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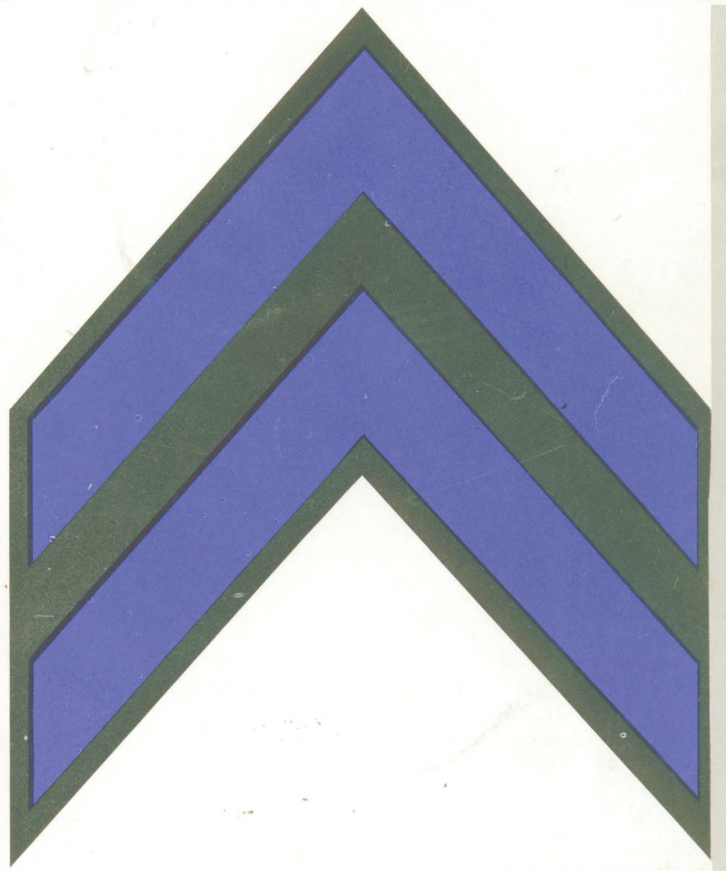
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Quarterly

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Quarterly

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About the cover

Artist Tony May takes his inspiration the cover from the symposium, beginning page 25, on the relationship of the VA hospitals and the Medical Schools in patient care teaching and research.

Four contributors, Drs. Robin Allin, Musser, Peter Eichman and Richard Wasserburger, look at the topic from different points of view. Art within the symposium page also by Mr. May.

FROM THE MAILBOX

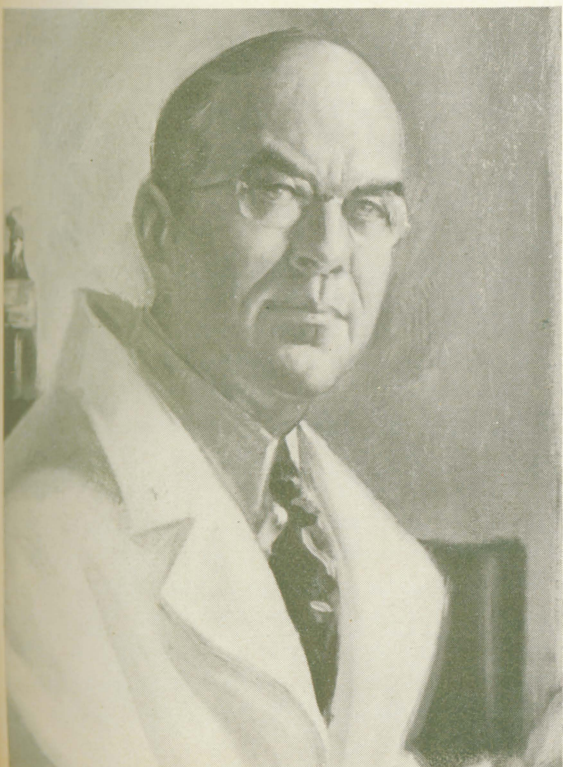
Dear Bill

(And all the other alumni and friends of the University of Wisconsin Medical School):

At long last, the manuscript of the history task that you assigned to me more than two years ago (January 6, 1964) is completed. I did not think I'd make it, but fortunately, the blood vessels have continued to behave well and persistence has won, but just barely. "It's dogged as does it."

Tentatively, I have named this history "The First Century of the University of Wisconsin Medical School," because the constitution of the state (1848) named a "department of medicine" as one of the four divisions of the proposed University of Wisconsin. This "labor of love" has become more involved than either your board of directors or the person

Paul F. Clark



they persuaded to take on the task could have had any idea. It now consists of some 600 typed pages, many notes, and a Foreword by Dr. Middleton plus an unknown number of photographs and several attractive pen and ink drawings of the early buildings.

Collecting the material, including many letters, conferences and meandering in dreams through the past with old friends, most of them now gone, has been fun, a rich opportunity. Considering those who have died and those who have passed beyond the three score years and ten but are still reasonably alert has been difficult, but in modern parlance, a challenge.

The attempt to present those who are still active (and young from my point of view) has been a severe ordeal. I should have used an earlier cutoff date, but alumni wanted me to include the longer period to 1948.

Among the histories of the many medical schools, three types of authorship are found, each with its advantages and weaknesses: 1) some have been written by an outside competent historian rather formally after detailed study; 2) others probably the best, have come from the pens of a member of each department who has been able to tell the stories quite intimately and with greater completeness; 3) some unsuspecting ancient member of the faculty has been called upon to do the "impossible." I am now strongly of the opinion that the second method has the most to offer with a broader distribution of the inevitable "slings and arrows" and richer detail. The third procedure has a basis of long time memories that should be helpful.

"Such as I have, give I thee."

Ave atque vale.

Paul F. Clark
Emeritus Professor
of Medical Microbiology

□

To the Editor:

I whistled when I saw the cover of the Winter Quarterly, and was filled with ad-

miration as I glanced through the new interior decor. A splendid job editor Mischa.

The Directory is also a first class piece of publishing, and I for one am pleased to have it. Glancing through the pages in spare moments brings back many interesting memories. Also, when our son Bill went to Seattle during the holidays, seeking a graduate appointment in archaeology, I was able to give him the address of "Sawgy" Bingham, one of my housemates in the class of '37. He found Jim far from fossilized, and was shown the town in style.

The work required to assemble the Directory had to be enormous. No doubt you

thought of having indices by location or class, and I think they would be desired by many alumni. If the Association wishes to issue a supplement with such indices, I would venture to take on its preparation as occupational therapy. Also included could be a listing of graduates-whereabouts-unknown which would stimulate filling in some of the gaps.

R. J. Dancey,
Medical Director & Supervisor
Vermillion County
Tuberculosis Hospital
Danville, Ind.

MOVING SOON?

If you plan to move to a new address in the near future, please let the Medical Alumni Association know where you are going. The association is undertaking some exciting projects, and significant things are happening in the Medical School. If we have your new address, we can keep you informed as developments occur.

Happily, we are one of the few publications that does not require three weeks or a month of notice. We promise to change your address in one day (It doesn't matter much anyway—we only publish quarterly.) The form below is for your convenience. If you lose it, just send a letter. The address is: *Wisconsin Medical Alumni Association, 418 N. Randall Avenue, Madison, Wisconsin, 53706.*

NAME ----- CLASS -----

NEW ADDRESS -----

OLD ADDRESS -----

DATE OF MOVE -----

ANY NEWS -----

COLUMNS

Grow and divide

By MISCHA J. LUSTOK, '35
EDITOR

We read this with more than casual interest and with more than usual concern: "In January, the Regents approved a recommendation that proposed new building for the Medical School be located north of the Veterans Administration Hospital in Madison."

Around, around we go. Does history repeat itself? Indeed it does at Wisconsin.

The medical student of the earlier years of our school who learned his anatomy in the old Science Hall at the foot of Langdon Street and his physiology in the newer Institute buildings on Charter Street had dreams of a unified Medical School facility—where all the medical sciences would grow in contiguity, and the artificial division between basic science and clinical experience would melt in geographic fusion. An amalgam of science, research and bedside patient care has to be the hallmark of Wisconsin—and it was, until the alloy began to expand under pressure of growth and overran its vessel. Now our planning fathers are disengaging the intimacy of the disciplines by physical detachment. We wonder if the price of corpulence is worth the divorce?

We are appraised of the cost of proliferation. Dr. Paul F. Clark, even in retirement, continues to teach us: "As you know, most of the organisms with which I have worked all my life, when they get too large for adequate metabolic processes, simply divide and we then have two organisms where there was one before. Personally, I think that is frequently a desirable procedure for man-made institutions."

Thank you again Dr. Clark for your lesson. We cannot help, however, to feel a bit nostalgic for the days when one could live in intimacy with the panoramic exhibition of a multiplicity of medical disciplines, study within an intellectual lacework of interplay in the broad spectrum of related and involved sciences, and graduate from a whole medical school.

Curriculum revision

By HERBERT W. POHLE, '38
PRESIDENT

How can a medical student possibly be taught all the available medical knowledge during four years of medical school? What should be omitted? What should be added? Should some courses be dropped and others substituted? Should even the format of the accepted premedical course be changed?

The amount of information pertaining to function and structure of the human body in health and disease is increasing at an exponential rate. The technologies that have made it possible to proceed from knowledge of the whole organism to study of the cell, the organelle, the molecule, the atom, have shaken the foundations of histology and pathology. The biological unity of living organisms cuts across many disciplines. We must now think of bacteria in different terms since viral and bacterial genetics has become a supporting pillar of the new field of molecular biology. An understanding of bacterial biology is basic to the understanding of human metabolism, practical antibiotic therapy, and even the nature and behavior of neoplasms.

Deeply involved in this revolution is the struggle of function versus structure. The enzyme chemist is challenging the electron



microscopist. In this connection, however, it is of interest that the enzyme chemist is often led to a biological discovery by the electron microscopist, who having seen a new structure, pointed the way to a study of its function.

The priority of curriculum revision among medical school faculties is apparent, but how does one resolve all these issues? From the point of view of an alumnus I have some convictions about which aspects of my education have been most valuable to me. I believe that most alumni would endorse emphasis on these basic issues:

1. Since medical knowledge is characterized by early obsolescence, imparting all the present medical knowledge should not be a concern. While a need for a current understanding of medicine is obvious, emphasis should be placed on training a student to be a perpetual student of medicine. He should strive to expand his capacities for reasoning and critical judgment. This implies premedical exposure to philosophy and the timeless lessons of history beyond the present practice. It underscores the precedence of principle at the expense of fact, if necessary. Early exposure to medical journals should condition him for later dependence on these

as the means of continuing education in the factual medical world.

2. Since the goal of the medical student is to become a physician, there should be introduction to the patient at the time the student is concerned with basic sciences. The student who sees in the patient the problem the need for knowledge of basic science, will learn the basic science lesson better. This relationship also implies greater participation of the basic scientist in the last years of clinical medicine.

3. A medical school cannot afford to become a vocational training school. Its graduates will never be more than medical technicians and the school will never rise higher than the performance of these alumni. The physician is involved in not only the medical affairs of his patients, but the counseling of these people as well. The community in which he lives expects him to be a creative leader. Mankind expects him to be a disciplined thinker. These demands imply an urgent need for a broad education in sound principles.

How these fundamentals are implemented will depend upon teaching manpower, physical plant, and other practical considerations. Actually, however, the needs of the medical student haven't really changed. Our understanding of them has—our determination to meet them should.

California notes

By W. H. OATWAY JR., M.D., '28
CONTRIBUTING EDITOR

The number of Wisconsin (originals) who come to speak in this area is legion, and of the legionnaires in current prints is well-known Bob Barter. He is speaking this month at the Loma Linda postgraduate convention (34th) on such esoteric topics as genetic factors in Gyn., emotional factors in vaginitis, and the more practical GYN subject of the family planning . . . Bob was a Wisconsin graduate, had a residency in Washington, D.C.

It comes as a jolt to anyone graduating having served time at Wisconsin up to a year ago, to hear of the projected move





the medical campus to the area near the VA Hospital, just off University Avenue, just short of Shorewood. . . . An aerial view shows it to be a natural, with wonderful space, etc. But a natural for 20 or 30 years ago! Now, they say, after scrounging for appropriations and funds for all these decades. The old-timers can still recognize most of the buildings, if not so many faces, but the future will be for the kids.

We liked the new publication W.M.A. Quarterly, but then we liked the old Bulletin too. As long as it has pictures of people and buildings we can like it if it were a Saturday Review. The new library; Einar Daniels, Harold Rusch (gaining weight with stature); and others. We can even be indoctrinated into the new campus idea (maybe). . . . Sudden thought;—perhaps; since Dr. Middleton has mostly moved to the VA Hospital, the Medical School is forced to move there to be near him!

We missed the visible Puestow on his recent trip to California. A telephone conversation is only a fair substitute for seeing Karver in person, but it's what we have to accept about every second trip. Everything in Los Angeles is 10 to 40 miles from every other place, and this time the 'flu' was an added handicap. Don't stop calling, but try a day's notice when possible.

It is reported that Norbert Trauba is re-

tired as director of the Spokane, Washington, VA Hospital. He is connected with California by the following sequence,—He graduated from University of Wisconsin in 1922; he graduated from Pennsylvania in medicine; he had an internship at WGH in 1926 (one of the first crop) and then continued on at the VA Hospital in San Francisco.

