing, the clinical science departments of the Medical School, the Wisconsin Clinical Cancer Center, faculty offices, classrooms and research space.

The present hospital will be converted to a basic science center with educational programs such as anatomy and physiology for medical students, as well as students for the entire campus. Basic medical science research also will be continued in the present building.

You may be interested in a few quick facts:

—It is the largest building project ever undertaken by the state of Wisconsin.

—It will have 1,400,000 gross square feet — more than 30 football fields.

—An automated cart system with its own elevators will carry materials, supplies and food anywhere in the building on overhead monorails.

—There will be 545 attractive rooms for patients, all single and each with its own bath. Partitions can be moved to provide double room arrangements if desired. The present hospital has 610 beds but it is expected that 545, together with a functional relationship with the Veterans Hospital and significant improvements in patient care, will make this size sufficient.

—The new hospital will connect with the Veterans Administration Hospital and present sharing

“You can be assured that the new facilities will encourage many more of the innovations of the kind I have reported on today.”

arrangements will be strengthened. The VA Hospital will be spending a total of \$14 million for the construction of an addition to prepare for sharing of programs and services. Sharing will help hold costs down for both hospitals.

—The total cost is \$94 million. That is a staggering sum but it will double the number of medical school graduates and replace a hospital built 50 years ago. We are building for the next half century.

—Of the total of \$94 million, 48 million is in State funds, 22 million in federal funds and 24 million in self-amortizing bond issue and gifts.

—The present schedule calls for the new hospital to be open in the summer of 1978.

You can be assured that the new facilities will encourage many more of the innovations of the kind I have reported on today. The statewide clinical campus which is being developed will give Wisconsin citizens health care second to none.

Those of us in the Madison area are particularly fortunate to live and work near such magnificent public and private medical facilities and services. It's good that they are here and available. They are a vital part of your University's total commitment to better living in Wisconsin. □



Housestaff Association Donates Kast Cart

University Hospital's Orthopedic Service recently received a mobile kast cart from the hospital's Housestaff Association.

The fully stocked cart will allow orthopedic physicians to travel in the hospital at the convenience of the patients. Prior to this donation the patients needing these services were treated in the emergency room.

In the group presentation around the Kast Cart are [left to right: Warren N. Verdeck, M.D., acting Chief Resident of Orthopedics; Gordon M. Derzon, Superintendent, UW Hospitals; Betty Amundsen, R.N., Chief Nurse, Orthopedic Services; Stephen Imbeau, M.D. (foreground, dark suit), President of Housestaff Association; William Koller, M.D., Vice President of Housestaff Association; William Ershler, M.D., Treasurer, Housestaff Association.] □

BOARD ROOM NOTES

A possible gift of real estate to the Association, confirmation of various appointments, discussion of the major commitment and ways of dealing with the Association's chronic deficit — these were among the actions taken at the July Board of Director's meeting in Milwaukee.

A four member ad hoc committee chaired by Dr. Sigurd Sivertson was appointed to investigate and make a preliminary report on a proposal that the Medical Alumni Assn. accept title to the Phi Chi Cooperative house at 933 W. Johnson and continue its operation as a co-op for medical students. The house, valued at \$52,000, if debt free, has a surplus of \$25,000 and serves 20-25 medical students.

Officers of the fraternity and their faculty advisor, Professor of Pathology Dr. Joseph Lalich, '37, are willing to present the property to the Association if the house continues to serve medical students. Discussion pointed out that such facilities would be particularly useful for seniors taking multiple electives away from Madison.

It was agreed to notify Dr. Lalich and the officers that the Board is interested and that the committee fully investigate the matter with all deliberate speed.

The following appointments were confirmed: **Quarterly Editor:** Dr. Mischa Lustok; **Secretary-Treasurer:** Dr. Sigurd Sivertson; **Representatives Committee:** Drs. B. Kampschroer (Chmn.), W. Hein, L. Raymond and F. Lamont; **Nominations Committee:** Drs. Roger Bender (Chmn.), G. S. Custer and L. Thurwachter; **Meeting Chairmen:** Milwaukee Meeting, Feb. 4 or 11, 1977 — Drs. F. Gaenslen and Kampschroer; Wausau Outstate Meeting, Sept. 24 or Oct. 1 — Drs. J. Brown, D. J. Freeman and Raymond; Appleton or Fox Valley Meeting — Dr. Hein will determine date and place.

Discussion of the Association's chronic and increasing deficit brought agreement that drastic action is required to reverse the trend and eliminate the deficit. Major expense items continue to increase, including the **Quarterly** and Alumni Day, the latter because seniors, their spouses and parents are guests. Re-evaluation of the policy that provides the **Quarterly**

to all alumni regardless of whether they pay dues was suggested, as was cutting back to three issues.

A dues increase is not felt advisable but more economies, service reductions and additional revenue sources will be sought. Consensus was reached on seeking voluntary contributions via a "soft sell". The price of alumni events also will be raised and other actions taken.

Substantial comment has been received regarding the major commitment indicating a good deal of opposition to raising funds for an extension of the Medical Library, with more support for endowed professorships or student scholarships. Dr. Lustok suggested raising funds to supplement and extend the usefulness of the Phi Chi house. Dr. Sivertson's committee was asked to consider this and Dr. Lalich will be asked to attend the next Board meeting.

The Board scheduled a late October meeting between itself and Dean Crowley and his staff so members may be apprised of Medical School activities. A second session will be set later. Also scheduled were three additional Board meetings.

Alumni Day was critiqued and Drs. Randolph and Gaenslen were requested to work with the Dean's office in planning a program for 1977 and reporting at the February meeting. There was discussion on the 1977 Emeritus Faculty Award and Medical Alumni Citation Awards, a nomination for the latter accepted and a request made by President Hanno Mayer that further nominations be made before the next meeting.

Discussion on medical student admissions and fund raising for the new medical center concluded the session. Dr. Randolph suggested an alumnus attend admissions committee meetings so its activities could be better explained to a broad alumni body. It also was suggested that medical admissions be a topic between the Board and the Dean's staff.

Associate Dean Bernard Nelson said medical center fund raising will be worked through the UW Foundation and stressed it will not be presented as an alumni project.

Attending the meeting were President Mayor, Drs. Brown, Gaenslen, Hein, Randolph, Custer, Lustok and Sivertson; Ms. Novacheck; Mr. Hawley and Associate Dean Nelson. □

Senate Renames Madison VA Hospital in Memory of Dr. Middleton

By Stuart Levitan
Special to The Capital Times

(EDITOR'S NOTE: Dedication of the hospital as the William S. Middleton Memorial Veterans Hospital will take place late this fall, according to officials in Madison. The Senate action followed a similar House vote this past spring. A bronze plaque will be cast as part of the ceremonies.)

WASHINGTON — Late Tuesday night (Aug. 31, 1976), the Senate preserved forever the memory of Dr. William S. Middleton.

In a posthumous tribute to the longtime dean of the University of Wisconsin's Medical School, the Senate renamed Madison's Veterans Hospital.

The honor bestowed on Middleton's memory is a rare one; only six VA hospitals are named for individuals. These include hospitals memorializing Presidents Franklin Roosevelt and Harry Truman, Speaker of the House Sam Rayburn and war hero Audie Murphy.

Middleton was acclaimed in the Senate Veterans' Committee report "as one of the greatest teachers of medicine this country has ever developed." He began teaching at UW in 1912, becoming dean in 1935. He took a leave of absence from that job in 1955 to become the VA's chief medical director; he soon became the only person in history to serve two four year terms in that post. In 1963 he returned to the medical school as dean and professor emeritus.

In addition to his academic and administrative careers, Dr. Middleton served with distinction in two world wars. For his service in World War II, he was awarded the Distinguished Service Medal, the Legion of Merit with Oak Leaf Clusters, the Order of the British Empire and the French Croix de Guerre with Palm.

According to the Senate committee, these were some of

the innovations Dr. Middleton pioneered to provide increased medical care to a wide range of patients:

- The establishment of the VA's Advisory Committee on Research, which began 3,644 projects in its first two years.

- The insistence that every VA hospital planned or constructed during his eight years as director include facilities for the treatment of the mentally ill.

- The introduction of pre-bed care programs, to insure that the limited number of beds would be allocated on the basis of medical need.

- The institution of new staffing procedures which resulted in full care facilities seven days a week, instead of the previous five-day program.

Middleton was also a strong advocate of close cooperation between VA hospitals and medical schools, and the Madison facility has long been affiliated with the university. The hospital, completed in 1951, and originally devoted to tuberculosis patients, has 438 beds of which 20 are psychiatric, 168 surgical and 250 medical.

Plans are under way for a new wing to physically link the University Medical School to the hospital, and the committee said, "it is only proper that it bear the name of this man who contributed so much to both."

