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wisconsin medical alumni

Quarterly

Volume fourteen, number four · Fall, 1974



WISCONSIN MEDICAL ALUMNI

QUARTERLY

Vol. XIV Oct. 15, 1974 No. 4

Published quarterly on January 15, April 15, July 15 and October 15 by the Wisconsin Medical Alumni Association, Inc., 767 WARF Building, 610 N. Walnut St., Madison, Wisc. 53706.

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About the cover

Fall came early to Wisconsin this year with a Sept. 20 killing frost. Artist Curt Carpenter's cover for this issue shows a late fall rural Wisconsin scene. An oak holds onto its few remaining leaves as horses browse upon what's left of the summer's bounty.

'Health Care — Who Prescribes'

Additional health insurance (NHI) would have a
ground effect on each consumer of health care
every American taxpayer . . . as well as those
involved in its delivery. Thus, it seemed an
appropriate topic to keynote a September 10 sym-
posium in Madison on "Health Care — Who
Prescribes." The symposium helped commemorate
University Hospitals' 50th anniversary.

Keynote Leonard Woodcock, president of the
United Auto Workers, urged adoption of the Health
Security Act (H.R. 22) which would finance medical
care in the United States through increased Social
Security taxes. A reactor panel of five community
members responded to Woodcock's address.

Members included Madison Mayor Paul Soglin;
Madison sociology professor David Mechanic;
Madison physician Dr. Gerald J. Derus, '52; UW
professor Mrs. Howard V. Sandin of Ashland; and
graduate vice chancellor for health sciences Dr.
George I. Lythcott.

Keynote Woodcock recognized a "hometown
reference" when he likened H.R. 22 to the discovery
of the Warfarin blood anti-coagulant by UW-
Madison researcher Karl Paul Link. The Health
Security Act "is sort of a social anti-coagulant
designed to relieve the medical care system in our
country of the thrombotic ills it is suffering at the
present time," he charged before a packed audience
of over 300 persons.

Woodcock predicted that if present trends con-
tinue, hospital costs could increase to \$500 a day.
"Surely by this time in our history we realize
that illness is not a private matter. The illness of
one person affects everyone in the community — if
not in other way, than as a taxpayer," Woodcock said.

"The social aspect of health care implies certain
responsibilities, among them, public accountability."

A Month's Wages for Medical Care

Woodcock said in the absence of public account-
ability, physician's fees and hospital costs have gone
up 50% faster than other items in the Consumer
Price Index since Economic Stabilization period
price controls were lifted. "Today, the average auto
worker foregoes one month's wages to provide for
considerably less than fully comprehensive private
health insurance coverage," Woodcock said. "Unless
there is a major intervention in the health care
system he will have to give up two months' wages
by 1979 or 1980 for the same coverage."

Woodcock criticized the NHI plan proposed by
the Nixon Administration, which he said now
appears to have the backing of President Gerald
Ford. "The Nixon plan is frankly a welfare plan
for the private insurance industry, the former
President's most generous financial supporter in his
campaign for reelection," the union leader said.

He also blasted the "Medicredit" plan promoted
by the American Medical Association (AMA), which
would provide basic coverage through private in-
surance companies. "The AMA can be expected to
rally around any proposal which actually serves that
organization's purpose of blocking reform," he said.

Woodcock suggested that in planning a NHI
program it would be worthwhile to study the recent
experience of Canada.

"When physician coverage was added to the
Canadian national health insurance plan some four
years ago, Ontario opted to use the private insurance
carriers as fiscal agents. It did not work. After a year
or so the private insurers were dropped. Today the

Canadian program is publicly administered in every province," Woodcock said.

"The Canadian experience with co-insurance and deductibles, the fair haired favored child of the U.S. insurance industry and the Secretary of the Department of Health, Education and Welfare, is instructive," he continued. Secretary Weinberger advocates co-insurance and deductibles because they will make the consumer "cost conscious" and save the program money.

"When the Canadian physician coverage plan was adopted only Saskatchewan elected to use co-insurance fees. The federal government agreed to pay the co-insurance for the poor.

Co-Insurance Didn't Work in Canada

"In the first year physician utilization dropped, but principally among the poor. In the second and third years the use of physician services increased at a greater rate than before there were co-insurance charges. These charges were dropped in 1971. In the judgment of Dr. Maurice LeClair, the deputy Minister of Health, they are inappropriate and inequitable charges in a health program and did not achieve their goal of cost savings," Woodcock said.

Woodcock said that the Health Security Act would cost no more or less than the plans offered by HEW or the AMA. "But whatever may be required in additional taxes will be offset by the fact that under H.R. 22, out-of-pocket payments stop and service benefits are paid directly to physicians, hospitals, nurses, and every other covered health care expense," he added.

Woodcock had gloomy predictions for the future if Congress votes approval of any other legislation than that which embodies the basic principles of health security. He predicted that the scarcity of physicians and specialists in certain areas of the country would continue, nonprofit hospitals would have increasing trouble surviving, and "panic would be the order of the day as private entrepreneurs run riot in pursuit of the fast buck."

Woodcock called it ironic that "the very people who profit handsomely from the wastefulness of our

(EDITOR'S NOTE: This digest of the two hour symposium that included Mr. Woodcock's keynote address, "Health Care in 1980: The Impact of National Health Insurance", and remarks of the five reactors was prepared by Miss Susan Hurley. A graduate student in journalism, Miss Hurley is a part-time science writer for the Center for Health Sciences Public Information Office.)



United Auto Workers President Leonard Woodcock (left) delivers his address, "Health Care in 1980: The Impact of National Health Insurance", while University of Wisconsin System President John Weaver (seated, glasses) and Health Sciences Vice Chancellor Dr. Robert E. Cooke listen.

present system attack the Health Security Act on the grounds that it will cost additional billions in federal taxes. "What really concerns them," he suggested, "is the prospect that billions of dollars will remain in the pockets of the American people and out of the reach of the private insurance companies and those providers who seek to exploit the system for excessive personal gain."

Woodcock said that the Health Security Act would "eliminate the wastefulness that costs us at least \$20 billion a year because of the rampant anarchy that pervades the health marketplace."