The Wisconsin Alumnus magazine noted the sad fact that long-time Professor Andrew Weaver (English Dept.) and his wife were killed in an automobile crash last summer. A happier event connected the Medical School to Dr. Weaver when he joined the late Irwin Schmidt (surgery) and your columnist (medicine and chest diseases) in a successful effort to arrange joint Wisconsin degrees for the famous acting team of Alfred Lunt and Lynn Fontanne. They were great good friends of both Wisconsin and Carroll College, and still have a home at Genesee Depot.

Horace Getz was known to the students in Dr. Paul Clark's courses over a good number of years, after 1935. He left his teaching work there to do clinical work at the Phipps Institute (TB) in Philadelphia and came to California about 1943 to head the Hastings Foundation work on TB in Altadena. He did a beautifully controlled study of a "healing factor," related to the non-saponifiable portion of cod liver oil, and almost had the identification completed when Hastings funds shifted to USC in 1960. . . . Before he left he had been president of the Pasadena TB Assn., L.A. Trudeau Society, the California Sanatorium Assn., etc. He has been in Nevada for six years, Supervisor, Section of TB Control, State Health Dept., and doing a rousing good pioneer job in case-finding, education, care of patients, etc. Can you imagine the chore of getting people in Las Vegas and Reno to conform to health laws, if you had some health laws? His wife, Helen, helps the good fight.

LeRoy Misuraca of Whittier, Calif., is handsome (tho balding), dapper, entertaining, and very, very busy. This is all we can say at present, since we saw him in November, 1965, and February, 1966, wrote to him in December, but can only get promises of news and a visit to our hospital.

We mentioned six people from this area in

a column a year ago. We have seen every one of them in the past two months.—Dick Smith, the J. Steeles, Bert Meyer, Rich Jacobson, Hunter Shelden, and John Urabec. It may be a rut, but it is a pleasant one.

This paragraph is a 'Think-piece,' filled with evangelism, and written because the title 'contributing editor' should allow the column to contain more than news notes. . . . There can be many motives for doing good deeds, —To help someone who needs it; to help because it gives you self-satisfaction, etc. . . . Consider your relationship with medical Wisconsin,—Do you owe it a debt? How much? What have you done lately? Is it too late to repent? . . . I know where I stand,—I went to medical school in old Science Hall for two years; instructed for a year (with Gort Ritchie) for Drs. Bunting and Medlar in pathology; had a residency in medicine at WGH (Middleton, Van Valzah, Blankinship, Sevringhaus, et al); had eight years of teaching and organizing of a service; had been helped to get work at Pennsylvania and Harvard; etc., etc. I know where I stand,—I could labor and help and write and give to student funds for years and years and never get even. Here's what you can do,—Send news and ideas to the Wisconsin Medical Alumni Quarterly; tell what others are doing; give a few dollars now and then (remember big government doesn't do everything); congratulate a Badger whenever you hear of his success; and then show up in Madison every six to 12 months for one of the fall or spring meetings (and you'll start owing them all over again) . . . Finally, remember the Bard's suggestion, —"If 'twere done when 'twere done then 'twere well 'twere done quickly."

Southwestern correspondence

BY JACKMAN PYRE, M.D., '37
SOUTHWESTERN CORRESPONDENT

Edward J. Lefeber practices internal medicine in Galveston, Tex., having graduated from the University of Wisconsin Medical School in 1936, going on to internship and residency at the Medical College of Virginia. He has held numerous positions in the medical branch of the University of Texas at Galveston. He was president of his county medical society in 1954.

Dr. Lefeber says he has not had much time to follow his hobbies of painting and music recently. He played clarinet in the Galveston County Symphony Orchestra for the several years that it existed. While in undergraduate school and during the first two years of medical school, Dr. Lefeber was a member of the University of Wisconsin Concert Band under the direction of Major Morphy.

He has enjoyed the Alumni Quarterly and says that he will do anything he can to help it. He is already involved in a large number of civic affairs. How about adding one more and making him Texas Correspondent?

Dr. Bernard Ailts, whom I remember well, practices internal medicine and allergy in Abilene, Tex. He got his Ph.D. and took his first two years of medicine at Madison and graduated from Rush in 1937. He has three children, golfs and follows golf tournaments, and does photography.

Bernie says he often sees Bernard Feinberg, now of San Antonio, Tex., at allergy meetings and, mentions Dr. L. B. Webster, an outstanding Abilene internist who took part of his training at the University of Wisconsin."

Harold V. Ellingson, Colonel, USAF, Major, commander, spent the years from 1936 through 1942 in Madison going to graduate school, getting his Ph.D. and completing five years of medical school and a year's internship. He is certified in public health under the American Board of Preventive Medicine and, also is certified in aviation medicine. He entered the Army in 1942, was commander of USAF Medical Service School from 1946 to 1962 and, since then has been commander of USAF School of Aerospace Medicine.

He is a fisherman and photographer and has received the Legion of Merit, Army Commendation Medal and Air Force Commendation Medal. His address is Brooks Air Force Base, Tex., and, in addition to being president, elect, or now president of the American College of Preventive Medicine and a fellow of the American College of Physicians, he is a fellow and member of the executive committee of the Aerospace Medical Association.

Arthur L. Sarris, M.D., University of Wisconsin, class of 1955, hometown, Antigo, Wis., did all of his undergraduate work and Medical School work in Madison. He spent a year

Galveston at the University of Texas Medical Branch as an intern. I wonder if he compared any notes with Dr. Lefeber? After that he went orthopedic all the way, with two years residency in the Army and four years back in Galveston under Dr. G. W. Eggers and then to Dallas, where he is a diplomate of the American Board of Orthopaedic Surgery. (the spelling is his or his secretary's). He and his wife, Linda Thalia Sarris, have two girls, ages six and two.

Senior class notes

BY GLENN WHITECOTTEN
SENIOR CLASS PRESIDENT

By the time this article is published, the seniors will have received their internship appointments. At the time this article was written, however, the announcements will not have been made for one week. Perhaps you, the alumni, can recall this point in your medical careers. I'm sure that we differ little in the state of expectation that exists at this moment as compared with that of the past; for it seems that the news of where we will be spending our next year of medical education is the climax of our four years at the medical school.

Although we await the news of our internship appointments with anticipation, we are also aware of a sense of trepidation, for not only will we represent the University of Wisconsin Medical School and its medical heritage and tradition, but we, ourselves, will be judged by how effective that heritage has been in producing this year's crop of neophyte physicians. We are constantly reminded that such feelings should be of little concern; never-the-less, leaving a familiar environment for one somewhat less familiar engenders a mild form of anxiety until acclimatization is achieved.

In past articles, I have written about various aspects of the senior year. In retrospect, the senior year is undoubtedly the most enjoyable of the four years, for it was during this year that we experienced the most freedom in patient care and its attendant corollary—patient responsibility. A taste of this, no matter how brief is satisfying. It is for this reason that we anxiously await July first.

This brief article is my last as the senior

class representative for the Quarterly. In closing, on behalf of the seniors, I would like to thank the members of the faculty, the members of the house staff, and the preceptors and their associates for the medical pearls which have filled our notebooks—and hopefully our heads.

Dean's corner

BY PETER L. EICHMAN, M.D.
DEAN

There are many items of interest to the Alumni since the last Quarterly. Two are particularly noteworthy. The heart, stroke, cancer legislation has been a matter of great interest to our School and Marquette University. We have just about completed final preparations of an application for planning for the State of Wisconsin. This will be submitted simultaneously with an application from Marquette University.

There is considerable speculation as to the long range impact of the heart, stroke, cancer legislation on the pattern of medicine. It would appear that one of its first influences will be to improve the continuing medical educational effort. Since this is a program very important to us, we look forward with some enthusiasm to upgrading it. This would have its principal beneficial effect on the alumni in the midwestern area. These programs will be developed throughout the country and I am sure that the heart, stroke, cancer legislation will become a model for further federal programs.

We have been deeply concerned about the animal care legislation which is before congressional committees at the present time. Our faculty signed a petition urging support of the Roybal Bill (HR 5191). Some of the bills before Congress are so restrictive that they may have an adverse influence on the type of research possible in medical schools. Those of the Alumni who have an interest in this could contact Dr. John Anderson, associate professor of anatomy. He is the chairman of our animal care committee and has been quite active in developing faculty thought and documenting the pros and cons.

Alumni day plans

Preliminary planning for the Association's Tenth Anniversary celebration at Alumni Day May 26 and 27 has been completed, and there will be several departures from the traditional Alumni Day program format.

For the first time this year, the Friday program will include medical and surgical clinics, to be held from 8:30 to 9:30 a.m. Later in the morning a national speaker will talk on space medicine.

Dr. Robert F. Schilling, professor and chairman of medicine, has arranged a hematology clinic and a renal disease clinic. Dr. Robert C. Hickey, professor and chairman of surgery, is planning a clinic on controversial surgical subjects.

Following the clinics, the program will move to the SMI auditorium for a progress report on the Association by its president, Dr. Herb Pohle, '38, of Milwaukee.

Dean Peter L. Eichman, entering his second year as dean of the Medical School, will report on his first year in the annual "State of the Union" message, scheduled at 9:45.

The recipient of the Medical Alumni Citation, Dr. Fred W. Madison, '24, of Milwaukee, will speak at 10:30 on "O.R.T.C. Our Hippocratic—Oslerian Heritage."

Following Dr. Madison will be the speaker on space medicine, Dr. Ed Liske, of the School of Aerospace Medicine, Brooks Air Force Base, who will report on "Encephalographic Studies of Astronauts in Orbit."

The annual business meeting will conclude the morning program, and alumni will adjourn to the new medical library for lunch.

The afternoon program begins at 2 p.m. with the address of the recipient of the Distinguished Teaching Award. The talk by the recipient of the Emeritus Faculty Award follows. However, since Dr. Frederick Geist, the recipient, will be able to attend only the banquet, Dr. Otto Mortensen, professor and chairman of anatomy, will speak for him. Dr. Mortensen's topic will be "Anatomy Today."

Ending the formal program will be a speaker from the Class of 1941, celebrating its 25th anniversary this year. At 2:45 p.m., alumni will tour the new library.

Friday evening the social hour and banquet will be held at the Park Motor Inn on

the Capitol Square. The after-dinner program features a brief talk by Dr. Geist, a presentation of the Emeritus Faculty Award and Medical Alumni Citation. The Distinguished Teaching Award is presented at Field Day.

Alumni Association membership cards will be presented to the Senior Class President Glenn Whitecotten, who will accept them on behalf of his class. The class president will accept the Association's Gold Medal Award to the class.

Traditionally, members of the senior class and their spouses or dates have been guests of the Association at the banquet, and alumni not able to attend may make donations to the senior class dinners.

The program ends with the installation of new alumni officers.

Reunions — pre-alumni day

For the first time this year, seven Medical School classes will hold reunions in Madison on Alumni Day weekend. In past years, only five classes have been honored with reunions.

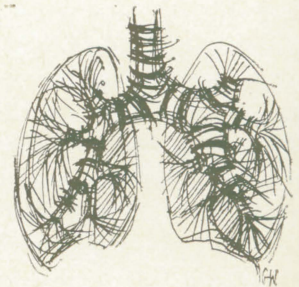
Most of the seven classes—1931, 1941, 1946, 1951, 1956 and 1961—have made at least preliminary arrangements. Follow-up is a review of each class and the plans it has made as of mid-March.

Class of 1931

Dr. Alice Watts, of 851 E. Glen Ave., Milwaukee, is handling arrangements for the Class of 1931 reunion on its 35th anniversary. Most of the plans are not yet final, but will be reported soon to individual members of the class.

Class of 1936

The class of 1936, which will celebrate



30th anniversary this spring, is now forming a local committee to handle arrangements for the get-together. News will be forthcoming for members of the class.

Class of 1941

Dr. Harold C. Youngreen, 1127 Wilshire Blvd., Los Angeles, is making plans for the silver anniversary reunion of the class of 1941. The reunion will be held Thursday, May 26, beginning with a social hour at 6 p.m. in the Park Motor Inn. The class will also provide a speaker for the program May 27.

An honored guest at the reunion will be Dr. Ovid O. Meyer, professor of medicine.

Class of 1946

The 20th anniversary reunion of the class of 1946 will be arranged by Dr. Richard Wasserberger, Veterans Administration Hospital, Madison. Details of the reunion will be sent to class members soon.

Class of 1951

Dr. Robert J. Samp and his four-man arrangements committee, which includes Drs. Jim Price, Don Schuster, Don Janicek and John Schroeder, are planning an entire weekend of activity for 1951 graduates who return for their reunion this year.

Tentative plans call for the reunion to begin May 27 at 4 p.m. with an informal coffee hour on the top floor lounge of the new McArdle Laboratory for Cancer Research. The class hopes to have a special table that evening at the large alumni banquet, and then will adjourn for a private party following the dinner.

The schedule for Saturday, May 28, tentatively calls for a tour of Central Colony, of which Dr. Schroeder is medical director, and then at noon, a men's golf tournament with cocktails and dinner following. Most of the class members will probably stay at the Midway Motor Lodge.

In mid-March the arrangements committee was polling members of the class about interest in the tentative plans.