Dr. Middleton died on Sept. 9, 1975. □

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Capital Times

William S. Middleton, M.D.



MEDICINE, FOOTBALL and POLITICS:

A Glimpse at the Middleton-Fiske Correspondence, 1949-1955

Guenter B. Risse, M.D., Ph.D.

(There is an urgent need for friends and former associates of the late Dr. William S. Middleton to preserve and donate some of his private letters to the University Archives in Madison. To successfully reconstruct the total past, future historians of Wisconsin medicine should have access to more than the official administrative correspondence when studying the life and works of Dr. Middleton. Persons interested in providing originals or copies of such documents should contact Mr. J. Frank Cooke, Director, University of Wisconsin Archives, Memorial Library, Madison, Wisconsin, 53706 or phone (608) 262-3290.)

Among the few private letters of Dr. William S. Middleton now available for study at the University Archives, is a group donated a few years ago by Dr. Oscar W. Fiske, now living in semi-retirement in Sun City, Arizona. This private correspondence, covering primarily the period 1949-1955, contains more than a hundred letters written by Dr. Middleton to Dr. Fiske, one of his former students and a close personal friend.

A native of Sparta, Wisconsin, Fiske had arrived at the U.W. campus in September, 1923, and was promptly sent to the Student Health Service located in the Old Infirmary because of an acute back strain incurred while carting around his belongings in a heavy trunk.

From this first encounter with Middleton, then a physician at the Infirmary, Fiske was encouraged to pursue a medical career — he was a member of the 1930 class — and thereafter chosen to represent Wisconsin as an exchange intern at Indiana University.

During the period in question, Middleton wrote to Fiske — then a staff physician with the Humble Oil Company in Baytown, Texas — about once a week. The dean dictated his letters to his secretary, Mrs. Mildred M. Carlson, and the most frequently discussed topics were Madison's variable weather and the even more unpredictable performance of the U.W. football team. Middleton would not only give detailed accounts of the salient scoring plays and players, but function as an able prognosticator of future outcomes on the basis of informal comments derived from the coaches and injury reports issued by team physicians.

But not all was football. The selected excerpts from Dr. Middleton's letters reveal the broad scope of his interests, the depth of his perceptions and the often

uncanny ability to pinpoint the crux of an issue. His sense of the past, awareness of change and the intuitive prediction of future trends make these letters an invaluable document for those interested in the personality of William S. Middleton.

On Football (November, 1950)

"You must remember that I have been quarterbacking the Wisconsin team for over 38 years. I know of no one who gets more exercise out of a football game at Camp Randall than I do."

McCarthyism (April, 1954)

"It is inexplicable that a man of your intelligence could ride with that heel McCarthy. Joseph McCarthy, renegade Democrat, opportunist of the first water, has never rung true. He would sell his soul for a front page notice any day. I have no confidence in rabble-rousers and irresponsible character assassins. And I am a Republican!"

On University Budgets (March, 1953)

"The load has really fallen on the U.W. this year, and I see no manner in which the Legislative budget can be adjusted to save us from a serious readjustment. By the same token, I am impatient of faculty wailings that it will ruin the University. I have lived too many years and through too many administrations to lose faith. There will be a U.W. long after governors, legislatures and even University faculties will be forgotten."

Financing Medical Education (November, 1952)

"The Wisconsin State Medical Society has initiated a student loan fund. Upon my advice, they particularly avoided two clauses, namely scholarships and the requirement for service in a rural or small community. The experience of the Commonwealth Fund indicates that the latter pattern will not work. In fact, they gave it up after a fair trial in which almost to a man the recipients of their largesse bought their way out of bondage."

The author
Guenter B. Risse is
Professor and Chairman of
the Department of the
History of Medicine.

Medical Preceptorship (March, 1949)

"I was a convert to the preceptorial plan as you well know. Chuck Bardeen had never been able to convince me that it was sound. It took only two years of practice of the discipline to convince me that you men got more out of this period of 12 weeks with a general practitioner or with a clinic, than you got in 12 months of the routine internship."

Medical Economics (October, 1951)

"I am quite convinced that Dr. Henry Favill had something on the ball when he maintained that medicine should be as interested in the pathology of society as in the pathology of disease. We must get at sources, and must be part of a movement that is not selfishly interested in financial advancement. Unfortunately, this is where so-called medical economics began and ended to the detriment of every element of organized medicine, whether community or state or nationwide."

The Dangers of Group Practice (January, 1951)

"It is indeed an interesting commentary upon the habit of America and American medicine that the same mistakes must be made recurrently. I am in no sense sparing or condoning the cooperative movement. In theory, there are features that should work. In practice, there are obviously loopholes and obstacles that may readily defeat the entire effort."

And, in this event, I am not sure but that in the last analysis, the American people in its purblind obstinacy may not land on our profession like a ton of bricks. We are indeed vulnerable."

Middleton resigned the deanship effective June 30, 1955. Prior to his departure, he prophetically told Fiske in a letter dated June 8, 1954, that "I shall continue my interest in the Medical School until the end — which probably will not be for the next 20 or 30 years. That should bring me somewhere between 85 and 95. No, there is no occasion for lumbar puncture, nor have I a weeping towel." □

Oatway's Column



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

LAGUNA NIGUEL, Calif. — The Class of '46 has several members practicing in California. **John W. Frye** is a surgeon in Fresno specializing in breast cancer but is team physician for the local high school and California State U. He and wife Jeanette have 10 children including an M.D., a pre-med student, an R.N., a psychiatric nurse and an autistic teacher. . . **Herbert L. Eisen** practices surgery in Ontario (south of LA) with Kaiser-Permanente Group and teaches at Loma Linda U. Med School. He and wife Sally Siesel (UW '47) have four children, all in or finished with special college work.

Robert K. Salter does thoracic and vascular surgery in Stockton. He is a counselor and member of the California Med Assn. executive committee. He and wife Joan (a surgical nurse at St. Joseph's) have four children, one a Stanford nursing graduate and a son who graduated this spring from George Washington Med School . . . All three families have had such diverse and pleasant interests as cooking, gardening, woodworking and dixieland bands!

□

A good but rare letter from **Paul Campbell** (UW '30, Penn. '32) of Waukesha, Wisc., gives us both Wisconsin and California news. Paul retired last fall; lives in Waukesha with wife Mitzi; vacations in Mexico and Arizona; and plans to include California in their travels soon. They can then see a cousin, Capt. (Dr.) Paul Rucci (Marquette grad), commanding officer of military medical operations in the L.A. — Long Beach area.

An even closer connection is Paul's classmate, **Hunter Shelden**, '32, a very good neurosurgeon in Pasadena, who lives in San Marino and retired Jan. 1. He does consultation work, including the armed forces.

The full cycle was reached last summer when Hunter's son was married to a Waukesha girl, with Hunter and Paul present, and the newly-weds now live in Madison! Now if the son could play Big 10 championship golf like his father — double cycle!

□

Wisconsin alumni in California aren't often able to attend the **Association's annual meeting of class representatives**. It is held at the far end of Langdon Street (the Edgewater Hotel) and anyone from the

years 1920-60 would know some or most of the people who do our business for us. Correspondent Oatway, who made it in 1973, tried hard this year but couldn't get there.

Q

Once or twice a year we write a paragraph about **Chauncey "Sarge" Leake, '23**, San Francisco. One could write about the past but there are always new items about current events. Amazing! The "mature" grads know he was sent from Princeton (when he joined the army in 1918) to Wisconsin to do research in the new Chemical Warfare Service, where he worked with Majors Eyster and Meek, and Drs. Loevenhart and Bradley, Gasser and Koehler.

After the war he began summarizing, researching and writing and got his doctorate. He shifted from physiology to pharmacology and became an associate professor. He worked with K. K. Chen (ephedrine from ma huang), Elmer Severinghaus (isoniazid), Fred Hodges (routine chest x-rays at hospital admission), Karl Paul Link (coumarin, Warfarin), Conrad Elvehjem (niacin), and on anesthesia with the great Ralph Waters.

Then a 1927 move to U. Cal. Berkeley, teaching and research with more "greats", as well as organizing the department and making the Grand Tour of Europe. A call then came from U. Texas Galveston in 1942, and he helped teach and organize and publish with the added post of vice president. When politics became too troublesome "Sarge" resigned to work with Charles Doan, dean and hematologist at Ohio State. He also became president of the American Society for Pharmacology and Experimental Therapeutics.

After several happy years San Francisco called again and "Sarge" went back to organize, teach, edit, investigate invent journals as well as enjoy the job, the school, the area and his favorite Bohemian Club on the Russian River. The progress we've described has been published in the **Review of Pharmacology and Toxicology**, but as a 14 page story in fine print!