Following Mr. Woodcock's address on the national health insurance (NHI) issue, five community leaders contributed their viewpoints on NHI and questioned the union chief in a panel discussion.

The Reactor Panel

Madison Mayor Paul Soglin stressed that government is a collective organization to provide services which the people cannot manage themselves. Within the last year, he said, survey research done in Madison showed that health was one area where government should do more. While this doesn't legitimize local government's role, it does reflect community sentiment, Soglin said.

"We can't draw a fine line between policy-making and administration," Soglin said, adding that those

trained in a field often bring important questions
a valuable naivete to the policy-making process.
the policy-maker is not defined by professional
as," Soglin said. "It is not the exclusive domain
experts in health care to dictate policy."

the mayor added that he was especially con-
cerned about health care for the near poor — "those
earn too much to qualify for government pro-
grams but are not attached to a strong company
union to provide them with a health program."

Ernest J. Derus, M.D., '52, Madison, immediate
president of the State Medical Society of
Wisconsin, talked about one of the alternative NHI
proposals — *Medicredit*. Derus prefaced his remarks
on the AMA endorsed bill by noting that only 10%
of the AMA's budget goes into political activities while
90% goes into education and scientific research.

"I think it's significant to tell where the AMA is
on its main level," Derus added.

Derus said the AMA feels that health care is the
right of every citizen and added that *Medicredit*
provides basic and catastrophic coverage of all U.S.
citizens, the poor, near poor, middle class, and upper
class. The program would be financed partly through
the federal government on a progressive tax rather than the
regressive tax of Social Security. Thus the govern-
ment would pay for health care of the poor and
provide assistance to others based on their income

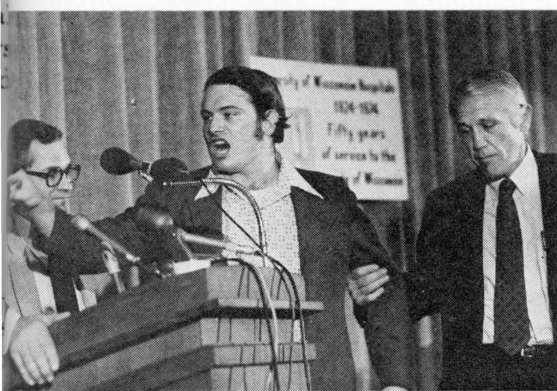
taxes, while higher income groups would pay for
more of their health care.

The family practitioner said that since price
controls were lifted in March, the consumer price
index showed a 4% increase, while doctors' fees had
increased 6%, confirming Woodcock's figures. But
he added that the price increase was a one time
occurrence in response to the easing of price restric-
tions, during which doctor's fees lagged behind the
increase in the consumer price index by 5%. Derus
estimated health care costs will increase 12% this
year, or 1% per month, which he said is no greater
than inflation.

Although Social Security taxes have proved a
great service to the elderly, Dr. Derus was not sure
that Social Security handling of NHI would buy
economy and savings, nor was he convinced that
a NHI program had to be compulsory to be good.
"It seems so simple to turn it over to them (Social
Security)," Derus said. "Nothing is that simplistic."

Derus said a change in one aspect of health care
— access, cost or quality of care — would bring a
corresponding change in the other two, and that if
access goes up and costs go down, quality will drop.

No matter how drastic the changes made or what
system evolves, Derus said, many underlying causes
of ill health will remain and these respond to educa-
tion and research. Medicine, the government and
the consumer must work in harmony to survive, he
added. "Our goals are not greatly different — how
we would arrive there is indeed different," Dr. Derus
concluded.



Woodcock (left) received two introductions at the
symposium — one by President Weaver and this
was an animated one by a rival auto union spokesman
who leaped out of the audience onto the stage. The
man is being asked to leave by acting UW Hospitals
superintendent A. J. Tinker (second from left) and
Cooke.

David Mechanic, Ph.D., an eminent medical
sociologist and UW faculty member, was one of
two panelists who favored enactment of H.R. 22.
Nonetheless, Mechanic cautioned, "the rhetoric of
advocacy often promises more than it can deliver."

A federal health insurance system would involve
finding new ways of rationing services to replace
the contemporary fee-for-service, Mechanic said.
"No system of care in the world is able to provide
as much care as people are willing to use," he added.
Mechanic agreed with Woodcock in rejecting sys-
tems with co-insurance and deductibles, saying that
they restrict utilization by the poor who have the
most illness and the greatest need.

Mechanic said that H.R. 22 is the only alternative
to the present system of health care which is built



The symposium reactor panel included various segments of the community. They were (l. to r.): Madison Mayor Paul Soglin; David Mechanic, Ph.D., UW-Madison professor of sociology; Gerald J. Derus, M.D., '52, Madison, immediate past president of the State

Medical Society of Wisconsin; Mrs. Howard V. Sandin, Ashland; and George I. Lythcott, M.D., UW-Madison associate vice chancellor for health sciences.

on a controlled budget, and could have greater efficiency through economics of scale. But he added that in using such a system, increases in efficiency must be carefully studied to distinguish them from neglect of problems which are less visible.

The sociologist added that Britain's experience shows when physicians move from fee-for-service to salaried positions, they decrease their hours of work, making it necessary to find alternatives to a doctor shortage.

"H.R. 22 would be no panacea for problems of cost and quality," Mechanic said, "but it's the best framework from which to attack the absurdities of the present system of patient care."

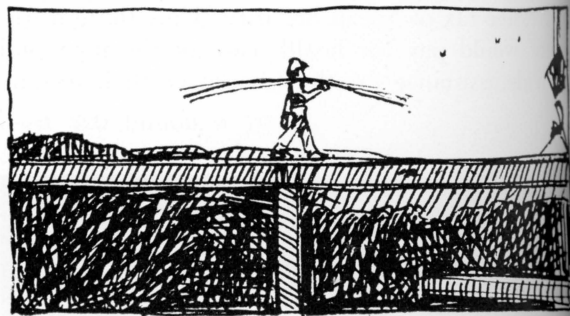
Mrs. Howard V. Sandin, a UW Regent and the daughter-in-law, wife and mother of physicians, said she knows what's involved in becoming a doctor and as a member of a rural community has a consumer perspective as well.