Class of 1956

Dr. Robert Schmidt, of 6111 W. Lisbon Ave., Milwaukee, is handling arrangements for his class's reunion. Details will be sent to members soon.

Class of 1961

Dr. Ken Oberheu, of 3745 Tait Rd., Dayton, Ohio, is planning the fifth anniversary reunion for the class of 1961. He has notified his classmates with a newsletter. More information will be available later.

Most of the reunions, with the exception of the class of 1951, will take place on May 26. Also scheduled for that day is a meeting of the Council of Class Representatives.

Several class representatives have already made suggestions for the agenda. Among the items to be discussed are an annual giving program and the role of the class reps in such a program; future projects for the association; and the alumni directory and how it can be improved.

Any alumnus who would like his views known should contact his class representative before the meeting.

Medical alumni citation

Dr. Frederick W. Madison, '24, a Milwaukee internist and clinical professor of medi-

Frederick W. Madison



cine at Marquette School of Medicine, will receive the Association's Medical Alumni Citation on Alumni Day.

Dr. Madison is the eighth recipient of this award, which is given each year by the Association in cooperation with the medical faculty. The citation goes to an alumnus who has made outstanding contributions in some area of medicine.

Dr. Madison, who has been practicing internal medicine in Milwaukee since 1926, received his B.A. in 1921 and his M.A. in 1922, both from the University of Wisconsin. After completing his first two years of medical school, he transferred to Columbia's College of Physicians and Surgeons and received the M.D. in 1924.

He took his internship and residency at Philadelphia General Hospital from 1924-26. He was certified by the American Board of Internal Medicine in 1937.

In addition to his private practice in Milwaukee, he has been a member of the clinical faculty at Marquette's School of Medicine since 1926, when he was appointed instructor.

He became assistant clinical professor in 1937, associate clinical professor in 1945, and clinical professor in 1953.

Dr. Madison is on the staffs of Milwaukee County General Hospital, Columbia Hospital, Milwaukee Hospital. He was chief of the medical staff at Columbia from 1941 to 1952. In addition, he served on the Dean's Committee for the V.A. Hospital from 1946 to 1957.

He has memberships in many organizations. A selected listing includes the Milwaukee Academy of Medicine, of which he was president in 1946-47 and trustee from 1947 to 1962; the Milwaukee Surgical Society, of which he was president in 1955; the Central Society for Clinical Research, on whose council he has served from 1945 to 1948.

In addition, Dr. Madison was a founding member of the Midwest Hematology Club; a member of the American College of Physicians, of which he was a fellow in 1942, a member of the board of governors from 1954 to 1963 and vice president in 1963-64.

Dr. Madison also serves on the board of directors of Associated Hospital Service — Blue Cross. He was a founding member of the

Milwaukee Blood Center and a member of board of directors in 1953.

Research by Dr. Madison includes a study now in progress, of early Greek medicine; a study of the pathogenesis of temporal arteritis; a study of the diagnostic significance of multiple hemorrhage with periarteritis (1940); two studies of purpura; and a study of the etiology and pathogenesis of agranulocytic angina (1933).

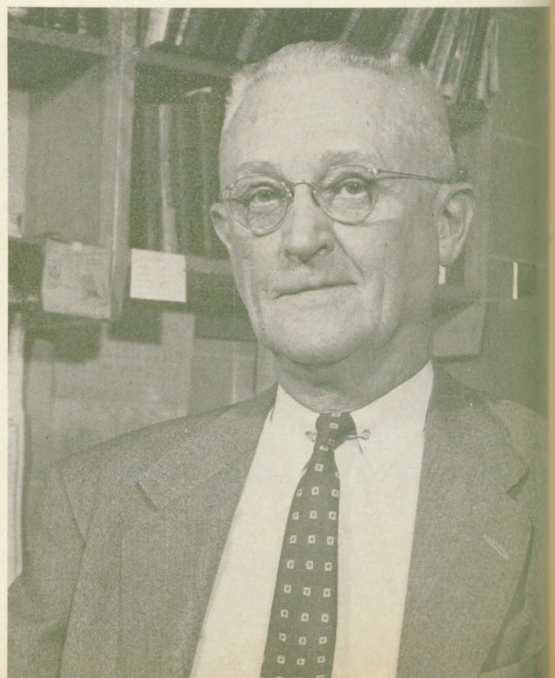
Recipients of the Medical Alumni Citation are chosen by a joint faculty-medical alumni committee, and are approved by the medical faculty and University of Wisconsin Board of Regents.

Other recipients of the Citation are Dr. Robin C. Buerke, '17, in 1965; Dr. Roy Herberich, '39, in 1964; Dr. John L. Parks, '34, in 1963; Dr. Henry W. Brosin, '33, in 1962; Dr. Milton J. Senn, '27, in 1961; Dr. Richard F. TeLinde, '20, in 1960; and Dr. Leland McKittrick, '18, in 1959.

Emeritus faculty award

Dr. Frederick D. Geist, who served 41 years as a member of the anatomy department

Frederick Geist





ulty, will receive the Association's Emeritus Faculty Award on Alumni Day May 27.

Now an associate professor emeritus of anatomy, Dr. Geist retired in 1961 after completing the longest period of service of any faculty member in the department of anatomy since the Medical School was established in 1907.

Throughout his teaching years, he accented practicality. "What I have tried to do, in addition to teaching basic anatomy," Dr. Geist said on his retirement, "is to give these medical students the practical applications of what they are learning."

About eight years before his retirement at age 65, Dr. Geist was in part responsible for a significant change in the teaching of anatomy at Wisconsin. First-year medical students were required to take clinical, as well as the basic theoretical sessions in neuro-anatomy. For the first time here, classroom neuro-anatomy came to life in Saturday morning clinics.

His special academic interests were in neurology and in the application of basic anatomical sciences. His scientific writing has been done on bone study, change in nerve cells following nerve injury and the nervous system of the monkey.

Dr. Geist's work includes a chapter in the textbook "Anatomy of the Rhesus Monkey." The chapter describes the nasal cavity, larynx, mouth and pharynx of the monkey.

Dr. Geist was born in Pittsburgh, and later attended a prep school in Cambridge, Mass., and the University of Pittsburgh. He received his medical degree in 1920 from Tufts College Medical School. That fall he came to the Medical School as an anatomy instructor.

His service at Wisconsin was interrupted

during World War II. He enlisted in 1942 and was attached to the 48th Surgical Hospital. Four months after enlistment, he landed in North Africa with the invasion forces. He returned to the Medical School in 1946.

Dr. and Mrs. Geist, who will celebrate their 45th wedding anniversary next year, live at 436 Jean St., Madison. Their two sons are physicians, one an internist, the other an orthopedic surgeon.

Dr. Geist is the seventh man to receive the Emeritus Faculty Award. The others: Dr. H. Kent Tenney Jr., 1965; Dr. William D. Stovall, 1964; Dr. Harold Bradley, 1963; Dr. William S. Middleton, 1962; Dr. Paul F. Clark, 1961; and Dr. Walter E. Sullivan, 1960.

Aqualumni meet

A group of 20 anesthesiologists and their wives, members of the "Aqualumni," gathered February 27 at the home of Dr. and Mrs. Ralph Waters in Orlando, Fla., for a reunion in honor of their former chief.

Those attending were among residents trained by Dr. Waters before his retirement from the Medical School faculty in 1949. He had been professor and chairman of anesthesiology. The group attending included Drs. Virginia Apgar, Malcolm Hawk, Harold Ausherman, Jose Guerra, William Cassels, Ivan B. Taylor, Milton Davis, '31, Adolph Shor, William Neff, Ann Bardeen Henschel, '45, Betty Bamforth and Karl Siebecker, present chairman of the department.

Dr. Bamforth, professor of anesthesiology at the Medical School, reports that "both the 'Chief' and Mrs. Waters look wonderful, and we all enjoyed having another opportunity to express our admiration for his many accomplishments."

Some 38 members of Aqualumni, many of whom could not be present, contributed to a gift honoring the Waters.

Dr. Virginia Apgar reports that when Dr. Ivan Taylor presented the gift to Dr. Waters, he didn't open it, but passed it to his wife, who, Dr. Waters said, ran everything anyway.

This was the second gift from Aqualumni to Dr. and Mrs. Waters. They presented an automobile to the couple 13 years ago.

Other activities at the reunion included

watching two 400-foot reels of movies of Aqualumni reunions held from 1942 to 1948, and looking through old photos of meetings spanning many years. It had been traditional for Dr. Waters and the anesthesiology residents to hold annual Easter meeting-reunions.

This reunion preceded the meeting of the International Anesthesia Research Society at Miami Beach.

Upcoming meetings

In addition to Alumni Day, two other Association meetings are scheduled for the spring and early summer. The first will be in LaCrosse May 10 in conjunction with the annual meeting of the State Medical Society, and the second will be in Chicago June 27 in conjunction with the annual AMA meeting.

Dr. Robert W. Ramlow, '43, is handling local arrangements for the meeting in LaCrosse, according to Dr. Silas Evans, '36, of Milwaukee, the program chairman.

Dr. Ramlow has reserved Walt's at Third and Mississippi. Cocktails will begin about 6 p.m., with dinner a little later. Plans are to have no major speakers. However, the Dean, Peter Eichman, and Association President, Herb Pohle, will make brief remarks and several faculty members will be on hand. Wives are invited.

The Association dinner in conjunction with the AMA meeting in Chicago will begin about 6:30 p.m., June 27, with a social hour. Dinner will follow at about 7:30.

Dr. Bernard Lifson, '49, who is planning the dinner, has reserved the Palmer House and is recruiting a noteworthy speaker. Wives will be welcomed at this meeting also.

Winter meeting report

More than 80 alumni, double the number who came last year, attended the Association's mid-winter meeting in Milwaukee February 11 to hear reports by Dean Peter Eichman and Assistant Dean Thomas Meyer.

For the first time, the meeting had to be moved from the University Club's library to a larger room, but by the time dinner began enough unregistered alumni had arrived so that there were more alumni than places.

Most of the alumni attending came from

Milwaukee, but there were delegations from Racine, Kenosha, Wauwatosa, Elm Grove, Brookfield, Madison and Marshfield, to name a few of the cities.

The program featured two reports by Dean, and another by Dr. Meyer, who is in charge of the Medical School's programs in postgraduate education.

Dr. Eichman told about the proposed move of the Medical Center to a 45-acre site north of the Madison Veterans Administration Hospital, and reported on the implications of the regional medical programs to practicing physicians.

Dr. Meyer discussed his telephone conferences and a new program of providing five minute taped presentations on any number of medical problems. Physicians will be able to call the Medical Center and request to hear over the phone any tape in which they are interested. The service was expected to begin April 1. (See Medical School News)

Milwaukee reporters were present at the meeting, and as a result of the publicity generated by Dr. Meyer's talks, he was contacted by A.T. & T., which sent a writer and photographer to Madison to prepare an article on the Medical School's use of the telephone in education for A.T. & T.'s nationally distributed magazine.

At the Milwaukee Winter Meeting, Dr. Richard Franklin, '54, Dr. Ralph N. Olsen, '54, and Frank H. Urban, '54, hold an informal reunion during dinner.





Dr. Burton M. Zimmermann, '43, and Dr. Eugene J. Usow, '42, who have a Milwaukee partnership, were among the 80 alumni attending the meeting.



Also attending were Dr. Harold J. Dvorak, '25, left, Dr. Earle Rotter, '42, center, and Dr. Alan S. Lieberthal, '49. In the background is Editor Lustok, '35.

Board nominees

A slate of candidates has been nominated for election on Alumni Day to positions on the Association Board of Directors and to Association offices. Other nominations may be made from the floor at the annual meeting May 21.

Nominees for the six Director positions are: Dr. Charles Benkendorf, resident from 1955 to 1958, of Green Bay; Dr. Herbert Giller, '47, Milwaukee; Dr. Leslie G. Kindschi, '35, Monroe; Dr. Robert F. Schilling, '43, Madison; Dr. Robert Starr, '50, of Viroqua; and Dr. Joseph Stone, '35, of Milwaukee.

Drs. Giller, Schilling and Stone are members of the present Board of Directors.

In addition to the nominees for Director, Dr. Bernard I. Lifson, '49, Skokie, Illinois, has been nominated for the post of president-elect.

Dr. Lifson has a private practice in the specialties of adult and child psychiatry, and in addition, is assistant clinical professor of psychiatry at the University of Illinois College of Medicine. He is representative for his class, and is handling arrangements for the Association's meeting in Chicago June 27, during the annual AMA meeting.

Dr. Benkendorf is a board-certified radi-

ologist at St. Vincent Hospital, Green Bay. He was in charge of arrangements for the Association's Upstate Winter Meeting in Green Bay in November.

Dr. Giller, a Milwaukee ophthalmologist, is an associate clinical professor of ophthalmology at Marquette. He is a fellow of the American Academy of Ophthalmology and has held office with the Milwaukee Oto-Ophthalmic Society.

Dr. Kindschi, who was certified in internal medicine in 1943, is a fellow, American College of Physicians, and past-president of the Wisconsin Society of Internal Medicine. He took his first two years of Medical School at Wisconsin and finished at Harvard.

Dr. Schilling, professor and chairman of medicine at the Medical School, has served three years on the Board. He took his residency at University Hospitals and was a research fellow in medicine at Harvard.