"Sarge" Leake has also written a biography of Dr. "Billy" Middleton, a colleague for 10 years and a dear friend ever after. It has just been published in the **Bulletin of the History of Medicine** and has a list of the 43 medico-historical publications of Dr. Middleton. So, hail again to "Sarge"! He ties Wisconsin people together for 58 years and more.

Q

Milton H. Erickson, '28, is in the national hypnosis news again, and in several ways. He lives in Phoenix (as

we've said before). The first volume of a book, **Patterns of the Hypnotic Techniques of Milton H. Erickson, M.D.**, is in publication, written by Bandler and Grinder. A videotape set about him by Erickson and Lustig is on the market with two color tapes showing the pioneer techniques in clinical hypnosis and psychotherapy.

Finally, the burgeoning of American Society for Clinical Hypnosis had a one-day meeting during the ASCH 7th International Congress in Philadelphia in July, to honor Dr. Erickson with the theme, "The Experience of Hypnosis". Year by year hypnosis is more respected and has better reputation and usage. Dr. Erickson says that "his world has seemed empty without Billy Middleton, from whom so much good rubbed off on his students and contacts." Milton's eight children have collected 13 college degrees, 2 grandchildren and three "greats".

Q

Oscar Thoeny, Phoenix, Ariz., is given an accolade in the March 1975 **Arizona Highways** magazine. Oscar spent two years at UW and graduated at Minnesota '28. He has been board certified in ophthalmology and is now retired. He and his wife joined Dr. Hayes Caldwell in obtaining all the information on the old Indian trading posts in Arizona and Dr. Thoeny "at great personal expense" commissioned an artist to research, restore and illustrate many of the old posts, partly for the issue mentioned the possibility for book form.

Q

Sometimes the old-time or even middle-aged Wisconsin grads in California and everywhere can join in mourning great faculty losses. **Dr. Harold Braden** was one of those and the facts of his life can be read elsewhere. He was teaching in the 1920's ("P-Chem" those days, biochemistry later); skiing and founding ski and Hooper clubs; raising his sons to plant gardens as well as play games; moving to northern California where he continued on in the Sierra Club to a great age and marched at the head of the U. Cal. alumni parade to the age of 96.

Quiet, helpful, kindly. He was joined at UW by Dr. Elmer Severinghaus in the early '20s and his colleagues in old Science Hall included Drs. William Snow, Milton Henry Bunting, Loevenhart, Charles Bardeen, Sullivan, Bast and "Uncle Joe" Evans and Bill Middleton, Middleton and others in the nearby red Clinic Building. Amazing!

We also think of **Dr. Lester Paul**, junior colleague in radiology's Dr. Pohle in the early '30s, and professor and great teacher into the '60s. Quiet, wise, patient and always available. Memory brings back his help in building the first planigraph and membership at

New Regional Correspondents Announced by Editor

1935 with the young faculty in the medical and social "Beer and Bicycle Club". His students, but especially his interns and residents, will always gratefully remember him.

Q

A pleasant, sentimental chore in two of the past three years has been an attempt to get information on 15 or 20 new graduates who had just climbed into their covered wagons and come west to the California Territory.

We sent requests, pleas, hopes, etc., but didn't quite get 100% replies. Actually, we got 50% the first year and after a follow-up letter got 52% the next year. It seemed worth another try so this year we sent the explanation, the plea, and a stamped-addressed postal card to each of the lucky Class of '75 interns in California. We even checked the hospital addresses and ZIP codes.

Well, a month went by and guess what — one (1) reply! After another two months we have a total of three. We could either give up or send another note asking (joke) for return of our original postal card. **Result: no replies** in a month. Unless you want to blame the Postal Service or think of the old-time losses at the Donner Pass it must be that somebody has lost something in these recent years — like a loyalty that was par for the UW course. Maybe we should write to "Dear Abby" and sign it "Heartbroken from Laguna".

Q

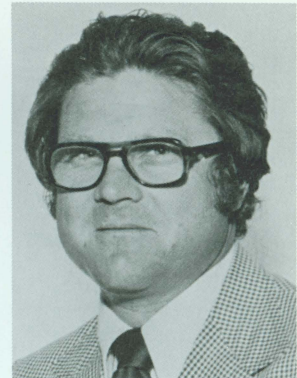
Cary Sternick, '75, has been at the huge LA County/USC Med Center. He completed a medical internship though he started as a "psych intern". Cary has taken a service in neurology at Case-Western Reserve in Cleveland. The internship was demanding but his free hours led him to Palm Springs and the A. L. baseball playoff game in Oakland. . .

J. R. Westphal, '75, has gone into a psychiatry residency and will continue it at Stanford in Palo Alto. There was a wide range of settings to learn. The California weather, culture and style required adjusting to but he got to such places as Yosemite, Big Sur, San Simeon, Monterey, Lake Louise and San Francisco. Gary M. Losse, '75, took "a very good internship" at the St. Mary's Hospital and Medical Center, San Francisco. There was a great amount of clinical material and delegated plans for patient care. He and his wife surveyed the Bay Area, and, lucky people, got to Los Angeles. He began an orthopedic surgery residency at the Milwaukee County General Hospital and the Medical College of Wisconsin in July.

Q



Mary Kaye Favaro, M.D.



Arthur D. Daily, M.D.

The editorial board and the alumni association welcome two new correspondents for the **Quarterly**.

Mary Kaye Favaro, '69, will be bringing our members alumni news in the southeastern region. We ask that they contact Mary Kaye at 1866 Capital Drive, Charleston, S.C. 29407.

In our northeastern region Arthur D. Daily, a former resident in dermatology, has agreed to keep us all informed on what the "back easterners" are doing. Arthur can be reached at 1030 President Avenue, Fall River, Mass. 02720.

These two regions represent over 675 alumni. The correspondents prepare a column on alumni news and views twice a year. We hope our alumni located in these regions will contact their new correspondents and bring them and our readers up to date.

To refresh your memory . . . our other **Quarterly** correspondents and their locations are as follows.

Northwest: James H. Dalen, '61
1570 North 115th St
Seattle, Washington 98133

Midwest: Bernard i. Lifson, '49
615 Lincoln Avenue
Glencoe, Ill 60022

Texas: Edward J. Leferber, '36
200 University Blvd.
Galveston, Texas 77550

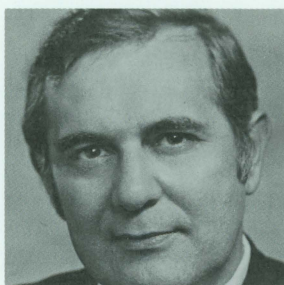
Senior Class: Diana L. Novacheck
% Alumni Office

California: William H. Oatway, Jr., '26
146 Monarch Bay
South Laguna, California 92677

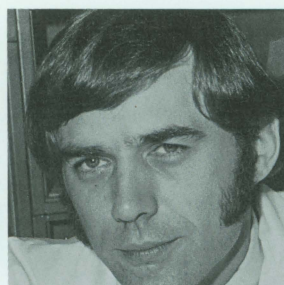
Southwest: Jerome F. Szymanski, '57
5051 North 34th Street
Phoenix, Arizona 85018

We invite and welcome your contributions to the **Quarterly**, feel free to contact your regional correspondent or write directly to the Alumni Office.

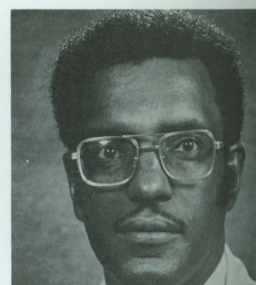
New Programs and Physicians



Paul P. Carbone, M.D.



Douglass C. Tormey, M.D.



Perry A. Henderson, M.D.

Four major new programs are underway at the UW Medical School with the arrival of five new physicians in human oncology, gynecology and obstetrics, pediatrics and anesthesiology. They are Drs. Paul P. Carbone, Douglass C. Tormey, Perry A. Henderson, Gerard B. Odell and Ben F. Rusy.

Dr. Carbone heads the Division of Clinical Oncology, one of three major divisions of the Wisconsin Clinical Cancer Center. That division's goal is to speed the application of research discoveries to the treatment of cancer.

One of Dr. Carbone's major projects is the development of protocols for cancer treatment. In addition, he directs University Hospital's cancer outpatient area.

Dr. Carbone is well known in clinical cancer chemotherapy, an area for which he received the Albert Lasker award in 1972. He comes to Wisconsin from the National Cancer Institute where he most recently was associate director for medical oncology in the Division of Cancer Treatment and special assistant to the director of the Division of Cancer Biology and Diagnosis. Since 1971 he has been chairman of the Eastern Cooperative Oncology Group, a position he continues to hold after his move to Wisconsin.