"We all want to be assured of the best medical care possible, and we also want to be assured that we can pay for it," Mrs. Sandin stated. But she added she didn't think one system could keep costs down. "If it (the NHI program) is done with the skill and expertise of some of the present federal programs, we don't want it," Mrs. Sandin said. "We will pay for more salaries besides the premiums."

Mrs. Sandin asserted that in spite of the dire predictions which Woodcock made in his speech, great strides in medical research have taken place

within the private enterprise system. "The only pursuit of the 'fast buck' I have seen has been during the deer hunting season up north," she added.

Mrs. Sandin was most concerned about the accountability for costs, and suggested that using Social Security taxes would endanger the structure of the program. (Woodcock clarified this later, stating that new Social Security taxes would be used — not those for the income of the aged.) Carry-



ing further Woodcock's analogy of H.R. 22 as a sort of social anticoagulant, Mrs. Sandin suggested "too much anticoagulant could cause the patient to bleed to death."

Dr. George I. Lythcott, associate vice chancellor of the UW Center for Health Sciences, cut short his remarks because of the late hour but he first pointed out that one third of the health care dollar goes to organized and organizable labor.

"I think it's only fair to attribute the spiraling cost where they belong," he said, but added that he considered H.R. 22 "above and beyond all the other health care bills."

Old Wisconsin General Hospital Remembered on 50th

fifty years of outstanding service to the people of Wisconsin . . . in health care, education and research are currently being celebrated by the University of Wisconsin Hospitals (UWH).

Since opening its doors in 1924 as a memorial to World War I veterans State of Wisconsin General Hospital (now UWH) has treated close to 600,000 patients. A total of 3,334 Wisconsin medical graduates and more than 3,200 interns and residents have worked there. Its 625 in-patient beds make it the largest general hospital in the state.

The impetus for what today is University Hospitals all started back in 1919 when UW Medical School dean Charles Bardeen, faced with increasing ailments and demands to improve the educational

program approached the University's president and regents for an adequate clinical facility to train his students.

Bradley Memorial Hospital and the Student Infirmary were the only clinical facilities available to the Medical School then.

'The Attic Medical School'

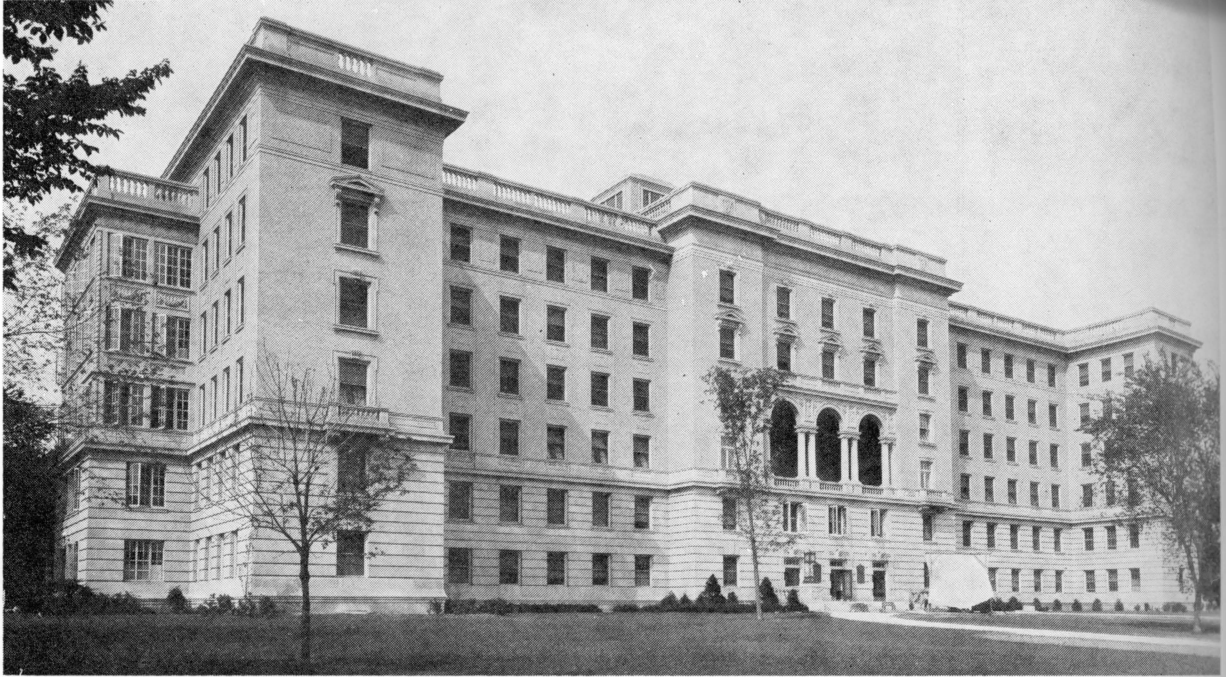
Medical School classes at that time were held on the top floors of various campus buildings and offered only the two year basic science curriculum. Students were sent elsewhere to medical schools with teaching hospital facilities to complete their last two years of training.

In response to those demands upon the Medical School, Gov. Emanuel Phillip asked the legislature in 1920 to transfer the unused balance remaining in the World War I veterans bonus account to a general fund which would appropriate money for the building of a Wisconsin General Hospital.

The hospital's foundation was poured that same year but money problems and politics soon brought a halt to construction until 1922, when work on the



This aerial photo looks east and shows Wisconsin General Hospital shortly before or after its completion in 1924. Note that there was no south wing on the Infirmary, no S.M.I., Medical Sciences, Bardeen Labs or Children's Hospital. Old Rennebohm Drug Store #1 was on the corner of Randall and University (lower right) and hightop autos and streetcars plied the Avenue. The blurred diagonal lines coming from the top of this photo probably are wires between the wings of the bi-plane carrying the cameraman. The photo is from the collection of Martin Albrecht, assistant to the superintendent at UW Hospitals.