Dr. Starr has been a general practitioner in Viroqua since 1952, when he completed his internship at the Kansas Medical Center. He is representative for the class of 1950.

Dr. Stone is an orthopedic surgeon in Milwaukee, and was certified in 1947. He served on the Board during the past year, and had served on it several years ago.

ALUMNI CAPSULES

Dr. Harry S. McGaughey Jr., '46, became chairman of the department of gynecology and obstetrics January 2 at the University of North Carolina School of Medicine. He has been on the faculty of the University of Virginia School of Medicine since 1954.

He was appointed a program consultant by the National Institutes of Health in 1963, and was selected a fellow of the Carnegie Corporation in 1964. He also received in 1964 a Research Career Development Award from NIH.

Dr. McGaughey is serving a four-year term as secretary-treasurer of the Association of Professors of Gynecology and Obstetrics, and was vice chairman of the program this year for the American College of Obstetricians and Gynecologists.

A former resident of Kenosha, Wis., Dr. McGaughey married Sarah Marion Hood, of Racine, Wis. They have four children.

Dr. Waldemar W. Wolfmeyer, '62, of Kaukauna, has been elected to the American Academy of General Practice.

A 1956 Medical School graduate, Dr. Jack J. Herman, now of 13402 N. 32nd St., Phoenix, Ariz., has been elected president of the medical staff organization at the John C. Lincoln Hospital, Phoenix. He has been a staff member at the Hospital since 1958.

Dr. Isadore I. Cash, '34, of Milwaukee, has been re-elect-

ed to the board of governors of the American College of Gastroenterology.

Dr. Edward F. Mielke, a two-year alumnus, who completed his work at Rush Medical College in 1917, has been joined in his Appleton, Wis., practice by his son, Dr. John E. Mielke, '58. The younger Dr. Mielke is an internist with a sub-specialty in cardiovascular and renal disease.

After interning at University of Minnesota Hospitals, he studied at Mayo Clinic and was awarded an M.S. degree in internal medicine by the University of Minnesota.

A 1935 graduate, Dr. Christopher R. Dix, has been named president-elect of the Medical Society of Milwaukee County. The election was held at the society's annual meeting December 9.

Dr. Gary S. Clarke, '64, who has been in private practice in Wishek, N.D., has joined the staff of the Chetek, Wis., clinic. He took his early medical training at the University of North Dakota and finished at Wisconsin. He interned at St. Mary's Hospital, Duluth, Minn.

Dr. James I. Wax, '58, of 3925 Dewey Ave., Omaha, Neb., was certified in December by the American Board of Pediatrics. His third child, a daughter named Karen Sue, was born October 11.

Dr. John R. Petersen, '54, has been approved assistant dean of Marquette University School of Medicine, where he

is assistant professor of medicine.

After assuming his new position, he relinquished his as assistant director of medicine at Milwaukee County General Hospital. He will continue his duties as assistant professor.

Following his internship Philadelphia General Hospital, he took his residency Milwaukee County General internal medicine.

New members of the Dane County Medical Society include Dr. Michael F. Haber, '63, who is a resident in pathology at Madison General Hospital, and Dr. Herman Wirka Jr., '62, a resident in surgery at Madison General.

Dr. John Allen, '51, Madison, has been named to the advisory committee of the University Hospitals, the Klogg Foundation sponsor study of hospital based nursing homes in Wisconsin. He is medical director of the State Department of Public Welfare.

In addition, he has been named to the advisory committee of the "project study of the Community Services Demonstration Project Central Colony.

Dr. David J. Ottensmeyer, '59, a neurological surgeon, now on the staff of the Marshfield Clinic, Marshfield, Wis.

New secretary-treasurer of the Wisconsin Academy of General Practice is Dr. Raymond Schofield, '57, who practices in New Berlin.

Regretfully, we have

following deaths to report:

Dr. Joseph L. Benton, '19 (Rush), November 19, in Appleton;

Dr. Warren R. Tuft, '30, October 12, in Milwaukee;

Dr. Allen M. Ziegler, '28, December 16, in Holden, Mo.;

Dr. John M. Dodd Jr., '26, in Santa Barbara, Calif.;

Dr. Francis W. Aubin, '32, October 29, in Branson, Mo.;

Dr. Marion E. Clark Jr., '24, January 15, in Cambridge City, Ind.;

Dr. Meta E. Franke, '14, (Illinois), November 24, in Milwaukee;

Dr. Archie E. Gillis, '26 (Rush), October 2, in Chicago;

Dr. Robert N. Hedges, '17 (Rush), June 20, 1965, in Madison;

Dr. Gregor E. Schoofs, '27 (Minn.), in Kansas City, Mo.

Dr. Merle Owen Hamel, '36, in March, in Madison.

□

Dr. Roland R. Benson, radiology resident at University of Wisconsin Hospitals from 1941 to 1944, and now director of radiology at St. Mary's Hospital, Grand Rapids, Mich., was elected recently to fellowship in the American College of Radiology.

In addition, he is alternate chairman of the West Michigan chapter of the Detroit Roentgen Ray and Radium Society, and will become chairman of the chapter in September.

Dr. Benson also serves on the budget committee of the United Community Services and Michigan United Fund, and is a member of the Board of Directors of the Kent County Medical Society. He also is president of the North Shore Assn., Big White Fish Lake.



Dr. McGaughey



Dr. Allen

Dr. Petersen



Dr. Mary V. Pratt, '61, recently joined the staff at the Monroe Clinic, Monroe, Wis. She completed a residency in ophthalmology at Wisconsin in September, 1965. Her internship was at Rhode Island Hospital, Providence, R.I.

□

Dr. Howard A. Engle, '43, who is in private practice in Miami, Fla., is an assistant clinical professor of pediatrics at the University of Miami School of Medicine.

□

Several alumni were in Madison early this year for the initiation of nine new members of Phi Delta Epsilon. It was Alpha Psi chapter's first public initiation and was followed by a dinner-social honoring the initiates.

Dr. Earle Rotter, '42, of Milwaukee, incoming Grand Counsel of Phi Delta Epsilon, who initiated and welcomed the new members, had the special pleasure of initiating Barry Usow, son of Dr. Eugene Usow, '42, of Milwaukee, Dr. Rotter's former roommate.

In addition to Drs. Usow and Rotter, Dr. Don Schuster, '51, a Madison dermatologist, attended the ceremonies.

□

Dr. John N. Drye, '65, interning at Sacred Heart Hospital, Spokane, Wash., reports that he and two other 1965 graduates were guests of three older alumni for dinner and a social evening recently.

Drs. Roy C. Biehn, '36, O. C. Olson, '36, and George Anderson, '15 (Rush), entertained Dr. Drye, Dr. John Daniels and Dr. Bryon Johnson.

How penicillin works

Medical School pharmacologists have discovered the answer to a question which has puzzled scientists for 37 years: How does penicillin kill bacteria, which invade the body, without killing normal cells?

"The mechanism by which penicillin kills bacterial cells has been of interest since the discovery of penicillin in 1929," according to Dr. Jack L. Strominger, professor and chairman of pharmacology.

The work of Dr. Strominger and his associates now indicates that penicillin stops invading bacteria from building their own cell walls. The cell wall, of course, is necessary for the bacterial cell to maintain its stability. Without the cell wall, the growing bacterial

cells "burst" and die.

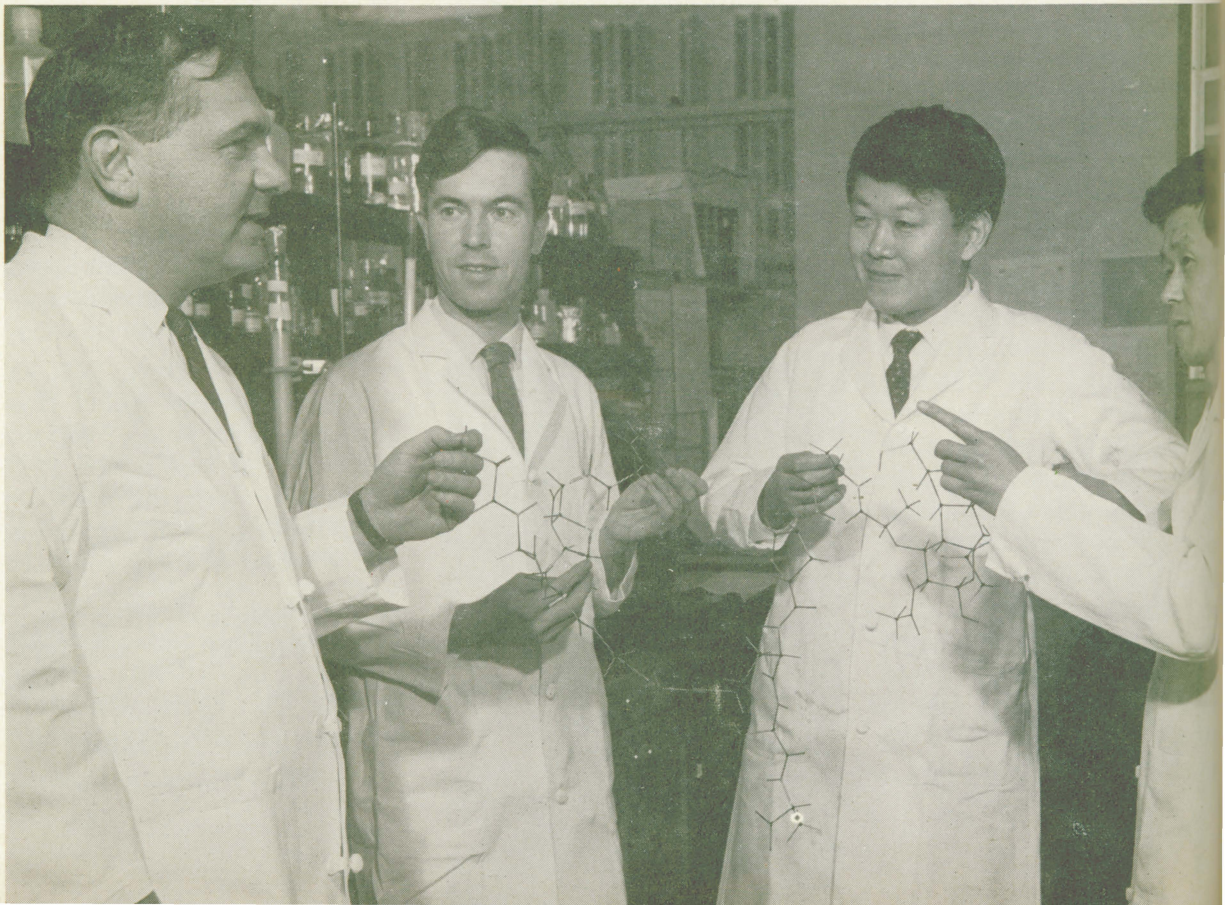
In recent years it has been known that penicillin blocks the construction of bacterial cell walls in some way, but it has not been known exactly how penicillin did this.

Human and other animal cells do not have a cell wall; they have a limiting membrane which has a fragile construction. Penicillin does not harm these human and animal cells. Bacteria also have a membrane but it is not strong enough to prevent the bacteria from being destroyed once penicillin attacks the cell wall.

According to Dr. Strominger, who has been studying the action of penicillin and other antibacterial agents for years, a bacterial cell wall is chemically very complex. "About 30 steps," he said, "are used by bacteria to make cell walls, and the cells use at least

Holding a "model" which shows arrangement of molecules in a bacterial cell wall, four Medical School pharmacologists discuss their research which has shown how penicillin kills bacterial cells with-

out also destroying animal cells. They are, from left, Dr. Jack Strominger, department chairman, Dr. Donald J. Tipper and Dr. Michio Matsubashi, instructors, and Dr. Kazuo Izaki, postdoctoral fellow.





fourth of their available energy to make these walls."

Dr. Strominger and his associates have been studying particularly the bacteria *Staphylococcus aureus*, the cause of boils and other, more serious infections.

Penicillin—itself a small organic molecule isolated from a fungus—prevents the last step in this wall building, thus preventing the bacterial cell wall from being formed.

Some other bacterial agents which they have studied—such as bacitracin, which is often used on cuts or burns—stop the bacterial cell wall formation by interfering at an earlier step in their construction.

Dr. Strominger hopes that the discovery of more exact information about how penicillin and other antibacterial agents work will eventually help in the development of better drugs for the treatment of infections. He also points out that additional research questions have been raised which need answers.

Although he has worked with many others, those mainly associated with Dr. Strominger in this phase of his work have been Dr. Donald J. Tipper and Dr. Michio Matsuhashi, instructors in pharmacology, and Dr. Kazuo Isaki, a post-doctoral fellow in the department. Their findings are described in the March issue of the Proceedings of the National Academy of Sciences.

New premature service

The John A. Hartford Foundation, of New York, has awarded \$160,000 to the department of pediatrics to support research into the causes of respiratory disease in premature infants. The research will be a joint venture between the department and St. Mary's Hospital in Madison. The work will be conducted in laboratories at St. Mary's.

The grant will provide three years operating support for the program, which begins July 1.

Director of the new research program will be Dr. Stanley N. Graven of the Medical School's pediatrics department. He said initial research emphasis will be the investigation of genetically determined factors which predispose the premature infants of some mothers to hyaline membrane disease, the largest single cause of death in premature infants in the United States.