In describing his plans for the future program in clinical oncology at the University of Wisconsin, Dr. Carbone stated that:

"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 efforts 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."

Dr. Tormey also comes from the National Cancer Institute, where he was head of the Medical Breast Cancer Service. He is working with Dr. Carbone in the area of clinical oncology. For the last year he has been chairman of the breast cancer committee of the Eastern Cooperative Oncology Group, and chairman of several protocols in that group and in Cancer and Leukemia Group B, positions he is continuing here.

Dr. Henderson heads the obstetrics activity in the Department of Gynecology and Obstetrics. He also directs the perinatal unit based at Madison General Hospital.

The perinatal center provides care for high risk mothers and infants. It was formerly jointly directed by Dr. Stanley Graven, who left the University in September to become a professor of pediatrics at the University of South Dakota, and by Dr. Jack Schneider, who is now at the University of Texas.

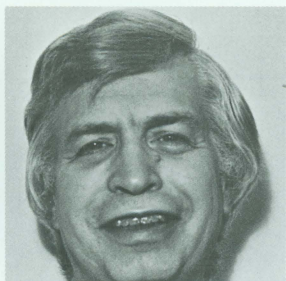
UW Vice-Chancellor for Health Sciences, Dr. Robert Cooke, said the appointment of Dr. Henderson "culminates a long, intensive effort to bring a leading figure in obstetrics, particularly in the organization of maternal and child health care," to the UW. Dr. Henderson received a Markle Scholarship in 1969, among the most distinguished honors in the field of medicine.

Since 1968 he has been project director of the New

nnounced



Gerald B. Odell, M.D.



Ben F. Rusy, M.D.

Mexico Maternity and Infant Care Project at the University of New Mexico School of Medicine in Albuquerque.

Dr. Odell, formerly of Johns Hopkins University, has a national reputation in the area of pediatric liver and gastrointestinal diseases. He is developing a University Hospitals service in pediatric gastroenterology and hepatology. He will also be a consulting physician at the neonatal intensive care unit based at Madison General Hospital.

At Johns Hopkins Dr. Odell served as chief of the newborn service of the Women's Clinic from 1957 to 1961 and from 1969 to 1974. For the last two years he has directed the Hepato Biliary Unit there.

In 1969 Dr. Odell, who is also a Markle Scholar, received the Mead Johnson Award for Pediatric Research. For the last two years he has been chairman of the National Institutes of Health Study Section, General Medicine A. He is an active member of the New York Academy of Sciences. He also served as professor and chairman in the department of pediatrics at the Medical College of Virginia, 1961-1962.

Dr. Rusy was formerly professor of anesthesiology and pharmacy at Temple University. He is well known for his research on anesthetics' effects on the heart. He is continuing these studies at the UW and also serves as departmental coordinator of research activities.

He is a Wisconsin native and received his M.D. degree from the University of Wisconsin in 1956. In 1971-72 he was an honorary research fellow in the department of physiology at University College, London. □

Hydrocarbon Solvents and Kidney Disease

Prolonged exposure to hydrocarbon solvents may be related to a rare form of kidney disease, according to researchers at the UW—Madison Center for Health Sciences. Drs. Stephen Zimmerman and Gregory Beime of the department of medicine surveyed 28 patients with glomerulonephritis, an inflammation and subsequent blockage of the capillary tubes which bring wastes to the kidneys. That blockage can lead to kidney failure.

The researchers report that patients with the disease often had a history of significantly more exposure to chemicals such as paint solvents, gasoline fumes and fuel oils than did patients with other types of kidney disease of patients without renal problems.

Zimmerman and Beime stress that their findings, which have since been corroborated by a larger study in France, do not prove that hydrocarbon solvents necessarily cause glomerulonephritis. They only maintain that exposure to the chemicals seems to increase a person's chances for having the kidney disease. "Hydrocarbon solvents may cause the disease or they may make people more susceptible to glomerulonephritis," says Dr. Beime. "We don't know which."

Drs. Zimmerman and Beime found that the average patient with glomerulonephritis had been exposed to the solvents for 10 hours a week for 10 years. "Massive accumulation of the chemicals is involved here," says Zimmerman. "Certainly the weekend painter who washes out his brushes in a solvent doesn't have anything to worry about."

Only within the last 15 years have physicians developed the capability to distinguish some of the rarer forms of kidney disease, Zimmerman says. As a result the researchers cannot determine if there has been an increase in glomerulonephritis since the advent of widespread use of hydrocarbon solvents. The solvents are used widely in industry for stripping paint and cleaning metal parts. But the researchers do not feel that their findings call for drastic new safety measures.

"At this point we would only recommend common sense types of safety measures," comments Zimmerman. "For instance, if you have your hands in some type of solvent for six hours every day, it might not be a bad idea to wear some kind of protective glove."

Zimmerman and Beime are currently pursuing research to determine how the solvents lead to glomerulonephritis. "Once we have established the biochemical mechanisms involved in the association between the solvents and glomerulonephritis," says Beime, "we may find that more stringent measures may be necessary for those people exposed for long periods of time." □

UWM Medical Students Receive Reader's Digest Fellowships

Dr. Betty J. Bamforth, Assistant Dean for Student Affairs, has received official notification that seven medical students from UW have been awarded MAP Reader's Digest International Fellowships for the next 12 month period. The program is made possible by a grant from the founder of Reader's Digest, DeWitt Wallace. The program provides three-month assignments to rural mission hospitals and clinics in remote parts of the Third World.

Recipients of the fellowships are; Peter Hamel, Loreen Herwaldt, Ramona Johnson, Lynn Martin, David Port, David Spriggs, and Sylvia Weir. □

Campus Gonorrhea Figures Published

The incidence of gonorrhea, one of the most common sexually transmitted infections, is decreasing on the UW—Madison campus, according to University Health Service (UHS) officials.

Figures tabulated by UHS personnel for the period July 1, 1975, to June 30, 1976, show a 9.0% decrease in the number of cases diagnosed at UHS compared to the previous year and a 27.4% decrease in the number of cases diagnosed over the last three years. The number of patients tested for gonorrhea increased slightly during the same three-year period.

"Our statistics may reflect, to some degree, the prevalence of gonorrhea in Madison since personnel at the University Health Service test and treat both

University students and non-students," says Tim Tillotson, community health specialist at UHS.

Phill Moss of the Madison Department of Public Health says there has been a decrease in reported gonorrhea cases throughout Madison. He says the decline may be the result of the many screening tests done routinely by Madison physicians and the availability of prompt testing and treatment for gonorrhea.

Also, Mike Pfrang, of the Wisconsin Division of Health, says a recent drop in the number of patients diagnosed at Madison hospitals as having pelvic inflammatory disease (PID) may be another index of gonorrhea prevalence. He says PID is sometimes a serious complication of untreated gonorrhea. □

Antibiotics Have Persistent Effect

Smaller amounts of antibiotics may fight infections just as effectively as the large dosages that physicians now prescribe, and smaller dosages would cause fewer toxic side effects, according to William Craig, M.D., UW assistant professor of medicine.

"To get the maximum therapeutic effect with the least toxicity, we need to learn more about specific interactions of drugs and disease-causing bacteria," Dr. Craig says.

Research in Craig's laboratory has indicated that the therapeutic effect of antibiotics may last for hours after the drug has been excreted from the body. This result suggests that patients could receive less frequent drug doses.

"The persistent effect of antibiotics may be due to a period of recovery, for example the time it takes bacteria to repair their damaged cell walls," Dr. Craig says. "Another possibility is that the antibiotic remains bound within the bacterial cells for a limited time after it is removed from the surrounding fluid."

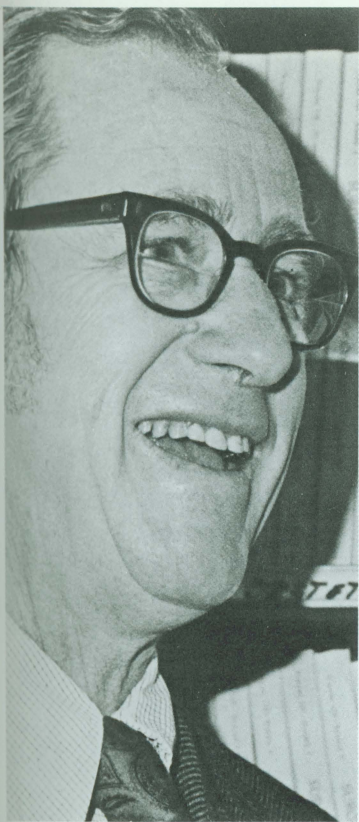
This continuing effect was first observed by early investigators of penicillin. Once penicillin had stopped the growth of bacteria in a test tube of broth, removing

the antibiotic did not immediately initiate further bacterial growth. The bacteria began to grow again only after three hours.