Wisconsin General Hospitals looked like this shortly after its completion in 1924. There was a wider front lawn and the "B" and "C" wings plus the central one-story entrance were to be added much later.

building resumed. With only about 15 physicians, a rather large nursing staff and the mission of assisting in "the application of science to the alleviation of human suffering" Wisconsin General admitted its first patients in September of 1924.

The first group of 25 junior medical students was admitted for clinical training in the fall of 1925 and in June 1927 received UW's first Doctor of Medicine degrees.

Wisconsin General operated on a referral basis offering a unique consultation service to the state's physicians. Since the hospital was primarily interested in patients unable to pay for hospital care the Wisconsin Legislature enacted statutes providing for equal division of care costs by the county judge or welfare department. Today referrals are no longer necessary.

A day in the hospital back in the mid-twenties and thirties cost less than \$5. Patients were hospitalized an average of 27 days, over twice as long as they are now. In its infancy, Wisconsin General is remembered as having large, roomy 12-bed wards with sun porches on every floor. A large sun deck for patients took up most of the seventh floor.

Nurses Did A Lot More

Nurses at that time were responsible for all aspects of patient care. "We had a lot more nurses (R.N.'s) then, we had no practical nurses or aides and there were only one or two orderlies in the entire building," recalls nurse Anna Knell, who retired in 1966 after 45 years at UWH.

So the staff nurses did everything from bathing patients, making beds, administering and compound-

ing medications to washing utensils and watering flowers — all for less than \$100 a month. "The patients loved the attention, but we weren't so happy about the situation," Miss Knell now admits.

All house staff members lived in the hospital or on hospital grounds. Nurses were kept clustered together and according to Miss Knell and nurse Regina Wedepohl, who retired in 1965 after 45 years of working in the student infirmary, a tight "caste" system existed between personnel.

Nurses in training were punished if they didn't rise when a staff doctor entered a ward or if they neglected to let a physician enter an elevator ahead of them. "The physicians must have liked it. They walked into the elevators right in front of us," Miss Wedepohl can now reflect with a laugh.

"Yes, things were entirely different then," says Dr. Herman H. Shapiro, a University Hospitals' cardiologist and a 1932 UW medical school graduate who remembers mowing the lawns of the hospital before it was built. As an intern at the hospital Dr. Shapiro said he worked 24-hour shifts and often had 40 or more patients under his care. Interns received room, board and laundry, but were not paid a salary.

'Happy to Get a Position'

"The service the house staff gave was part of their training," Dr. Shapiro explained. "You were happy to get a position in a teaching hospital." Residents, however, depending on whether they were in their first, second, or third year of training, received \$25, \$50 and \$75 a month respectively. House staff members were served meals in their own

ing halls. Nurses didn't eat with doctors and stu-
t nurses didn't eat when staff nurses were served.
o one violated the protocol.

ou didn't dare talk back to a staff man. If you
e told to wear a certain uniform you wore that
orm," Dr. Shapiro recalls.

ut, regardless of separations between medical
onnel and protocols most of the people who
ember Wisconsin General in its infancy say the
ize of the hospital gave one the feeling of
mmunity."

Our small hospital was much like a family, very
e," reflects Dean Emeritus William S. Middleton,
first came to the University of Wisconsin in
2. "We shared ambitions and shared appreciation
e limitations as well as the advantages of a close
onal relationship," he recalls.

rs. Shapiro and Middleton both noted that less
histicated methods of diagnosis and fewer medi-
ons meant doctors in the twenties and thirties
to rely a lot more on instinct and their own
cal judgments.

There were only certain methods we knew how

During depression years the hospital was always
full. It wasn't unusual to have 1,000 patients in beds
that overflowed wards into the halls. Over 100 people
were on the waiting list for admission at any given
time. After the depression and World War II signs
of University Hospitals as it is today began to appear.

House staff members moved out of the building
and off the grounds. New wings and buildings were
added. Wards became semi-private rooms. Separations
between personnel became less apparent.

University Hospitals today consists of old Wis-
consin General, Bradley Memorial hospital, Chil-
dren's units, the Infirmary and the Neurological and
Rehabilitation hospital.

Since the hospital's first year, when only about
3,000 persons were treated, close to 600,000 patients
have been admitted. Out-patient visits have climbed
from 88,000 to an expected 170,000 for 1973-74.

University Hospitals employs over 2,000 person-
nel including 376 interns and residents. There are
over 275 active medical staff members, and 1,500
students train at the hospitals daily. Nurses and
other health care professionals who trained there
number in the thousands.



se and only certain medications we could give,"
Shapiro added.

Hot Blankets for Polio Pain

Patients were given tepid sponge baths to control
infection and mustard poultices for pneumonia and
irritation. Hot blankets were wrapped around the
body to alleviate polio's pain.

With the move to the new facility on the west
UW-Madison campus site sometime in 1977, Uni-
versity Hospitals will begin another era of outstand-
ing medical care and service to the people of
Wisconsin and surrounding areas.

History there will have an exciting foundation.



Dr. Bruce C. Prentice, Ashland, eighth recipient of the Max Fox Preceptorship Award, stands with his UW captain's chair. He was honored in ceremonies before the Tri County (Ashland-Bayfield-Iron) Medical Society meeting on Sept. 26.

ALUMNI NEWS

sin Academy of Family Practice were: Drs. Merne W. Asplund, '52, Bloomer; Lloyd Baertsch, '56, Hayward; T. C. Fox, '57, Antigo; Robert L. Hendrickson, '52, Cornell; Robert and Jean House, '68, Ripon; and R. E. Housner, '35, Richland Center.

Others were Drs. K. R. Humke, '46, Chilton; R. W. Matzke, '54, Spooner; John E. McKenna, '57, Antigo; Fred A. Melms, '59, Menomonie; C. B. Moen, '50, Galesville; Tom Peterson, '58, Wausau; and Henry Rahr, '58, Green Bay. Additional participants were: Drs. William T. Russell, '46, Sun Prairie; Dan A. Schroeder, '65, Amery; Jack Schroeder, '42, Janesville; N. C. Schroeder, '62, Manitowoc; John T. Siebert, '55, Baraboo; J. E. Thompson, '51, Nekoosa; Louis W. Weisbrod, '53, New Richmond; and F. F. Zantow, '42, Oconto.