Dr. Graven's work in respiratory disease of premature infants during the past 4½ years led to the concept of genetic predisposition to hyaline membrane disease.

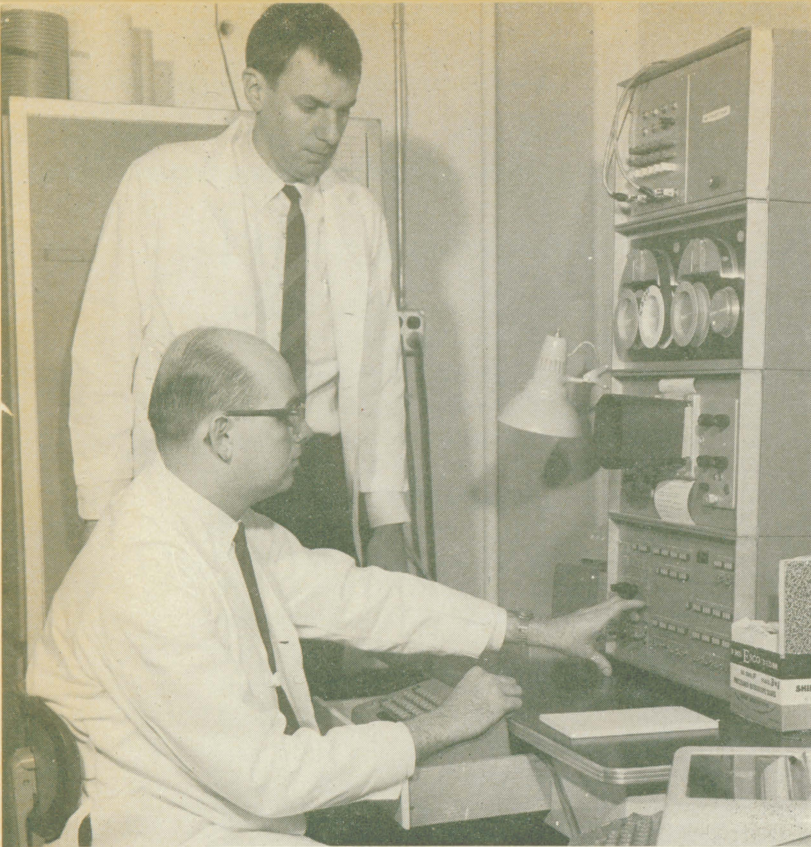
The search for the genetic factor or factors will be conducted in three new research laboratories, part of 1,000 square feet of space being remodeled at St. Mary's. The rest of the area will include two offices, a cold room and a glassware cleaning room to be used in connection with the research.

Dr. Graven said the research facilities represent the first phase in the development of an intensive care and study center for premature and sick newborn infants for Madison and surrounding communities.

Foreign preceptorship

A junior medical student, Cynthia W. Cooke, has been awarded a \$1,000 fellowship which will enable her to broaden her clinical training by assisting for 11 weeks next fall at a mission clinic in Peru. Her work in Peru will be in lieu of a preceptorship in a Wisconsin community.

While in Peru, she will assist her sponsor, Dr. Ralph Eichenberger, a UW graduate



Dr. Hicks, seated, and Dr. Slack get LINC to operate. Questions asked by the computer appear on a television screen located inside the shade.

who operates a jungle clinic 300 miles north-east of Lima. He and his small staff see 30 or 40 patients a day and treat a wide variety of tropical diseases. Miss Cooke will also travel with clinics which care for 30 groups of Indians in the area.

Miss Cooke is the fourth student from the Medical School to receive such one of the fellowships, which are awarded by the Association of American Medical Colleges under sponsorship of Smith Kline & French Laboratories. This year a total of 35 fellowships were awarded to American medical students.

Miss Cooke, who is from Needham Heights, Mass., is a graduate of Douglass College, New Brunswick, N.J., and has an M.S. in chemistry from Wisconsin.

Long distance LINC

LINC, the little computer that takes patient histories for University Hospital allergists, recently went about a thousand miles farther in its efforts to take more medical histories. (See Quarterly, Winter, 1966).

In New York, 70 members of the National

Academy of Allergy agreed to give their medical histories by phone to the LINC located at the Medical School. The computer received the histories by phone and then printed them on a teletypewriter. LINC asked its questions by using a teletypewriter.

In addition to its communications with New York, LINC also has taken from and given information to the Mayo Clinic in Rochester, Minn.

Dr. G. Phillip Hicks, assistant professor of medicine and chief of the LINC program in the clinical labs, said that these long distance tests give the clinical laboratories a chance to evaluate the computer's reliability to communicate data to and from remote areas in the Hospital.

Eventually, LINC may be able to take a medical history at a patient's bedside. The computer would be contacted by phone, using existing phone jacks in most of the rooms.

It is also hoped that LINC can be used to collect data over phone wires for laboratory procedures. Already it processes laboratory calculations, quality control data, and collects data for lab procedures.

The computer program for long distance history taking was written by Lawrence

Cura, a project associate. The necessary computer modifications for the history taking were made by John Keenan, a staff member of the Medical School's bio-medical computing division.

Dial in for information

A new library of tape recordings which briefly present basic information on a variety of medical subjects is now available at the Medical School by phone at any time of the day or night.

The procedure for using the library is simple. When a physician encounters a problem and wants a quick refresher on what to do, all he need do is dial a number at the Medical Center, ask for the recording covering the problem at hand, and the tape will be played over the telephone lines.

This newest service in postgraduate education has another advantage for busy physicians: if they don't like what they hear, they can hang up on the tape.

The library, which has been in operation

since April 1, consists of about 50 recordings. Approximately two-thirds of the tapes offer information of an emergency nature; the remainder give recommended procedure for non-emergency conditions.

All the tapes are about five minutes in length. They were listed in the March issue of the Wisconsin Medical Journal.

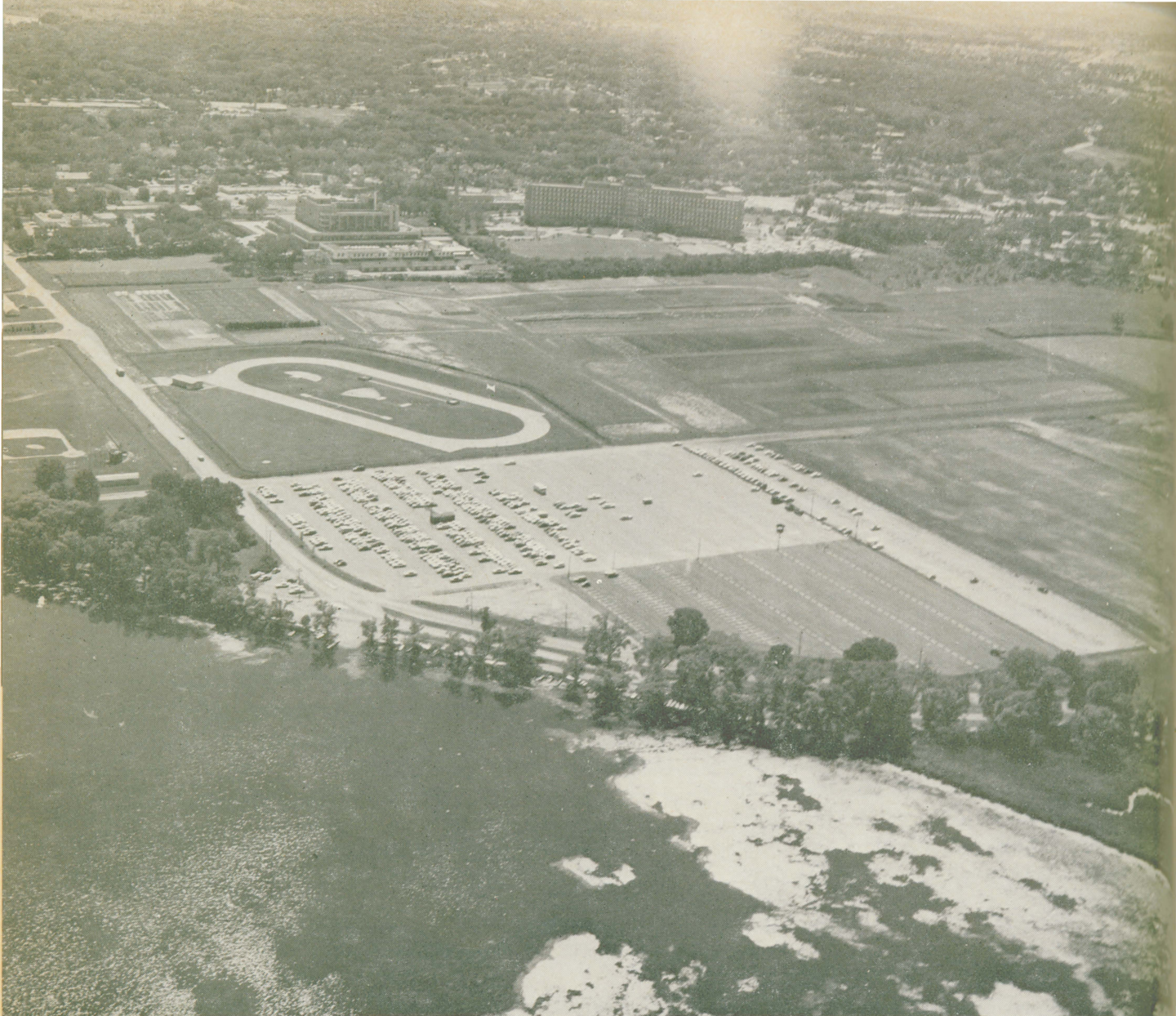
The library was developed under the direction of the Committee on Continuing Education of the Medical School through the department of postgraduate medical education of the Extension Division. Dr. Thomas C. Meyer, the Medical School's assistant dean for postgraduate education, is chairman of both.

Dr. Meyer said the new library "follows the philosophy that we should offer pertinent and practical information to the physicians of the state, when they require it, at low cost, and without the necessity of his leaving his own community."

This is the second postgraduate program which uses telephone communications, and both have been developed since September. The first was a telephone conference circuit

Dr. Thomas C. Meyer demonstrates how the operator will take an incoming telephone call, place the recording in the transmitting machine, and play it for the requesting physician. Observing is R. H. Hansen, coordinator of the Extension department of postgraduate medical education.





Behind the VA Hospital: a possible site for Medical Center expansion.

which has been offering medical conferences weekly to about 250 physicians in the state.

Dr. Meyer intends to keep building the taped library. "We will develop 50 more recordings in the next three months," he said, "and if they prove to be of value to the practicing physician the library could be expanded to 200 to 300 tapes in the next few years."

Cost of the telephone calls is relatively low, ranging from 75 cents after 8 p.m. or on weekends for the six minute call. During the daytime the cost ranges up to \$2 per

call, depending on location in the state.

The library is kept in the pharmacy department of University Hospitals and staffed night and day. The phone number is area code 608, number 262-4515. For those who wish to try the service, five of the recordings are listed below, with the tape number and time:

Number 11, "Myasthenia Gravis Including Crisis," by Dr. Peter Eichman; Number 12, "Acute Biliary Colic," by Dr. Kenneth Lemmer, 4 min. 50 sec.; Number 26, "Radiology in G.I. Bleeding," by Dr. John H. Jr.

5 min. 26 sec.; Number 30, "Last Trimester Bleeding," by Dr. Ben Peckham, 5 min. 28 sec.; Number 39, "Diabetic Acidosis in Children," by Dr. George Kerr, 5 min. 50 sec.

Expansion plans

Medical Center representatives and outside consultants have begun planning for a move of University Hospitals one mile west to a 45-acre site between the VA Hospital and Lake Mendota.

Though the relocation of the Hospitals has received approval from the University Regents, the plans still must be presented to the State Building Commission for approval to appoint an architect and to proceed with planning and design work.

The detail of the first two phases of the projected move will be involved initially. Other Medical Center activities are expected to remain on the present site for a number of years.

The first phases of the Medical Center

move would provide a new hospital of 870 beds to replace all clinical services in the present complex and at the N&R Hospital. Also included in the new facilities will be inpatient and outpatient service and teaching space, and the School of Nursing.

The units will be capable of functioning effectively even though physically separated from the rest of the Medical Center. The exact content and timing of the phasing will depend upon availability of funds.

To accomplish the first two phases, the Medical Center hopes to match approximately \$20,000,000 in state funds with federal and other outside funds.

At some future date it is hoped that funds will be available to add another 300 beds to the new hospital for program expansion of the clinical services, and that facilities will be constructed for the basic science departments.

The new site was chosen because needed expansion of the Medical Center cannot be accomplished on the present site. Even with expansion across University Avenue, the present site has only 17 acres.

REGISTER NOW FOR ALUMNI MEETING MAY 10

I plan to attend the Medical Alumni Meeting Tuesday, May 10, during the annual State Medical Society Meeting. I will be at Walt's at Third and Mississippi, in LaCrosse, for cocktails at 6 p.m. and dinner at 7 p.m. There will be no major speeches, but Dr. Herbert Pohle, president of the Association, and Dr. Peter Eichman, dean of the Medical School, will make a few brief and informal remarks. Wives are urged to attend.