Craig has recently found this same effect with five different antibiotics in two types of bacteria. In standard tests of drug sensitivity, bacteria are exposed to constant levels of antibiotic for about 24 hours. But Craig is more interested in studying the effects of fluctuating drug levels. "In medical practice, we rarely infuse antibiotics at a steady level," Craig says. "Rather patients take medicine at set times, say every six hours."

This dosage, according to Craig, results in peaks and valleys of drug concentration in the body — peaks soon after the patient takes the medicine, valleys as the kidney excretes the drug or the liver breaks it down.

Normally drugs are prescribed so that even during the valley periods their concentration is high enough to stop bacterial growth, Dr. Craig explains. However, as researchers learn more about the persistent effect, it may be possible to prescribe less frequent doses that will be just as effective. □



Dean Lawrence Crowley, M.D.

the dean's column

A new class of 159 eager students registered and initiated four consecutive years of theoretical probing and practical experiences in their quest for a full and integrated understanding of the normal and abnormal biology of humans and the skills requisite for the practice of medicine. The class was selected as a result of a very intensive review of all qualified applicants by a very hard-working Admissions Committee which includes faculty from both clinical and basic science departments, students, and practicing physicians. The class is a diverse one in regard to intellectual and social backgrounds and stated professional goals. It is made up of 113 men and 46 women and it includes 151 (95%) residents of the state of Wisconsin, 7 blacks, 1 Chicano, 1 Native American, 1 mainland Puerto Rican.

This is the fourth class of 159 students enrolled and swells our School total to over 640. To accommodate the larger number of students (plus or minus 30) in the clinical years resulting from the

increase in first year class size from 129 to 159 in 1973 and to broaden and diversify clerkship experiences, one year ago the State-wide Clinical Campus concept was first implemented. This included the offering for the first time of third year required clerkships at locations outside of Madison; namely, at the Mt. Sinai Hospital in Milwaukee and the Lutheran Hospital-Gundersen Clinic in LaCrosse. Medical, neurological and obstetrical-gynecological clerkships were offered in Milwaukee and pediatric and anesthesia clerkships in LaCrosse. Initial responses indicate that the clerkships have gotten off to a very good start. A high degree of student and faculty satisfaction was reported in this initial year. This current year the program has been expanded to include a clerkship in medicine at St. Joseph's Hospital-Marshfield Clinic in Marshfield. Students may take up to one-half of their required clerkships outside of Madison. Approximately two-thirds of the third class will be taking at least

one clerkship experience (2 to 8 weeks) at one of these three locations. The departmental faculty based at Madison are actively aiding the collateral faculty at the three institutions in the development of the basic clerkship program and the School has initiated the monitoring of the educational quality of the programs and student performance.

With the advent of this new academic year 22 new faculty members have been appointed in 12 departments, replacing resignations and retirements and filling budgeted vacant positions. The number of residency and fellowship positions has increased from 413 in 1975-76 to 438 in 1976-77 of which 160 or 37% are in the primary care specialties of internal medicine, pediatrics and family medicine and practice.

As I write this column, the President has under active consideration for signature or veto the Health Manpower bill recently passed by Congress. This is the first new health manpower legislation in several years. The legislation calls for, among many other things, the continuation of federal capitation, and features designed to encourage primary care and improved geographical distribution of physicians. These include the establishment of an expanded National Health Service Corps Scholarship program designed to encourage future practice in doctor shortage areas and a requirement that by 1980 50% of all first year residency positions must be in the three primary care specialists of family medicine and practice, general internal medicine and general pediatrics. The full details of the legislation and the rules and regulations governing its implementation are not yet available, and therefore its full impact upon the School is still not yet known. Hopefully, I will be able to summarize this in a future issue of the *Quarterly*. □

DATELINE: Continuing Medical Education

Nov. 12-13, 1976 — "Pediatric Ophthalmology for the Primary Physician" Wisconsin Center, Madison

Dec. 2-4, 1976 — "Seminar-Workshop on Hyperimmune Diseases of the Lung" Wisconsin Center, Madison

Feb. 25-26, 1977 — "Podiatry Conference" Wisconsin Center, Madison

March 17-18, 1977 — "X-ray Technology Conference" Wisconsin Center, Madison

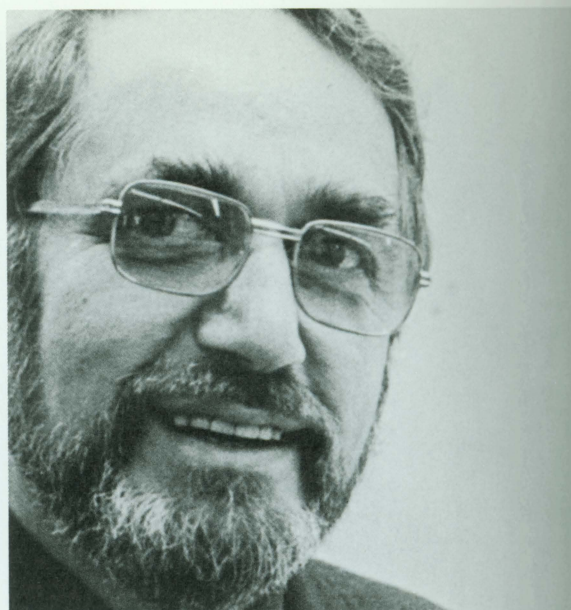
April 28-30, 1977 — "Seminar-Workshop on Tomography" Wisconsin Center, Madison

May 12-13, 1977 — "Industrial Injury Clinic" Pioneer Inn, Oshkosh

Aug. 10-12, 1977 — "Tryptophan Metabolism: Biochemistry, Pathology and Regulation" Wisconsin Center, Madison

(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 the above offerings contact Dennis M. Day, #456 WARF Bldg., 610 Walnut St., Madison 53706 Phone (608) 263-2860.



Bernard i. Lifson, M.D.

Keough - Beware!

by

Bernard i. Lifson, M.D., '49

For years the motto of the Lifson household has been: "Now is the time for all good wives to come to the aid of their husbands." I was holding the chair while Clarice was replacing a burned out light bulb when she suprised me by asking, "How would you feel if I started a business?" I told her I really didn't believe there would be much of a demand for changing light bulbs. Besides, I couldn't leave the office to hold the chair for her every time she needed me. She ignored this comment and then told me she had been thinking for some time of opening an antique shop. She said she had always enjoyed picking up old things and reminded me that I was seven years older than she when we got married. For years we've collected antiques and redistributed other people's castoffs, why not start a little shop of her own.

Now, when Clarice starts talking this way I become concerned. After all, raising five children, cleaning a large 75 year old house, doing the cooking, laundering and landscaping by herself have all contributed to her emancipation. Why would she want to give this all up? It truly ruffled me. "It's for your sake, Bernie," she emphasized. "I want to do something to secure our future. You can gradually cut down your office hours, spend more time teaching and finally have financial security. After all the value of your Keough plan is still 33 1/3% less than the amount you contributed. This

way you can finally take it easy." This certainly sounded logical. I must admit, however, that in 24 years of marriage Clarice's logic has never quite been logical except in her frame of reference. In fact, all of these years, I've seriously questioned her logic. But this sounded possible. It just might be.

Clarice and our dear friend, Min, started their business in earnest. This would be an independent project of theirs. They would be totally self sufficient. They would both be doing "their own thing." She and Min found a quaint shop in one of the suburbs, decided on an extremely original name (which advertising rules of the *Quarterly* prohibit me from mentioning), and had a new window sign painted. There were just a few things that Min's husband, Milt and I would have to help with. First, they would need several thousands of dollars to purchase antiques. Second, a few thousand dollars more to decorate and purchase store fixtures. She next asked what day of the week I'd be off so we could drive to Wisconsin and purchase inventory. We best bring our wagon so Milt and I could carry and deliver the merchandise to their shop. When I reminded the girls that this was supposed to be an independent project of theirs, Clarice agreed, stating, "We are giving the orders, aren't we?"


After numerous trips to quaint shops, old attics, dust bins, auctions and musty basements, I have come to the conclusion that the redistribution of all this junk - I mean - collectables - is the biggest joke of the 20th century. People are laughing all the way to the bank. If they can charge these kind of prices for old mason jars, an empty bottle of Beam's bourbon, a Campbell soup spoon or three rusty old door keys, I could soon plan on cutting down and taking things easier. Perhaps this time Clarice's logic was logical.

There was one minor problem, however. Carting all of this ju- I mean merchandise - was becoming difficult. Carrying hall trees, old oak ice boxes, dressers and such, was exhausting. Milt was developing water on his knees and my inguinal areas were bulging. Then too, what would the patients of a well known North Shore psychiatrist think of their doctor working part time as a "suburban schlepper?" I temporarily entertained the idea of purchasing some theatrical makeup and disguising myself. Shades of the Wisconsin Union Theatre and Dr. Clark.