Nov. 2 Alumni Meeting to be Social

The 1974 Fall Medical Alumni Get Together that is held in conjunction with the University of Wisconsin Homecoming, Nov. 2, this year will take the form of a brunch and social hour.

The brunch will be held at the new Union-South near the Medical School and Camp Randall Stadium. Alumni will begin congregating at 10 a.m. and lunch will be served. There will be no technical sessions or speakers.

Reservation materials and ticket information for the homecoming game against Michigan State has been sent to all Wisconsin Medical Alumni.

23 Alumni Conduct Summer Externships

Twenty-three Wisconsin medical alumni were among the 60 physicians who were preceptors during a 1974 summer externship for medical students in the state. In addition two of the students were assigned to UW's Department of Family Medicine and Practice. Forty-six of the 67 medical students who participated were from UW-Madison.

Alumni who participated in the program sponsored by the State Medical Society and the Wisconsin

National Peds Award to Dr. Stiehm

Dr. Richard E. Stiehm, '57, professor and head of the Pediatric Immunology Division at the University of California-Los Angeles Medical School, is the 1974 E. Mead Johnson Award in Pediatrics. He was presented the award for outstanding research at the American Academy of Pediatrics meeting this month.

His \$3,000 award is for original and significant contributions in the field of pediatric immunology. Dr. Stiehm's major research efforts have focused on two related areas: development of the human immune system, and the pathogenesis and management of human immunodeficiency disorders. His work concerning the development of immunoglobulins from infancy through adulthood proved to be the standard reference point. His work on elevated cord IgM as an indicator of neonatal infection is a classic, says a recent Academy newsletter.

After receiving his M.D. from UW, he remained for a year as a postdoctoral research fellow in Physiological Chemistry. After residencies at Columbia Presbyterian Medical Center and the University of California-San Francisco, he was a UW faculty member for three years. He joined the UCLA faculty as an associate professor in 1969 and was promoted to full professor in 1972.

Spain's Costa del Sol is Site for Retreat on Adolescent Care

The ever changing concept of adolescence will be the topic and Spain's famed Costa del Sol is the site it will be discussed during our 9th annual Alumni/Faculty Retreat, Feb. 8-16, 1975. Dr. John Stephenson, assistant professor of pediatrics and director of UW Hospitals' new Adolescent Unit is coordinating the scientific program.

Our Wisconsin group will fly via Air France from Chicago to Malaga, Spain, Saturday, Feb. 8, then on to the Marbella Hilton Hotel on the Sun Coast vacationland. There'll be four morning medical seminars, allowing for afternoons of leisure in the sun with sightseeing, tennis, golf and beach sports everywhere.

This year's retreat will take a look at the much discussed and ever changing concept of adolescence. The psychological, social and physiological aspects of this age group are inseparable and have a measurable impact on our effectiveness as parents, friends and physicians of adolescents. The faculty has rich experience in working with this group. It includes:

Dr. **Richard B. Anderson**, assistant professor of pediatrics and a consultant to UW Hospitals' Adolescent Unit.

Dr. **Gerald J. Bargman**, assistant professor of pediatrics, head of pediatric endocrinology and a consultant to the adolescent unit.

Dr. **Joseph A. Moylan**, assistant professor of sur-



gery; director of emergency services at UW Hospitals, of the burn and trauma units; and also a consultant to the adolescent unit.

Cost of the 1975 retreat to Marbella, Spain, is \$1,315 for couples, \$1,365 if the spouse participates in educational sessions, and \$780 for individuals. Included in the cost are jet air and ground transportation, twin bed double rooms, American breakfast and dinner, baggage handling, taxes and service charges, a program director and several parties.

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

Register Now — 9th Alumni/Faculty Retreat

Name _____ Address _____

& State _____ Zip _____

For registration or further information return this form to: Wisconsin Medical Alumni Association, 3/o Mrs. Bailey, #575 WARF Building, 610 N. Walnut Street, Madison, Wisconsin 53706.

_____ Registration

_____ Further Information

Enclosed is a check for \$_____ to cover:

_____ Couple's Registration Fee (\$1,315)

_____ Individual Registration (\$780)

_____ Couple's Registration Including

Spouse's Medical Seminars Fee (\$1,365)

(Deposit: \$300 per couple, \$150 singles)

Check These 1974-75 Alumni Dates

Put these firm Wisconsin Medical Alumni meeting dates on your calendar for the coming year:

Fall Meeting — Held in conjunction with UW-Madison homecoming, Saturday, Nov. 2 (Badgers vs Michigan State).

Alumni Day 1975 — Friday, May 16, 1975, in Madison. (Commencement again will be the following day).

Other alumni sessions include the **Winter Meeting** in Milwaukee, probably Friday, Feb. 7, 1975, and probably several regional **Outstate Meetings** during a one week period. More on these later.

Alumni Board meetings will be Sept. 13 and Nov. 1, 1974, Feb. 7 and late March or early April of 1975.

50 Alumni Pass 70, Dues Waived

Some 50 alumni who have reached the age of 70 or are retired and will have their alumni association dues waived were notified of this fact in August and September. Many of the alumni penned notes on their 1974-75 dues statements and returned them during the summer. Here are a few of the news notes from them:

Dr. Robert G. Hinckley, '29, White Bear Lake, Minn., retired as professor of psychiatry at the University of Minnesota in 1969 and from active practice this past July. "Perhaps you didn't realize that I am 78 years old," wrote **Dr. Walter A. Werner, '45**, of Stoughton. "Have been retired since 1966 . . . love my *Alma Mater*."

A 1961 retiree is 78-year-old **Dr. Ruth E. Boynton, '21**, Miami, Fla. Seventy-one year-old **Dr. Harmon H. Hull, '31**, Sante Fe, N. M., noted that he retired from active practice in 1971. Former orthopedic surgery resident **Dr. J. Howard Johnson**, Sun City, Ariz., retired on July 1, 1973.