Enclosed is my check for \$..... dinner tickets at \$3.25 per person (country style dinner). Checks payable to the Association.

Name Class

Address

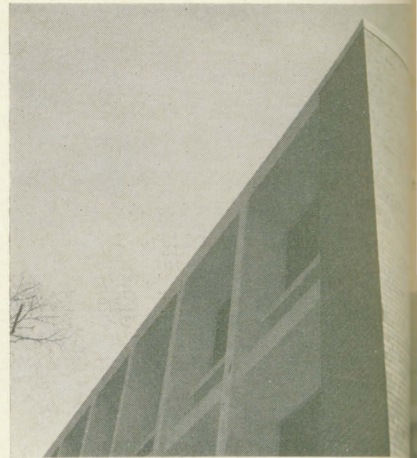
City, State

Mail to: Wisconsin Medical Alumni Association
418 N. Randall Avenue
Madison, Wisconsin 53706



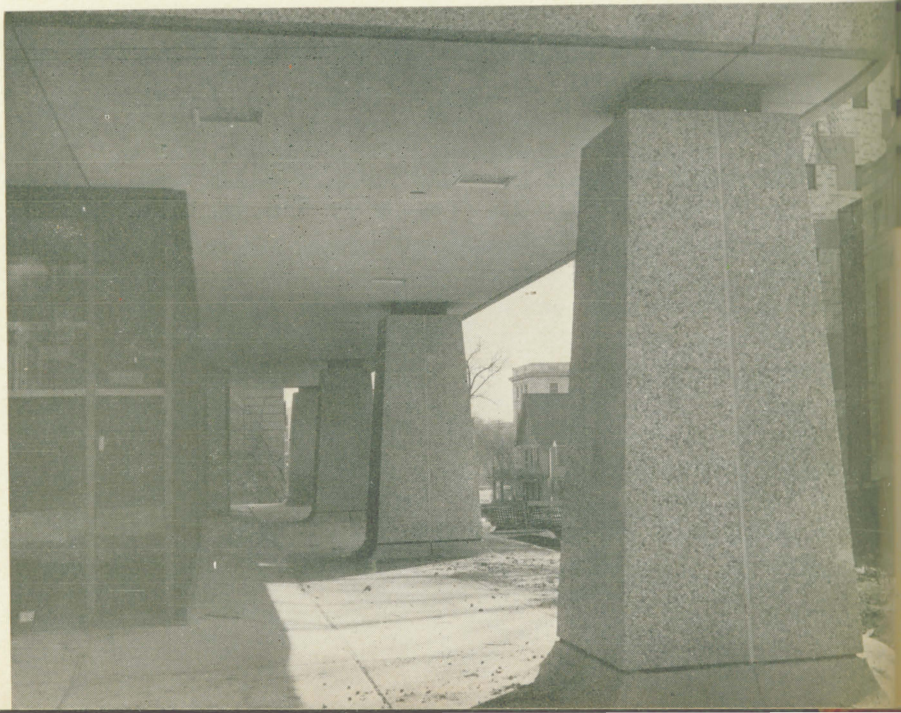
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THE MEDICAL B



An interesting facade.

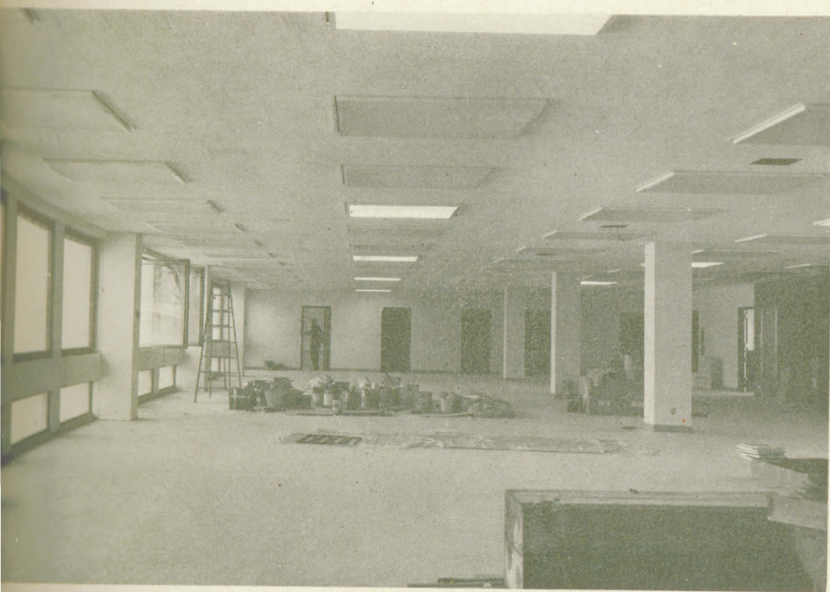
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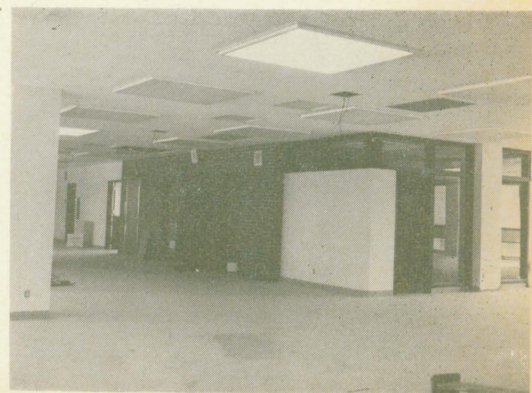
RY — ALMOST COMPLETE



Second floor area for the main circulation desk.



Second floor area will hold current periodicals, reading area and stacks.



An enclosed core for library of-



A Symposium: The Veterans Administration Their Related Role in

A VIEW FROM WASHINGTON

"During my day, three influences have come to have a telling effect upon medical schools: one—the Flexner Report of 1911 which damaged medical schools for their low standards and for the total lack of a strong educational plan (all of us are witnesses of what this has meant for the improvement of medical schools and progress in research); two—formation of Deans Committees for the operation of Veterans Hospitals in connection with medical school activities; and three—entry of the Public Health Service into the field of support of medical research." Owen H. Wangensteen, M.D. (1)

BY MARC J. MUSSER, M.D., '34
DEPUTY CHIEF MEDICAL DIRECTOR
VETERANS ADMINISTRATION

*t*he program of affiliation of Veterans Administration hospitals with medical schools was begun in 1946, shortly after the termination of World War II. It was undertaken voluntarily by the institutions involved in order to meet effectively the medical needs of vastly increased veteran population and also to afford the physician veteran the opportunity for post-graduate study. It was compelled to forego in serving his country. (2) From this beginning, based upon the expediencies of the moment, the program

n Hospital and the Medical School-- at Care, Teaching and Research

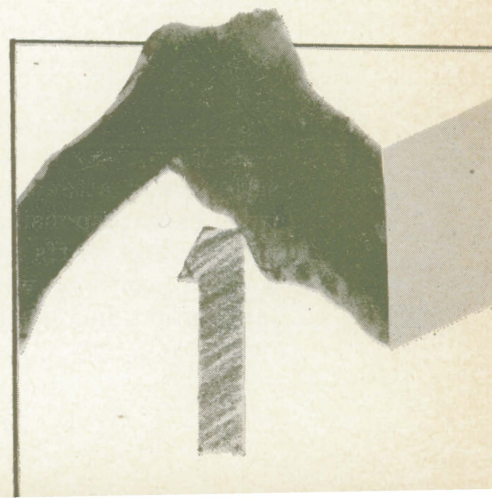
developed into what many consider as one of the major milestones of modern medicine. Not only has it assured the veteran patient the highest quality of medical care, but also it has influenced the nature and pattern of hospital organization and function and has become more loosely organized and suffer therefrom attributed significantly to the advancement of medical science and medical education.

Presently, 90 of the 164 Veterans Administration hospitals are affiliated with 78 of the nation's medical schools. Affiliated programs with 10 new medical schools are in varying stages of development. In addition, agreements exist with more than 200 colleges and universities for educational programs in nursing, social work, psychology, medical technology, physical medicine therapies, and other professions in the health sciences.

A considerable variation exists in the nature of individual hospital affiliations. Some are fully formalized with practically unified professional staffs and integrated clinical, research, and education programs; others are

more loosely organized and suffer therefrom in accomplishments and effectiveness.

Experience has indicated that the strongest affiliations develop where the Veterans Administration hospital is located in the closest possible proximity to the medical school (measured in feet rather than in blocks),



and when goals and operational patterns have been established on realistic and mutually understood principles. During its 20 years of existence the affiliated program has shared in the problems attending the scientific and socio-economic growth and development in modern medicine, and has generated a fair number of its own. In the final analysis, however, the nature and strength of any affiliation has been the result of the sustained motivation and enthusiasm of the people involved and their willingness to cope with the problems.

The Dean's Committee, consisting usually of the medical school dean and the chairmen of major departments, is the fundamental administrative unit for the development, control, and evaluation of the affiliated program. It nominates to the director of the Veterans Administration the consultant and attending staff, the physicians and basic scientists for full or part-time appointments, and the residents. To meet its responsibility for the education and training activities, it must be assured of the desired standards of professional performance and the adequacy of facilities.

*T*he day-to-day professional operation of an affiliated hospital is accomplished at a departmental level with the department chairman as the critical force. Ideally, a Veterans Administration hospital professional service should function as an extension of the medical school department, with the chief of service and his staff holding regular faculty appointments. This assures not only the consistency of standards, policies, and communications, but also the cohesiveness and flexibility so essential to the utilization of all available professional skills in the care of the patients. In the majority of affiliated Veterans Administration hospitals the full and part-time staffs of services are entirely responsible for patient care with the consultant and attending staff as advisors. In some instances, especially in surgery, consultant and attending physicians assume patient care responsibilities and Veterans Administration staffs resultingly are smaller. At a few locations where excellent personnel integration has been accomplished, departmental chairmen rotate, on a quarterly or

bi-annual schedule, Veterans Administration and University hospital staffs between two hospitals as ward physicians.

Where limited affiliations exist, departmental chairmen are likely to assume responsibility for the quality of veteran patient care and encourage thereby the autonomy of the Veterans Administration chief of service and his staff. In such situations, the support of the consultant and attending staff commonly lacks organization and dependability. A relatively recent trend among strong affiliates is to attempt to concentrate certain subspecialty talent at one hospital and another. This reflects a realistic attempt to accommodate the scientific manpower shortage and to some extent, the growing interest in the practicality of sharing especially costly technical and costly facilities. Should such an arrangement eventually become possible the pattern of patient care activities could change considerably.

The academic environment existing in Veterans Administration hospitals has stimulated an increasing development of their resources for medical research. (3) and (4). The growth of research participation and accomplishments have been especially rapid during the past decade due mainly to the recruiting efforts of the medical schools. Supportive funds are provided by an appropriation which reached \$39,681,000 for Fiscal Year 1960 and grants from outside sources to individual investigators which for the same year probably will exceed \$10,000,000. Presently, over 5,000 investigators in 146 hospitals engage in research. However, the bulk of research activity is concentrated in approximately 10 affiliated hospitals. These also receive most of the outside grant funds.

*I*n Veterans Administration hospitals, responsibility for the nature, development, regulation, and evaluation of the research program is delegated to a research committee composed of Veterans Administration and medical school investigators, the latter representing the Dean's Committee. The secretary of the research committee is the Veterans Administration Physician who also serves as associate chief of staff for research, and administers the day-to-day operation of the

CHART I

Training Program	Number of affiliated medical schools, colleges, and/or universities	Number of trainees	Cost of program fiscal year 1966
1. Medical residency (noncareer)	78	4,800	\$17,723,000
2. Medical school students (primary clinical clerkship)	78	9,000	(1)
3. Dental residents (noncareer)	16	45	237,600
4. Dental school students	6	400	(2)
5. Social work	63	520	1,104,840
6. Psychology	68	810	3,340,800
7. Pharmacy residents	14	21	91,476
8. P.M.&R. therapies	133	1,090	241,920
9. Blind Rehabilitation.....	2	58	(2)
10. Audiology and speech pathology	31	110	553,248
11. Hospital administration residency program	4	8	66,073
12. Hospital librarian	16	16	86,400
13. Dietetic residents nad interns	8	13	29,740
14. X-ray technician	3	20	(2)
15. Dental hygienist and dental assistant	15	115	(2)
16. Medical technology	11	80	105,840
17. Nurse anesthetist and inhalation therapist	2	25	(2)
18. Nursing:			
(a) Basic collegiate schools of nursing	67	4,570	(3) 294,057
(b) Junior colleges	20
(c) Diploma schools ..	51
(d) Graduate	21

(1) An undetermined cost is engendered for quarters and food for clinical clerks.

(2) Not available

(3) An undetermined cost is engendered for quarters, subsistence, and laundry for student nurses in some hospitals.

considerable authority to designate the distribution of these funds. The research committee also approves applications by investigators for grants. Grant funds, when received usually are administered by the medical school.

The major problem of the Veterans Administration research program has been to keep pace with the requirements for more and more laboratory space. The inclusion of sizeable amounts of research space in non-university affiliated hospitals is a relatively new development. Most of these hospitals were constructed with little or no such space and thus they have had to attempt to catch up and expand at the same time and the necessary construction funds have not always been readily available.