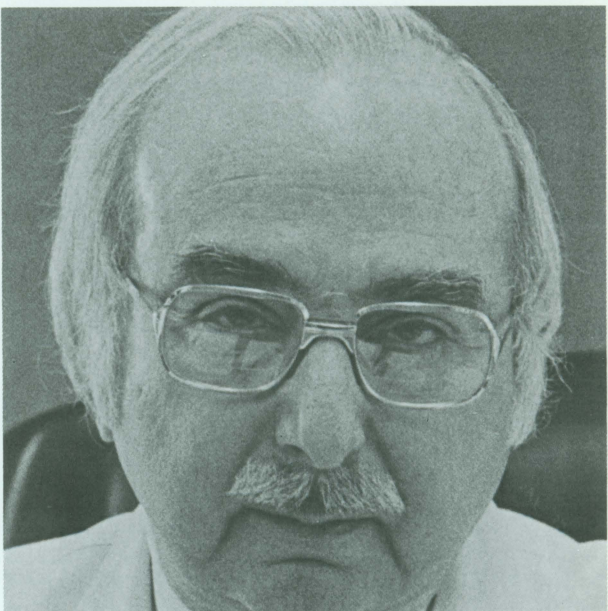
I must admit the prospect of a secure financial future intrigued me. Maybe this would be the answer to today's economy. Then Clarice subtly dropped another bombshell. They were going to upgrade their shoppe and Min would fly to New York to purchase crystal, New Guinea yam masks and Chinese porcelains. Clarice would need several thousands of dollars more for this new stock. Their profit would now be greater and I could retire in fewer years. I was beginning to feel I was reliving my Keough plan. Sensing my anxiety, Clarice reminded me that the last four gifts we had given to friends were from her shoppe. That she had gotten them at cost and did not have to pay retail prices at Marshall Fields. "Just think of all we have saved," she

again directed her logic at me. My only thought was that her shoppe may not succeed but that she and Min may eventually put Marshall Fields out of business. Somehow this sounds like Clarice's logic.

Today Clarice beamed as she told me that for the three months their shoppe has been open, they have made a profit of \$579.80. "We are on our way, Bernie," she exclaimed, beaming with pride. After I explained she'd forgotten to deduct the cost of the items from the total, she figured their profit was now \$179.80. Then I reminded her that she hadn't deducted the expense of three months rent, telephone, electricity, gasoline for our trips and the cost of a broken window that was replaced. Their loss for three months had been \$579.80.

Isn't that nice she smiled. At least my total figure was correct. 

Bernard i. Lifson is the *Quarterly* midwest correspondent.



Mischa J. Lustok, M.D.

"There's No Place Like Home"

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

Our trip to the Soviet Union was most exciting and memorable. Paradoxically, the monumental architectural and artistic residuals of imperial Czarist Russia were the most spectacular attractions.

The Kremlin, a winter palace - the Red Square, so called because of it's red brick paving - the

President Mayer Reviews Alumni Budget

magnificent onion domes of St. Basil's Cathedral — the Pushkin Museum, these were Moscow. The Golden Gates of Kiev, celebrated by Moussorgsky in his symphonic "Pictures at an Exhibition", were real. The palaces of Russian royalty in what is now Leningrad were well preserved and meticulously reconstructed. Petrodvoretz, the summer palace of Peter the Great, with its many playing fountains rivals Versailles, and the Winter Palace housing the indescribably magnificent art collection of the Hermitage Museum is unforgettable. The medieval walled city in Tallinn is intact, and combines the vitality of today within the shell of a 13th century enclosure with its castles, cathedrals and watch towers. Our Inturist guides were proud of their heritage. This was immortal Russia.

A more somber note was struck by a visit to the Peskarevskye Memorial Cemetery, the mass burial ground of the thousands who died in defense of the "hero city" of Leningrad during its 900 day siege. In Kiev the repugnance of man's inhumanity to man was poignantly depicted in the powerful monument erected to Babi Yar. We felt the anguish of this bloody sacred ground. We prayed that the world would not forget.

We were impressed with the cleanliness of the major cities we visited. Littering is a serious offense. The subways close between 2 and 4 A.M. and are scrubbed down. We saw fisherman on the banks of the Moskva river in Moscow and the Neva in Leningrad catching fish that resemble our pike and white bass while nearby bridges carry city traffic. Beautiful sandy beaches with colorful bath houses and parasols are seen on the shores of the Dnieper River which runs through Kiev. Our guide tells us, with some pride, that her rivers are not polluted. We think of the Milwaukee, Menomonee and Kinnickinnic rivers at home and are envious.

We spent one afternoon in the Museum of the Revolution, a bit of clumsy attempt at glorifying the bolshevik revolution, and a brief visit to the site of Lenin's revolutionary headquarters. That was all of our indoctrination. Our beliefs were not challenged as long as we respected theirs. We were free to move about at will, to attend ballet performances, local cultural events, and of course the circus where we created some disturbance and amused the locals in finding our seats. We could photograph anything, except bridges and airports, even the interiors of buildings and museums as long as we did not use a flash. The people on the street were well, albeit not stylishly, dressed. Bluejeans are a much prized height of fashion. In casual encounter we found the Russians serious but friendly. Our accommodations were spartan but adequate. We soon learned to stay out of elevators as much as we could because we were not able to predict either arrival or departure. Food was plentiful and quite tasty, but the monotony of borsch and meat with boiled potatoes twice daily made us dream of hamburger and french fries.

It was a wonderful trip and a great experience. The best part? Coming home. ☐



Hanno H. Mayer, M.D.

When my last column was written, the only real problem for the Alumni Association seemed to be the establishment and implementation of a major commitment memorializing William S. Middleton. Since then, an exciting new possibility for the memorial has appeared on the horizon and will have been discussed by your board by the time you read this. In the meantime, it has turned out that we are operating at a deficit, and that requires some thought. A mailing has gone out soliciting opinions on where to trim the expenditures, and your board will take into account the majority opinions as they are expressed. In the meantime, we can't print money, so we have to think about ways to set things in balance again. We have just had a dues increase and while more alumni are paying more dues, our expenses are rising, and there is nothing to say that doing just the things that are now part of our alumni year will not push costs higher from year to year.

While the board awaits your response, I have one suggestion. A small check from many (and I don't exclude life members in this appeal) would cover or substantially reduce our deficit. We are not going to circularize you on this, but to those of you who feel they can respond my thanks in advance for being concerned alumni. (P.S. To keep bookkeeping straight, earmark your check to indicate its purpose.) ☐

Independent Study Program Reviewed

*Diana Novacheck
President,
Senior Class*



I'd like to thank everyone who took the time to respond to my first **Quarterly** article.

Part of my function in writing this column is to keep alumni in touch with decisions of importance here at the medical school. One of those decisions was made in April 1976 when the faculty voted to continue the Independent Study Program (ISP) at least until remodelling to provide adequate teaching space for the entire medical school student body is completed.

I'm aware that the value of the ISP is a somewhat controversial subject especially among the faculty of the medical school. One could extend this to state that the subject of medical education is a controversy across the nation. With this in mind, I'd like to devote this and my next article to discussing the ISP and medical education.

For those of you who are only vaguely familiar with the ISP, I'll begin with a brief description of the ISP and its origin.

The ISP notion was first conceived early 1942 when in order to become competitive for federal matching funds for the new hospital building, it became necessary to commit the medical school to significantly increasing its number of graduates by increasing class size from 130 to a goal of 200 in each entering class by 1980. Because there was not enough space available to educate additional students (130) in the traditional manner, an alternative method of teaching was sought and the concept of the ISP was brought forth. Subsequently a grant proposal for the funding of ISP was submitted to the Bureau of Health Manpower and in August 1972 the federal government awarded the medical school \$800,000 over a four year period to which the state added \$138,000 per year for four years.

At the time that the program was initiated, the originators had more in mind than merely a way to provide room for additional students. In their minds independent study held the possibility of being an alternative and perhaps better way of educating selected medical students. Some of the possible advantages in their minds included:

1) Incultation of independent study habits would provide a good basis for the student to continue his/her

medical education throughout his/her career rather than terminating education with termination of residency.


2) Some thought that the time necessary to learn the required basic science material could be shortened to less than a 2 year period through independent study.

3) Opportunities not available to regular curriculum students could be made available to ISP students because of a lack of formal time restrictions.