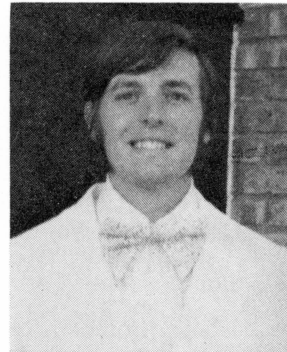
Dr. Harry D. Lapp, '29, is 75 and retired from active practice seven years ago. He lives in San Leandro, Calif. Another Sun City, Ariz., alumnus, **Dr. Herbert A. Raube, '23**, noted that he retired at age 75. "Born 1904. Thank you, I accept emeritus membership and a waiver of dues," wrote **Dr. Irving Tuell**, former orthopedic surgery resident from Mercer Island, Wash. Another Mercer Island retiree is former anesthesiology resident **Dr. Clayton P. Wangeman**.



Associate Editor Kurt Krahn (l.) accepts the second straight "Pacesetter Award" presented the "Quarterly" at the 1974 Wisconsin Business Communicators Awards Dinner by International Vice President Joe Anderson (r.).

Senior Receives National Award

A UW Medical School senior, James R. Westphal, is one of the first 12 Rock Sleyster Scholars it was



announced by the AMA in August. Each of the 12 recipients attends a different medical school.

Westphal, a Manitowoc native, is working toward a career in academic psychiatry. He attended Massachusetts Institute of Technology and received his B.S. degree from UW in

1971. The awards are made on the basis of scholarship, financial need and the demonstrated interest in psychiatry.

The 20-year \$480,000 scholarship program was made possible through a bequest by the late Mrs. Clara S. Sleyster to the American Medical Association Education and Research Foundation. Each of the senior medical students will receive a \$2,000 grant. The scholarships honor the late Dr. Rock Sleyster, Wauwatosa, who was president of the AMA in 1939-40 and president of the State Medical Society of Wisconsin in 1924-25.

Dr. J. M. Angevine is '59 Representative

Dr. James M. Angevine in August accepted the responsibilities as class representative of the Class of 1959. Dr. Angevine is pathologist at St. Mary's Hospital Medical Center in Madison.

Dr. Belzer Heads Surgery

Appointment of Folkert O. Belzer, M.D., as chairman and professor of surgery at the UW-Madison Medical School has been announced by Dean Lawrence G. Crowley. The appointment was effective October 1 and Dr. Belzer will assume full-time duties January 1, 1975.

Dr. Belzer is professor of surgery, chief of the transplant service and director of the experimental surgery laboratories at the University of California-Franklin. Recognized as one of the world's experts in renal transplantation, he is the developer of a widely-used device that preserves a donor's kidney for up to 48 hours while a recipient is being treated.

Born in Indonesia 43 years ago, Dr. Belzer received degrees in chemistry and biology in Maine and Massachusetts before earning his M.D. at the Boston University Medical School in 1958. Post-doctoral training was taken at Yale Medical Center Hospital, New Haven, Conn., and at the University of Oregon Hospital where he was chief resident in 1962-63.

Dr. Belzer has been on the faculty at San Francisco State University since 1964 except for a year when he was a senior surgeon at Guy's Hospital in London, England. He became an assistant professor in 1966, an associate professor in 1969 and a full professor of surgery in 1972.

A member of the American Surgical Assn., the Transplantation Society, and vice-chairman of the National Kidney Foundation's committee on dialysis and transplantation, Dr. Belzer is the author of over 100 papers on surgery.

Dr. Belzer's goal will be to build upon the inherent strengths of the department of Surgery and develop a well balanced and outstanding program in general surgery and the surgical subspecialties," said Dr. Crowley of the new chairman. "In addition, we will work to develop strong relationships with local and statewide surgical communities as the

UW Center for Health Sciences develops its state-wide clinical campus."

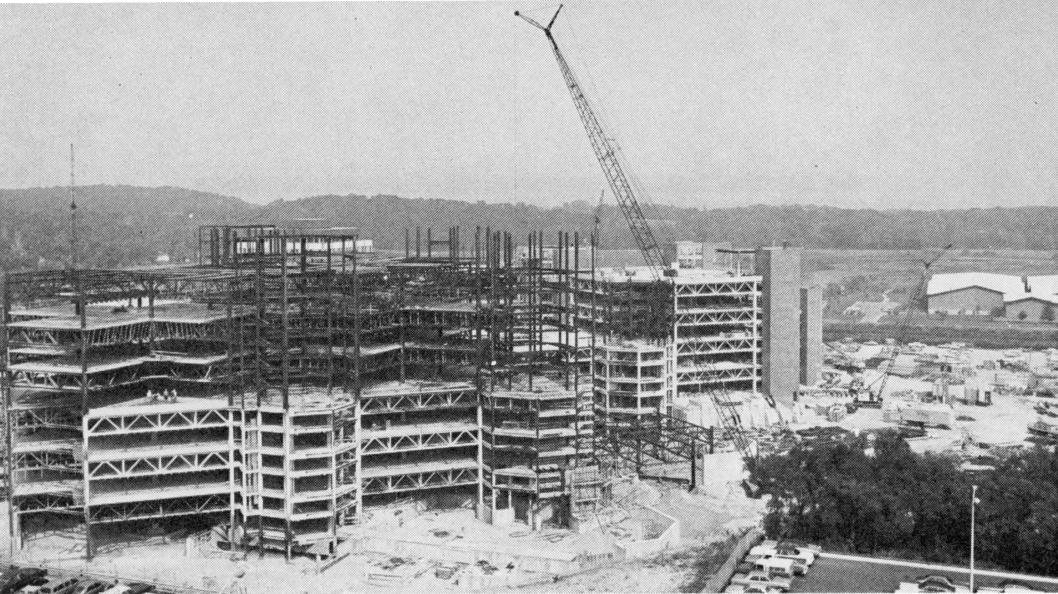
Dr. Belzer is an accomplished surgeon, the dean of the department, and his interests are broad. He is interested in medical student and post-doctoral education as well as in research and working with patients.