The scope and size of the education and training programs conducted in Veterans Administration hospitals have enjoyed remarkable growth. (5) In 1965, 21,701 undergraduate or graduate students and residents received some portion of their formal education and training in Veterans Administration hospitals (Chart I).

Expanding curricula and pressures to increase the size of medical school classes have created a need for more teaching beds and more teachers. Currently, the "major" non-federal affiliated hospitals provide approximately 110,000 teaching beds. For several reasons not all of these are useful. In the affiliated Veterans Administration hospitals there are more than 50,000 beds, all of which are available for teaching. As with research laboratories, the increased educational activities have created needs for more conference rooms, student laboratories and other teaching facilities in Veterans Administration hospitals. So that these needs might be most effectively accommodated in both old and new hospitals, a study of the broad range of facilities for education has recently been completed. (6)

The academic caliber of many Veterans Administration physicians and basic scientists is such as to qualify them for assumption of substantial teaching responsibilities. Approximately one quarter (1,600) of these scientists hold faculty appointments in the

gram. Research in Veterans Administration hospitals is essentially intramural, although in many instances medical school faculty members collaborate with Veterans Administration investigators. Appropriated funds are allocated to the hospital on the basis of the established nature of the program and the existing needs for personnel, supplies and equipment. While more stringent accountability in recent years has tended to increase the extent to which funds are designated for specific purposes, the research committee has

professorial ranks. This resource becomes more significant when it is recognized that in 1964-65 there were 955 vacant full-time faculty positions for which budgets of the medical schools had provided funds. (7)

Undergraduate medical teaching in Veterans Administration hospitals is curriculum regulated and so far has consisted predominately of clinical clerkships, lectures and practical exercises in physical diagnosis, and special clinics. In these, Veterans Administration physicians carry the major teaching load. Also, they are available for teaching assignments in the medical school—a recent change in Veterans Administration regulations has made it possible for the school to pay them for these activities. On the extra-curricular side, Veterans Administration hospitals offer summer employment to medical students in many hospital areas, including research, thereby expanding their practical experience.

*i*nternships and residencies (Chart II) are either integrated with the medical school programs or sponsored independently by the Veterans Administration hospital, usually

CHART II	
Medical Residencies, December 31, 1965	
Medical Residents, total	3,318
Allergy	5
Anesthesiology	69
Cardiology	10
Dermatology	73
Gastroenterology	2
General Surgery	710
Internal Medicine	1,105
Neurology	84
Neurosurgery	63
Ophthalmology	106
Orthopedic Surgery	151
Otolaryngology	91
Pathology	189
Physical Medicine	54
Plastic Surgery	16
Psychiatry	302
Pulmonary diseases	7
Radiology	182
Thoracic Surgery	33
Urology	156

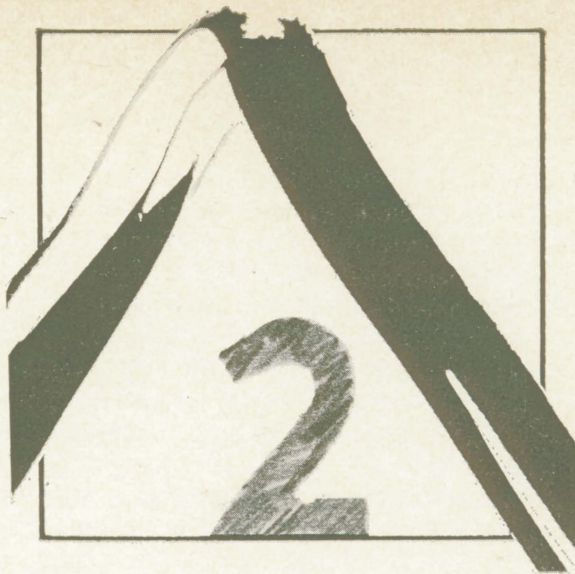
with arrangements with other teaching hospitals for training in specialty board required activities not available in the Veterans Administration.

Initially, the primary responsibility of consultant and attending staff was to establish and supervise the training programs for interns and residents. As time has passed, Veterans Administration physicians have assumed a larger role in these programs.

The diversified patterns of patient care, research, and education activities existing at affiliated Veterans Administration hospitals represent various ways of utilizing a resource. The composite significance at the national level is that the Veterans Administration Medical School Affiliated Program has demonstrated a method for establishing and maintaining the highest standards of excellence in a huge hospital system devoted to the care of hundreds of thousands of patients. In the light of recently enacted legislation—Medicare, Regional Medical Programs, Community Health Centers, etc., the concept may be much more widely adopted.

- (1) Wangenstein, O. H.; Credo of a Surgeon Following the Academic Line (Passano Award Lecture, J.A.M.A., 177:558-563, 1961.
- (2) Musser, M. J. and McClaughry: The Affiliation of Veterans Administration Hospitals with Medical Schools. J. Med. Ed., 38, 531-538, July 1963.
- (3) Report of National Research Council Committee on Survey of Medical Research in the Veterans Administration, National Academy of Sciences, National Research Council, June 1960.
- (4) Medical Research in the Veterans Administration House Committee Print No. 144, 89th Congress, 1st Session, U.S. Government Printing Office, Washington, D.C., December 1965.
- (5) Musser, M. J.; Trends and Problems Encountered in the Veterans Administration teaching program. J. Med. 129, 411-414, May, 1964.
- (6) Green, A. C.; Koppes, W. F.; Gassman, M. D.; Families for Education in Veterans Administration Hospitals, Center for Architectural Research, Rensselaer Polytechnic Institute, Troy, N.Y., June 1965.
- (7) Council on Medical Education, Medical School Families and Educational Programs, J.A.M.A. 194, 153-154, 1965.





FROM THE DEAN'S VIEWPOINT

BY PETER L. EICHMAN, M.D.
DEAN

*t*he Veterans Administration includes about 168 veterans hospitals. Some of these hospitals are closely associated with medical schools. The Veterans Administration Hospital at Madison falls into this category. The affiliation is long-standing, very close and of substantial mutual benefit. Many of the Alumni will recall the Veterans Administration Hospital as one primarily devoted to the diagnosis and treatment of tuberculosis. It may come as a surprise to some that the character of our Veterans Administration Hospital has undergone a dramatic change in the last six years. A decision was reached then to transform the Hospital into a general medical and surgical hospital. The changing pattern of treatment in tuberculosis, with less emphasis on long-term hospitalization made such a change possible.

The task of converting to a general hospital was challenging, because it entailed establishing completely new services, recruiting some new staff members and changing the direction of the teaching and research effort. Prior to the change, teaching was concentrated in the field of medical and surgical chest diseases. The transition has been made smoothly and carefully. In some aspects it is continuing since new services are still contemplated. As the character of the hospital has changed, the relationship to the Medical

School has assumed broader significance. Since the University and the Veterans Administration Hospital maintain a "Dean's Committee" for liaison, the opportunity to integrate teaching, research, service and recruiting efforts is presented. The Committee is constituted in the main by chairmen of clinical departments with actual or potential programs at the Veterans Administration Hospital.

*i*n recent months there has been serious consideration given to siting new Medical Center clinical buildings on the land adjacent to the Veterans Administration Hospital. The Regents accepted this site at their January 1966 meeting. One of the important factors recommending this particular site is the importance of the Veterans Administration Hospital as a long-term teaching hospital and the close and effective integration which has been developed over the years. In this context, it may be of interest to our Alumni to review some of the teaching, research and service aspects of the Veterans Administration Hospital.

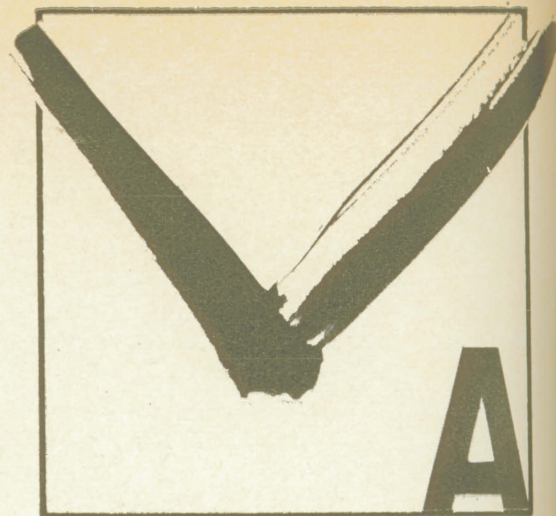
The research program at our VA Hospital is as diverse as the interests of its clinical staff and basic scientists. Research projects include studies of the metabolism of lipids,

microbacterium tuberculosis, and phosphoproteins. Research is also being performed in pulmonary function and emphysema, electrocardiography and the effect of steroids on tuberculosis and sarcoid. Further studies include the effect of seizures on brain metabolism, studies on infectious mononucleosis, antigen antibody studies on proteins, research in renal dialysis and kidney transplantation, electron microscopy of the gastrointestinal tract, research in various therapeutic urological procedures, and studies on lung transplants. The pathology service is concentrating on research in electron microscopy of diabetes and its complications, particularly in the eye and kidney. This latter research has received national acclaim.

In addition to the above-mentioned individual projects, a multi-disciplined approach to certain common problems has been encouraged. Thus, a renal chest team has been studying electrolyte problems in patients with emphysema. The immunology, hematology and renal groups are studying organ transplant problems, etc.

Research-oriented clinicians are being developed at our Veterans Hospital through the clinical investigator program. This program permits young clinicians with promising research potential to be sponsored for a three-year period in a research project of their choosing. These investigators must be of a very high caliber with qualifications similar to a Markle Fellowship. They receive full-time staff salary and can devote full time to their research efforts. Our V.A. hospital has to date had a clinical investigator in hematology, two in enzyme studies, one in surgery, and one has been appointed as of July 1, 1966 in neurology. This clinical investigatorship program has proven to be very successful nationwide and most of these investigators have remained either with the Veterans Administration or their affiliated medical schools. Those who have gone through this research experience at our V.A. Hospital have already enriched and strengthened the clinical and research programs both at the V.A. and University Hospitals.

The funding of the V.A. research program comes about half from Veterans Administration funds and the other half from grants, such as National Institutes of Health, Ameri-

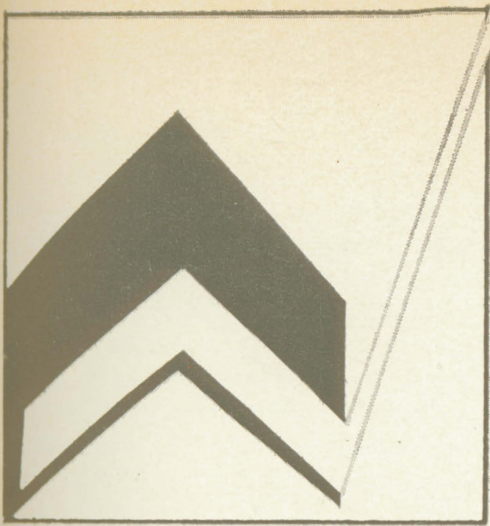


can Heart Association, Wisconsin Alumni Research Foundation, and other such sources. There are 64 persons devoting full time to research. This does not, of course, include the clinicians who are engaged in research on a part-time basis. The research laboratory facilities are all of recent construction and well equipped.

The research program is under the supervision of a research committee which consists of members of the full-time faculty of the Medical School and certain key personnel at the Veterans Administration Hospital. The research program is under the direction of an associate chief of staff for research and education, George H. Burnett, M.D., Ph.D.

Dr. Wasserburger, in his contribution, covers the teaching and patient care services at the V.A. Hospital.

It is evident that the Veterans Administration Hospital has become a direct extension of the University Hospitals in a conceptual sense with special reference to teaching and research. We envision even closer relationship in the future if our plans to expand and replace clinical facilities on the site adjacent to the Veterans Administration Hospital are implemented. We foresee a considerable increase in the efficient use of faculty and saving of student time during the clinical years. Over the years the number of veterans eligible for Veterans Administration care has increased. Other changes in the population served by these hospitals are certainly possible. The importance of Veterans Administration Hospitals affiliated with medical schools may well increase. Should circumstances alter, we believe the Medical School is in an excellent position to benefit from such changes.



A FACULTY MEMBER'S VIEWS

BY RICHARD H. WASSERBURGER, M.D., '46
CHIEF OF CARDIOLOGY
MADISON VA HOSPITAL

For those who may not be familiar with its location, the Madison VA Hospital is 10 blocks west of University Hospital, just off University Avenue, overlooking beautiful Lake Mendota. It is a 10-story 480-bed structure and has been in operation for 15 years, opening in 1951 as a tuberculosis facility, and subsequently in 1960 designated as a general medical and surgery facility.

Although changes continue to evolve in its organizational structure, I shall now present the physical make-up of the hospital.

The department of medicine, under the direction of Dr. J. K. Curtis, has a 280-bed operating capacity, and is staffed by 10 full-time physicians, eight of whom are board certified internists. In addition, Dr. William S. Middleton, emeritus professor of medicine, plays a most active role in student and resident teaching, as does our hospital director Dr. A. M. Gottlieb. The medical section operates at approximately 92 per cent of capacity, with 2,959 admissions to the medical service during 1965. This averages approximately 18 admissions per acute medical ward per week. All varieties of acute medicine are

seen, with a particular predilection for gastrointestinal, cardiovascular and chest problems. The subspecialties of internal medicine



which are identified as active units include gastroenterology, cardiology, hematology, allergy, renal diseases, pulmonary disease and nuclear medicine, all of which are headed by a full-time board certified internist. The sections of gastroenterology and cardiology also have a Fellow who spends one additional year of training in this particular specialty.