In August 1973 the first 30 students entered the ISP. The ISP was described to them as "the means by which students at the University of Wisconsin Medical School may complete the basic science requirement of the M.D. degree without the necessity of attending **formal** lectures and lab exercises or presenting themselves for exams at times specified by the medical school. It is based on the assumption that students have attained a sufficient degree of realistic self-discipline so that they can complete the rigorous requirements of the basic sciences of medicine by self-direction and self-pacing. It is **not** unstructured learning leading to an M.D. degree." At the third year or clinical years level, the ISP students rejoin the regular curriculum.

To facilitate their learning process the ISP students are provided with learning objectives prepared by faculty which correspond to each regular curriculum course. They are provided with various learning aids including references to texts and journals relative to objectives, faculty-prepared handouts, and a variety of audiovisual aids. The ISP students are free to attend lectures if they so desire. In addition to scheduled faculty contact, students are encouraged to initiate faculty contact for any problems they have. Exams are taken at the students' leisure when they feel adequately prepared.

The ISP will continue to admit 30 students per year until 1980 as a result of the April 1976 faculty decision. The question is should the program be continued beyond that time? In an attempt to assess this question in my next article I'll discuss some of the data collected by the ISP Steering Committee as well as some of the pros and cons of the ISP and the benefits that have accrued as a result of the program.

Your thoughts on medical education and/or independent study will be welcome. 

ALUMNI CAPSULES



Arthur S. Leon, M.D.

Dr. Arthur S. Leon, '57, associate professor of medicine and public health and a member of the graduate faculty in exercise physiology and nutrition at the University of Minnesota, Minneapolis, recently participated in a White House Conference on Health, speaking on "The

Relationship of Exercise Habits to Health and Quality of Life."

Q

New division head of pediatric neurology at Northwestern University's Children's Memorial Hospital in Chicago is **Dr. Lawrence G. Tomasi, '70.** He previously was at the Waisman Center on Mental Retardation and Human Development at the UW-Madison campus.

Q

Dr. Harold A. E. Wenger, M-'43, in August moved to Whittier, Calif., after retiring from the State of California Medical Department. The board certified anesthesiologist served as a medical consultant for the state.

Q

Dr. Richard S. Kane, '73, began the practice of internal medicine in Milwaukee in June after completing his residency at the Mt. Sinai Medical Center in that city.

Q

After completing an orthopedics residency at Washington U's Barnes Hospital in St. Louis, **Dr. Richard J. Marchiando, '69,** in July joined the Gunderson Clinic in La Crosse.

Q

A year in Japan is in the offing for **Dr. Samuel M. Cohen, '72,** as part of the U.S.-Japan Cooperative Cancer Research Program. He will be stationed in Nagoya City. Dr. Cohen recently passed his boards for anatomic and clinical pathology.

Q

One UW medical alumnus has recently completed graduate training at the Mayo Graduate School of Medicine, Rochester, Minn., while another has just begun work there. **Dr. Michael J.**

Ebersold, '70, a neurosurgeon, completed his work; **Dr. Leah Oftedahl, '74,** has begun pediatric training there.

Q

Dr. Lawrence M. Field, '55, San Luis Obispo, Calif., dermatologist, has been named to membership in the American Association of Cosmetic Surgeons.

Q

Another 1974 alumnus, **Dr. Robert W. Moths,** is a resident in radiology at St. Joseph's Hospital in Milwaukee. He is the 1976 recipient of the President's Award of the American Roentgen Ray Society and his paper, "The Spectrum of Measles Pneumonia," was presented before the society's annual meeting in Washington last month.

Q

Dr. Richard W. Gerber, '72, enjoys group family practice and "good living" in Caldwell, Idaho, where he moved after completing his residency in Salt Lake City. The board certified family practitioner last May competed in the first annual HCA Physicians Relay in Nashville.

Q

After completing a general psychiatry residency at U. Cal. San Francisco in 1974, **Dr. William J. Swift, '70,** was in practice for two years and recently began a child psychiatry fellowship at the University of Colorado Medical Center, Denver.

Q

Dr. Judah Zizmor, '34, New York City, spoke on Tumors of the Nasal and Paranasal Cavities during the International Congress of Radiology at the University of Copenhagen Medical School, Denmark, on May 30 to June 4. Late in June he participated in a

group presentation at the Canadian Otolaryngological Assn. in Vancouver, B.C.

Q

Dr. Norman F. Deffner, '68, recently was elected chief of staff at Wausau Hospitals, Inc. He moved to Wausau in 1973 after completing a dermatology residency at the Mayo Clinic and practices in a 2-man group.

Q

New chief of ENT at the Great Lakes (Ill.) Naval Hospital and a new full Commander is **Dr. Jan J. Weisberg, '67**. An assistant professor at the Chicago Medical School, CDR Weisberg also is a fellow of the American Academy of Otolaryngology.

Q

Dr. Richard H. Katz, '66, recently opened family practice offices in Beverly Hills, Calif. With three other bridge players from the Los Angeles area, Dr. Katz recently played a challenge match against the Italian "Blue" Team (included in its ranks was movie star Omar Sharif). Katz' team won and each member was awarded a new Lancia Italian sports car.

Q

Dr. Marvin Roesler, '54, is now Chief of Radiology, Radiotherapy and Nuclear Medicine at Union Memorial Hospital, El Dorado, Ark.

Q

Dr. Leonard Avedian, '70, is a resident in plastic and reconstructive surgery at the Ohio State University Hospitals in Columbus, Ohio.

Q

Dr. Gary S. Clarke, '64, is president of the Spokane Radiological Society and vice-president of the Washington State

Radiological Society. Gary is with a group of 5 diagnostic radiologists in Spokane.

Q

Dr. Harry C. Wong, '58, along with two other anesthesiologists have opened the first free standing ambulatory surgical care facility in the state of Utah.

Q

Dr. Thomas Malueg, '61, has accepted the position of Executive Director of Oakland County Community Mental Health Service Board in Michigan, effective November 15, 1976.

Q

Dr. Ted Fox, '57, was recently installed as President of Wisconsin Academy of Family Physicians.

Q

Dr. Darryl R. Stern, '67, Scottsdale, Ariz., has passed his boards and earlier this year entered the private practice of psychiatry in nearby Tempe and Phoenix. He previously was director of the Camelback Hospital Mental Health Center.

Q

Dr. Maury B. Berger, '72, has entered the private practice of medical oncology and general medicine in Milwaukee after completing a clinical oncology fellowship at UW Hospitals, Madison. Dr. Berger earlier completed his residency at Mt. Sinai Medical Center, Milwaukee, and became board certified in internal medicine.

Q

Retired general practioner **Dr. Ralph J. Rose, '38**, now is dividing his time between his home at Portland, Texas, and Boulder Junction, Wisc. He and wife Helen

bought a cottage on Boulder Lake last fall and plan to spend the summers up there, escaping the Gulf Coast heat and humidity.

Q

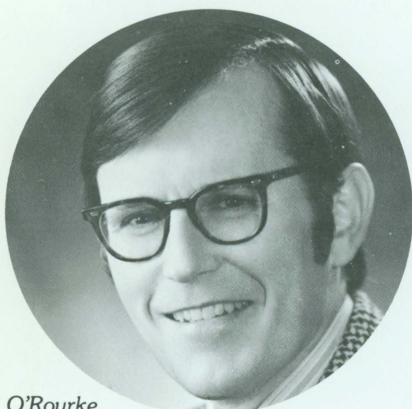
Dr. Gene Enders, '70, in July joined the Red Cedar Clinic in Menomonie after completing the UW-affiliated family practice program at St. Mary's Hospital, Milwaukee, as one of its first two graduates. The summer **Quarterly** mistakenly placed the clinic in Menomonee Falls near Milwaukee. Menomonie is a community of 12,000 located 25 miles west of Eau Claire.