*Folkert O.
Belzer, M.D.*

"The new chairman's research interests in the study of immunology of transplantation and related phenomena will complement the work already being carried out at Wisconsin in the departments of surgery, medicine, medical genetics, pediatrics and pathology," Dean Crowley said.

Dr. Belzer was chosen after a 2-year nationwide search for a surgery chairman. He succeeds Dr. James D. Whiffen, '55, who has been acting chairman of the department since March of 1972 when Dr. Anthony R. Curreri, '33, was named associate vice chancellor of UW-Madison's Center for Health Sciences. Dr. Curreri later became first president of the Uniformed Services University of Health Sciences near Washington.



Brick facing begins to appear on the northeast section of the new UW Center for Health Science's Phase I in this Sept. 4 VA Hospital photo. In addition, more definable floors and interstitial space become evident in the foreground.

Californian Named Associate Dean

Appointment of Dr. Bernard W. Nelson as associate dean for academic affairs at the UW Medical School has been announced by the dean, Dr. Lawrence G. Crowley. Dr. Nelson will serve as the dean's deputy and will administer the areas of admissions, financial aids and long range planning at the medical school according to Dean Crowley. He also will be an assistant professor of preventive medicine and teach in the Health Sciences Administration program.

A California native, Dr. Nelson was a consultant in medical education in Portolla Valley, Calif. He has been associate dean for medical education and associate dean for student affairs at Stanford University with major responsibility for the development of long range academic, facilities and financial planning.

A 1961 Stanford University medical graduate, Dr. Nelson was responsible for development and administration of the student financial assistance program, chairman of the admissions and interim curriculum committee for five years at that university. He also has been director of a medical school feasibility study at Claremont University in California.

A former chairman of the joint Association of American Medical Colleges, American Medical and

American Hospital Association task force on determining methods for increasing opportunities in medicine for minorities, Dr. Nelson also has been a consultant for the Sloan, Commonwealth and Johnson Foundations.

Drs. Koller, Bronson Get Castello Award

The 1974 Henry M. Castello, M.D., Award was conferred upon two former UW Hospitals interns by Dean L. G. Crowley in June. Recipients of the award were Drs. William S. Koller and David L. Bronson.

Dr. Koller (Ohio State '73) has gone on to a Gyn-Ob residency at University of Wisconsin Hospitals and Dr. Bronson (Vermont '73) is now at the Medical Center Hospital of Vermont in Burlington. The award is presented annually to the outstanding intern and Drs. Bronson and Koller are for the year 1973-74.

The award was established by Dr. and Mrs. Donald Lieberman, '52, Santa Clara, Calif., as a memorial to a close friend to recognize annually the UW intern who "best epitomizes during his internship year the qualities of clinical acumen, scientific curiosity and compassion for the patient."

Heart Attack Takes Dr. Sallach

Prof. Henry J. Sallach, long a favorite teacher of numerous UW medical students, died Sept. 14 of a myocardial infarction. The 52-year-old professor of physiological chemistry was stricken in his laboratory and died at UW Hospitals. Among his numerous honors were citations by UW medical students as the best pre-clinical instructor, the most recent in 1963.



Dr. Sallach's death was cited as a great loss by Dr. P. P. Cohen, chairman of physiological chemistry. "Jim was an outstanding teacher. He trained 15 Ph.D. students who now hold high academic and other positions. He has trained more than 25 post-doctoral fellows from this and foreign countries. Further," his chairman said, "he contrib-

uted important original research in the areas of the metabolism, developmental biochemistry and nutrition, and had achieved international renown for his work."

Dr. Sallach served the University in such important committee work as chairman of the Medical School Research Committee, and member of the Graduate School Research and the Medical School Curriculum committees.

A faculty member since 1953, Dr. Sallach was a Nebraska native, received his B.S. and M.S. degrees at that state university and his Ph.D. in biochemistry at the University of Illinois. Post-doctoral fellowships at Illinois and Colorado followed.

Mail Misplaced?

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

From 'A' (Arabic) to 'T' (Taiwanese)

While the alphabet only goes from "A" to "T" in the "Language SOS" card file at University Hospitals in Madison what's in between often is pretty important to patients and visitors there.

The "A" is for "Arabic," the "T" for "Taiwanese," and between are the names of 58 persons who can be called upon to translate 27 different dialects if a patient or visitor cannot speak English. In addition, five volunteers, several of them local pastors, will translate sign language.

Begun in the hospitals' public information office 5½ years ago, the voluntary program includes employees, spouses and friends from many schools and departments in the University of Wisconsin-Madison Center for Health Sciences. Two physicians, Drs. A. A. Alexander and John A. Mangos (Res. '60-64), will translate Greek if called upon; while nursing assistant Nellie Sepulveda can translate Spanish and maintenance man Arnold Kehrlie, German and Swiss.

The Arabic speaker, by the way, is Hospitals food service director Faisal Kaud and the Taiwanese translator is Professor Stephen S. Chen in physiology. There also are volunteers for Chinese, Japanese, Mandarin, and Ashanti, a dialect spoken in Ghana. Several volunteers are multi lingual, but no one more so than Mrs. Ralph Hawley, wife of a medical school associate dean and the executive director of our Alumni Association. Mrs. Hawley has volunteered to come to the hospital to translate Estonian, French, German, Italian, Latvian and Russian.

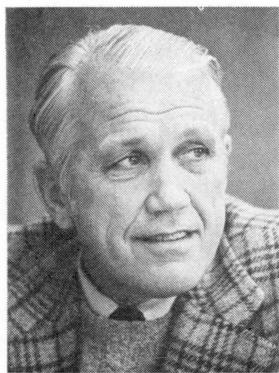
A "Language SOS" master card file is kept in the public information department but the list is updated periodically and copies are sent to the emergency room, evening nursing supervisor, paging operator and patient admissions.