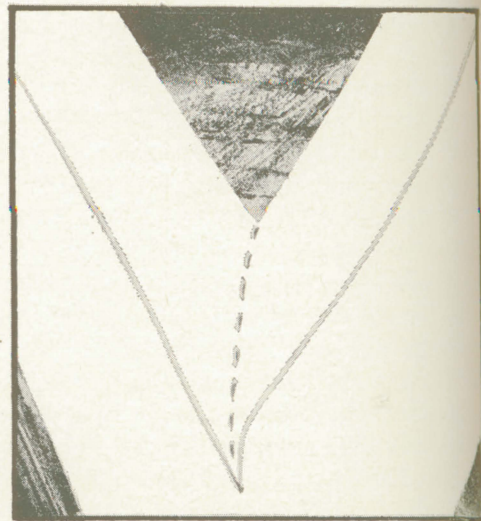
Included in the medical unit are three active 45-bed general medical wards, one 42-bed ward exclusively devoted to the care of patients with advanced pulmonary emphysema, one 30-bed acute chest ward and one 25-bed tuberculosis ward. Additional general medical beds are located in other sections of the hospital and are utilized during times of peak patient hospitalizations. Each of the three general medical services are divided into two separate services. Two have been designated as "junior medical student teaching wards" and are staffed by one full-time VA physician and one full-time staff physician from the University Hospitals. A second-year medical resident oversees the entire ward, assisted by one intern and three junior medical students on each of the two separate services. Formal staff rounds are made three times weekly. The junior medical student spends one-third of his medical quarter, viz., one month on this ward. He functions as a clinical clerk, completing the admission history and physical on all patients admitted to that service and performing specialized procedures under the direction of the ward staff. The students rotate the admissions and are individually and collectively held responsible for all patients under that service. Their immediate supervision is by the staff intern and medical resident, as well as by the attending full-time physician.

a third general medical ward has been designated as a "senior medical student teaching ward." This ward is also separated into two individual services staffed by either two full-time VA physicians or one full-time VA physician and one part-time physician who is a board certified internist from the city of Madison. A first-year medical resident and two senior medical students complement each of the two services on this

ward. In principle, if not in fact, the senior medical student functions much as a medical intern, assuming intimate patient responsibility and care. Formal teaching rounds are again made three days weekly.

A first-year medical resident and one senior medical student are located on the chest service, tuberculosis service and the pulmonary emphysema service. The senior students spend one month on the acute medical floor and one or two weeks on the chest service.

The surgical service of our hospital, a 16-bed unit, is headed by Dr. John T. Mendelhall, assisted by two additional full-time surgeons.

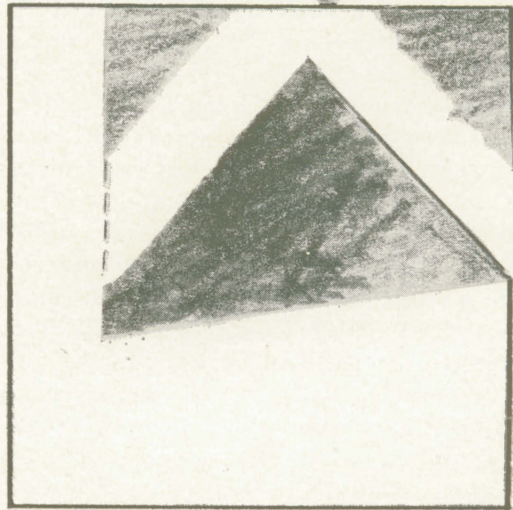
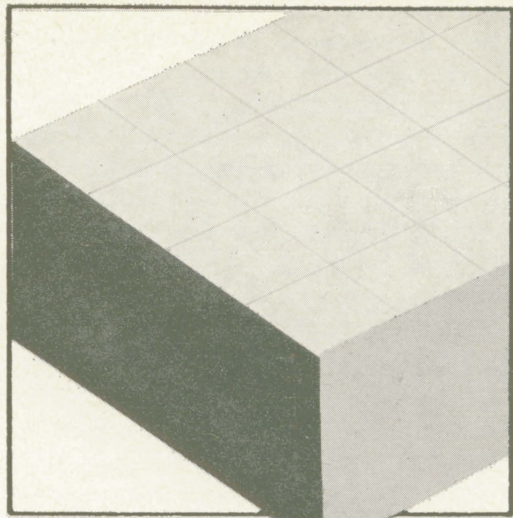


geons, Drs. J. B. Longley and Herbert B. Greenlee. Dr. Sion Rogers is the chief of orthopedics and operates a 45-bed ward with the assistance of a fourth-year orthopedic resident from the University. Dr. Paul O. Madsen is the chief of urology and he, too, with the assistance of a University resident, supervises a 40-bed surgical ward. Dr. Werner Langheim, a recently acquired addition to our staff, is the chief of neurosurgery. Dr. Maxine Bennett and Dr. James Brandenburg of the University Hospital staff provide the ward supervision and residency training program for the ENT service, as does Dr. Don Peterson for the eye service. The surgical residents on these specialized surgical services are usually assigned for a six-month period of time.

Two full-time board certified anesthetists complete the surgical service.

One fourth-year surgical resident and two first-year surgical residents are assigned to the general surgical service, again complemented by a surgical intern and four senior medical students. The students spend two-week periods of time on the general surgical service, orthopedics and urology.

Rounding out the hospital facilities as regards the training and teaching program is a most active department of neurology, headed by Dr. Bernard Messert. He has four neurology residents under his tutelage, as well as six junior medical students the latter completing the two-week stint on this service. The dermatology service, although having a limited inpatient population of only five to 10 patients, has a large consultation service and is utilized for residency training under the direction of Drs. Garrett Cooper and Sture Johnson. The radiology department, headed by Dr. Margaret Winston and complemented by the services of Dr. John Juhl, chairman of the University Hospital department of radiology, provides training to radiology residents. In addition, it provides three hours of didactic roentgen interpretation for students, interns, residents and staff each week. Two of the three hours are specifically devoted to third- and fourth-year medical student teaching. The department of pathology, headed by



Dr. J. M. B. Bloodworth and assisted by two full-time pathologists, provides training to two residents. During the first semester of the academic year each of the full-time pathologists have individual groups of four to five second-year medical students under their direction for instruction in tissue pathology.

Also available at the teaching level are 40 consultants from the University Hospital and practicing physicians from Madison who are particularly utilized in the fields of psychiatry, metabolic disease, endocrine disorders and

cancer chemotherapy.

Having given you a "structural look" at the hospital, I shall now attempt to dissect the teaching responsibilities of the hospital in a bit more detail. To do this, I shall speak only of the teaching responsibilities of the department of medicine and will aim at the student level, rather than interns or residents.

It has become apparent, in a most intangible way, that the disciplines of teaching have been clearly spelled out for the medical service. Although there are all types of teachers, as well as many different methods of teaching on this service, the individuality of teaching methodology has always been upheld. Much of what I shall now say is perhaps in part some of my own philosophy of teaching, but I can honestly relate that it is shared by all members of our medical staff. We feel that the medical student must 1) be made immediately to feel his responsibility to the patients and to the ward team upon entering a ward service, whether this be at a sophomore, junior or senior medical student level, 2) be made to see that medicine and all of its allied disciplines are an intellectual challenge and 3) be made to realize that his best teacher will be himself, brought about by a pleasant blending of patient experiences, encouragement, direction and harassment by his instructors and by independent reading of pertinent medical literature beyond that of his standard text.

At the second-year medical student teaching level, seven full-time physicians, including the hospital director and Dr. Middleton, participate in a weekly bedside conference in physical diagnosis. The groups are small, five-six students, and meet for one-two hours a week. In addition, an elective course in physical diagnosis is held two afternoons a week for three-hour periods for eight additional sophomore students.

*t*he ward schedule of the third-year medical students is specifically designed so they become an integral part of the ward team, functioning as a clerkship. Their ward work and chart workups are closely scrutinized by both the intern and second-year medical residents, who are their immediate supervisors. There is no competition between

the junior and senior medical student in patient availability. Each ward unit averages nine admissions per week, insuring three or four initial patient workups per student per week. In addition, these students are expected to have a working recall of all patients on their ward service. The medical resident on the ward assures a crossover of the student's attention to interesting physical findings and clinical problems present on the other service on that ward. The student presents each patient's history and physical finding verbally to the full-time attending physician. The differential diagnosis, rather than a definitive diagnosis, is stressed in the student's workup.

The senior medical student functions much as an intern, working closely with a first-year medical resident as his immediate supervisor. He may actually direct the investigative workup of the patient, although all orders must be countersigned by the resident physician. The senior students meet with Dr. Middleton each morning at eight for general hospital rounds which last as a rule for 15 minutes. Interesting patients who were admitted the prior day or evening are specifically discussed. In addition, Dr. Middleton conducts a one-hour seminar with the senior students once weekly. Formal teaching rounds are conducted by the students, resident and full-time physician three days weekly, again stressing the formal presentation of the patients.

In addition to the conferences with Dr. Middleton, the junior and senior medical students are provided with two hours of roentgen interpretation per week. The senior students have a two-hour seminar each Saturday morning on a medical subject of their choosing under the direction of Dr. Robert O. Burns and an ECG teaching session once weekly. They are also encouraged to participate in the renal rounds conducted by Dr. Burns, the hematology rounds conducted by Drs. Arch A. MacKinney and Dallas Clatanoff once weekly. The students also participate in "medical ground rounds" held each Tuesday morning with Dr. Robert Schilling, chairman of the department of medicine, presiding, and in a most lively tissue conference held on Thursday afternoons. This latter conference has developed into one of the most interesting and informative conferences in

I personally have had exposure to, with a "free flow of thought" between the medical staff and the department of pathology.

I believe that whatever stature the VA Hospital has had or may have within the cope of medical student teaching stems from the wholesome and dedicated desire of the entire medical staff, including the interns and residents, to teach. Although this desire to insure a satisfactory student teaching program requires constant rescheduling, the principles of teaching have not changed.

I was also asked to write on patient care and research. I can perhaps sum up patient care with one or two sentences. As anyone intimately involved in medical teaching soon realizes, the mere presence of a student, intern or resident on a medical service imme-

diately improves the care of the individual patient. The availability of adequate consultation and treatment facilities puts the "icing on the cake." There is no question that the patient care here at the VA Hospital is of high caliber because of its association with the Medical School and because of its involvement in student teaching. We have our problems, of course, as any hospital does, but these are not beyond the realm of being improved.

Inasmuch as space does not permit, perhaps it would be appropriate for Dr. George Burnett, Director of Research, to comment on this important phase of our work in a subsequent issue. It is indeed a most vigorous program which has also contributed to the continued growth of this hospital.

VIEWPOINT OF A PRACTICING PHYSICIAN

BY ROBIN N. ALLIN, M.D., '34
PRACTICING PHYSICIAN

during the past 27 years it has been my privilege to be associated with the Veterans Administration; in the first instance as a full time medical officer in the Veterans Administration hospital system, and later as an attending physician in the early years of organization and development of the VAF on Overlook Terrace at Madison, Wisconsin, and then also as a consultant in cardiology for the adjudication division of the Veterans Administration, and throughout the years participating in the hometown care of veterans with service connected disabilities. In all of these connections our relationship has been of the highest order. In addition to the above I have had occasion to



refer veterans to the local facility for the treatment of acute medical emergencies when they were without funds or private insurance. Under these conditions Dr. Morrison, the admissions officer at the local VAF, has always been most cooperative. And with the termination of the care of these patients in the local veterans facility, I have received complete reports in due course. In speaking with various colleagues of mine in the Dane County area, they have experienced similar fine cooperation with this hospital.

i have long deplored the ease with which veterans with non-service connected disabilities have been admitted to the facilities of the Veterans Administration even though financial statements have been required—and I have especially been annoyed by the admission of these veterans with non-service connected disabilities who have had ample private insurance; and I am sure that

many of my colleagues have shared this feeling. At the present time and certainly as time goes on this objection to the ease with which veterans can be admitted to federal hospitals will become more and more of academic interest only with the inevitable spread of "Fedicare" (which, again, the most of us deplore)! It is obvious with the increasing demand for medical services as the population expands and as the disparity increases between population as a whole and the medical and allied medical population—along with the increasing shortage of hospital beds—the necessity for utilization of these governmental beds and the utilization of the medical and allied medical personnel of the hospitals will be continually in greater demand.

We are happy with our present relationship with the local hospital and we are sure that our cooperation in the care of people in our local community will not diminish even though we oppose the intrusion of government in the practice of medicine.

ORDER VOLUME OF MIDDLETON PAPERS

The class of 1935, celebrating its 30th anniversary with a reunion last year, honored Dean Emeritus William S. Middleton by publishing a hard cover volume of 17 of Dr. Middleton's papers on medical history. The class will sell the books at \$6 a copy and use the proceeds to finance a worthy class project in the new library.

Enclosed is my check for \$_____ for _____ copies of the book of Middleton Medical History papers. Make checks payable to: Wisconsin Medical Alumni Association, Inc.

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