Q

Necrology

- Dr. John R. **Newman, '10**, Madison, October 10, 1976
- Dr. William D. **Middleton, '14**, Madison, July 31, 1976
- Dr. Elmer G. **Sentry, '15** in Davenport, Iowa, Nov. 25, 1975
- Dr. Francis J. **Scully, '17**, Hot Springs, Ark., March 10, 1975
- Dr. Clyde J. **Westgate, '19**, in Chicago, July 19, 1976
- Dr. Dorothy Sara **Dimond, '22** Laguna Hills, Calif.
- Dr. Edward T. **Evans, '22** Minneapolis, Minn., April 19, 1976
- Dr. Margaret Ellen **Hatfield, '27** Elkhorn, Wi., August 11, 1976
- Dr. Oscar W. **Hurth, '36**, in Scottsdale, Ariz., in July 1976
- Dr. William B. **Hildebrand, '39** Neenah, July 6, 1976
- Dr. Robert C. **Puestow, '45** Manitowoc, Wi., October 7, 1976
- Dr. John Joseph **Toohy, '48** Ventura, Ca., September 1976
- Dr. Janet M. **Whitmore, '48** Rochester, N.Y., September 7, 1976
- Dr. Cynthia May **Miller, '74**, Ann Arbor, Mich., July 17, 1976

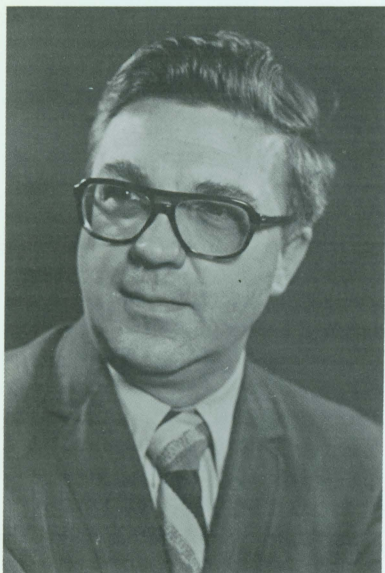
New Associate Editor Named



Robert L. O'Rourke

Robert L. O'Rourke, former public relations director at West Allis Memorial Hospital, has replaced Kurt Krahn as associate editor of the Wisconsin Medical Alumni Quarterly, according to Editor Mischa J. Lustok.

Krahn has accepted a position as public relations director for the American Family Insurance Group in Madison.



Kurt Krahn

In the last 8 years under Krahn's editorship, the **Quarterly** has received "Pacesetter Awards" twice from the Wisconsin Business Communicators' group. Krahn also served as information director for the UW Center for Health Sciences since 1968. Krahn is a Wausau native and a 1952 graduate of the UW Journalism School as well as past president of the Madison Press Club.

O'Rourke received the appointment earlier as the new director of public affairs and community health education for the Center. He has won several Public Relations and Patient Education Program awards. He's President-Elect of the Wisconsin Hospital Public Relations Council.

Before moving to Wisconsin, he was vice president of public relations and marketing at the Union Bank in Tucson, AZ. Originally from Boston, O'Rourke attended Harvard University and graduated from the University of Arizona. □

FACULTY PROMOTIONS ANNOUNCED

The names of four medical school faculty members were inadvertently omitted from the list of promotions to professor and associate professor in July. Advanced to professor was Guenter B. Risse, M.D., chairman of the department of history of medicine. Named associate professor were James R. Greenley, Ph.D., psychiatry; Ronald L. Numbers, Ph.D., history of medicine; and Albert L. Wiley, M.D., human oncology.

Over 130 promotions on the UW-Madison campus effective July 1, including 13 at the medical school. □

Medical Microbiology Names New Chairman



Joseph B. Wilson, Ph.D.

Joe B. Wilson has been named chairman of the UW Department of Medical Microbiology.


He succeeds Duard L. Walker, chairman of that department since 1970. Dr. Walker has resumed fulltime attention to teaching and an extensive research program in viral diseases.

Dr. Wilson comes to the Medical School from the UW College of Agricultural and Life Sciences. He has been on the bacteriology faculty there since 1946 and served as chairman of bacteriology from 1968 to 1973. In that department he taught students from the Schools of Pharmacy, Nursing and Allied Health Professions.

Dr. Wilson received his Ph.D. in bacteriology from the University of Wisconsin in 1947. From 1965 to 1969 he was associate dean for the biological sciences in the UW Graduate School.

He is a co-author of the textbooks **General Microbiology** and **Experiments in General Bacteriology**. □

**Dr. John Morrissey
Elected President of
National Group**


Dr. John F. Morrissey, Int. '5556, is the new president of the American Society for Gastrointestinal Endoscopy. He became head of the 1,500-member organization at a "Digestive Disease Week" meeting in Miami this spring. Dr. Morrissey is professor and vice chairman of the UW Department of Medicine and head of the section of gastroenterology. 

**UW Hospitals
New Pain Unit to
Help Chronic
Pain Sufferers**

People who suffer from chronic pain may find help through a new Pain Treatment Unit that opened last August at UW Hospitals. The new six-bed, inpatient unit located at the Neurological and Rehabilitation Hospital, 1954 E. Washington Ave., will treat patients through a behavior modification technique called "contingency management."

According to psychologist Charles Cleeland, Ph.D., contingency management is a conscious effort by the patient's family and health care team to reward the patient for not complaining about pain. "We don't expect to 'cure' a patient's pain," Dr. Cleeland continued, "but we do want to teach him to live and cope with his pain."

The Pain Unit staff, directed by rehabilitation specialist Richard Timming, M.D., and Dr. Cleeland, includes a nurse, social worker, physical therapist, occupational therapist and psychologist.

Initially, participants in the program will be carefully observed to see which present conditions merit "rewards" like rest and general attention. Then, a program will be established to insure that these rewards are given for healthy behavior instead of pain-indentifying behavior. 

A Brief Look Back

BY GARRETT A. COOPER, M.D.

'35

MEMBER, EDITORIAL BOARD

MADISON —You may have noted in the summer issue of the *Quarterly* that I've retired from the private practice of dermatology and although I am "emeritus", I will continue teaching at the VA Hospital one morning each week. This new status allows me the opportunity to thank all of my professors and colleagues for their help over the years.

As we see the new Health Sciences complex rising in our neighborhood, allow me to reminisce and recall our small facilities at Science Hall.

When I entered the University as a freshman all physical examinations were conducted in the partly completed Wisconsin General Hospital. For those of you who received your basic science training in Service Memorial Institute and Bardeen Laboratories we should note that there were different laboratories in the early days. My basic science training took place in Science Hall, the red brick building at the foot of Langdon Street.

Earlier it had been taught in the red attic of the Engineering Building. Physiological chemistry under Dr. Harold Bradley was located on the north side of the Science Hall basement and quarters were quite cramped. Both physiology and pharmacology were on first floor, north, with some offices on the Park Street side. The auditorium was on first floor, north, and it was shared with geology and geophysics.


Histology and neurology were

on third floor, north and Dr. William Snow Miller had his office at the back of the room. Pathology and bacteriology were on third floor, south, and the offices were on the fourth floor in rooms originally designed as a greenhouse.


There were anatomy classrooms on fourth floor, north, and a large dissecting room on the fifth floor. Below it on the fourth floor was a large lecture room where Dean Bardeen gave his lectures. The room was shared with embryology and the walls were lined with embryological specimens.

Two small windows can be seen from Park Street at the sixth floor level and located here was the pharmacology arsenical laboratory. Kept here were the syphilitic rabbits and rats with African sleeping sickness.

Science Hall was the cradle of the Medical School. After SMI and Bardeen were built Science Hall was taken over by geology and geography. Now, thanks to the UW Medical Alumni, the library in the first floor and basement of SMI has been moved to the beautiful Middleton Library where there is plenty of room.

I should like to see Dr. Paul Clark's book, "The University of Wisconsin Medical School, A Chronical: 1848-1948", become required reading for all those associated with the Health Sciences Center. This book gives the background and history of a great medical school. 

Dr. Maxine Bennett Honored


Dr. Maxine E. Bennett, professor and chairman of otolaryngology in the department of surgery at UW, has received the Outstanding Alumni Award from Hastings College in Nebraska. Dr. Bennett received her undergraduate degree from Hastings and her M.D. from the University of Nebraska. She has been with the UW Medical School since 1953. 

Dr. Pitot Appointed to National Board



Henry C. Pitot, M.D.

Henry C. Pitot, M.D., Ph.D., has been named one of six new members of the National Cancer Advisory Board by President Gerald Ford. The 22-member board gives advice on the national cancer program to the director of the National Cancer Institute. The appointment is for six years.

Dr. Pitot is professor of oncology and director of the McArdle Laboratory for Cancer Research on the UW Center for Health Sciences campus. A well-known researcher and teacher, Dr. Pitot served as acting dean of the Medical School from 1971-73. 

has anybody seen...

In maintaining a current listing of all our members, the Alumni Office would appreciate hearing from the following graduates or anyone who may know their current address, thanks!

Juanito Bartolome, '25
Elvin M. Bremer, '51
Theodore A. Butzin, '28
F. Richard Catlin, '54
Bohumil Foucek, '28
Elizabeth A. Hogman, '67
Harvey C. Johnson, '24
Hugh K. Lancaster, '14
Jay H. McCormack, '14
Bernard P. Mullen, '19
Warren P. Olson, '53
Jan R. Radke, '69
Harold A. Ramsey, '15
N. Mark Richards, '66
Edgar A. Rygh, '24
Herbert L. Shepard, '48
Maurice J. Silverman, '24
Allan M. Steigerwald, '67
Steven J. Stravinski, '71
Wilfred A. Thiel, '29
Kwei Sang U, '69
Dale A. Waters, '67