While calls for help periodically come from University Hospitals' emergency room, most frequent use over the past 5½ years, according to Acting Superintendent A. James Tinker, is for patients at outpatient clinics and from nurses on inpatient areas. And while overall usage has only been moderate, each use is pretty important to that one person when he or she needs help and cannot speak English.

Vice Chancellor Sets CHS Goals

Six goals to significantly improve the UW-Madison Center for Health Sciences were outlined by Center Vice Chancellor Dr. Robert E. Cooke in an annual letter to faculty and staff in August. The goals include further strengthening of hospital affiliations in a new state-wide clinical campus plan, development of preventive medicine and primary care programs, integration of curriculum between Health Center schools, community physicians admitting privileges at University Hospitals and development of a department of human oncology.

Dr. Cooke said the state-wide hospital affiliations will be productive by training health manpower through exemplary care of patients. The Health



Center's preventive medicine program will identify individuals with a special genetic predisposition to disease. Cooke said the program is important in that, "the focus is on the individual rather than society as a whole."

Development of a primary care practitioner program will give rural areas of Wisconsin quality health care in a cost effective manner. It will follow a "health team concept" that draws upon the combined strengths of pharmacy, nursing, allied health and the School of Medicine.

Cooke said integration of curriculum between Health Science Center schools "is essential for greater educational effectiveness and efficiency." He said that the student's underused teaching talent will be developed to assist in clarifying each profession's capabilities. Another goal will foster a more open staff at University Hospitals to permit qualified physicians from the community to have admitting privileges. The Vice Chancellor said the change is to "augment clinical material and strengthen teaching programs."

The Vice Chancellor said that development of a human oncology department and possibly one in biomedical engineering is important to the progress of several programs that show great progress for the future.

Dr. Cooke also cited general and specific improvements that have occurred during the last year in the Health Center. He said he has noted a "sense of improvement in morale, and improvement in self-confidence and an increased willingness on the part of the faculty to make additional effort on behalf of the whole institution."

Specifically Cooke pointed out establishment of trauma and life support and burn center programs and steady progress in effecting specialized coverage that will qualify the UW Hospitals Emergency Room as an area center.

Six Take Mt. Sinai Faculty Positions

Six UW Medical School physicians have been appointed to full time faculty positions at Mt. Sinai Medical Center in Milwaukee as part of the teaching affiliations agreement.

Richard E. Rieselbach, professor of medicine will coordinate academic affairs for the hospital program, it was announced in July. The five other physicians who will report to Rieselbach are:

Associate professors David S. Dahl, M.D., Edvardas Kaminskas, M.D., and Donald H. Schmidt, M.D.; Assistant professor Frank D. Gutmann, M.D., and instructor Paul G. Jenkins, M.D., '69. Drs. Dahl, Gutmann and Jenkins all were in Madison.

Family Health Service Gets Director

Appointment of Dr. Memee Chun as acting director of the UW-Madison's Family Health Service has been announced by Dean Lawrence G. Crowley. The appointment was effective July 1. Dr. Chun is an associate clinical professor of pediatrics in the Family Health Service. She has been with the program since 1960.

In her new post, Dr. Chun will direct one of the school's primary care programs. The acting director attended Columbia University and received her doctor of medicine degree from Columbia in 1955.

Emeritus Professor Seastone is Dead

Dr. Charles V. Seastone, emeritus professor and former chairman of medical microbiology, died at University Hospitals in Madison on Aug. 18. He was a Madison native, he joined the UW medical faculty in 1939 as an assistant professor.

Dr. Seastone was active in both teaching and research, specializing in diseases caused by the leptococcus as well as in immunology. He was promoted to associate professor in 1942 and full professor in 1946. Dr. Seastone was the second chairman of medical microbiology from 1946 to 1970 and became emeritus professor in 1971.

After earning his BA in chemistry from Wisconsin, Dr. Seastone went to the Harvard Medical School, earning his M.D. in 1932. He was a teaching fellow at Harvard from 1931-33 and

was a National Research Council fellow from 1933-34. As a traveling fellow from Harvard, he went to the Koch Institute in Berlin in 1934.

Later that year he went to the Rockefeller Institute in Princeton, N. J., as a fellow and advanced to associate in animal pathology by the time he came to Wisconsin in 1939. A member of numerous professional societies, Dr. Seastone was consultant to the Armed Forces Epidemiologic Board.

Survivors included his wife, a daughter, a son, a daughter and five grandchildren. The family requested that any memorials benefit the department of medical microbiology and be sent to the Dean's office.

Sisters Leave Gift to Neurosurgery

Educational and research activities in the division of neurological surgery will benefit from a \$300,000 gift left to the University of Wisconsin Foundation by two Reedsburg sisters. Miss Elsie Thornton and



A retirement dinner honoring Dr. D. Murray Angevine, professor and former chairman of Pathology, last month included the opening of a gift. Some 60 of Dr. Angevine's associates and their spouses attended the dinner at the Park Motor Inn.

Miss Eva M. Thornton left money for a program to be directed by Dr. Manucher Javid, professor of surgery and chairman of neurological surgery. Over \$200,000 of the gift was donated in 1969 and an additional \$100,000 was received from Miss Eva Thornton's estate in July.

Dr. Javid became acquainted with the sisters when Eva Thornton was being cared for at University Hospitals. The proceeds from sale of Texas farmland establishes the Elsie and Eva M. Thornton Research and Educational Fund in neurological surgery.

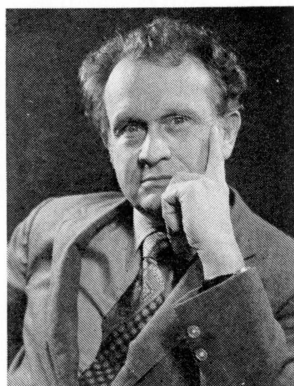
Dr. Max Fox, Preceptor, Dies

Dr. Max J. Fox, Milwaukee, an internationally renowned specialist in internal medicine and contagious diseases who was a preceptor in that city for many years, died September 8 of cancer. He was 75.

Dr. Fox retired in 1969 and was honored by our Alumni Association that year when the Max J. Fox Preceptorship Award was established to honor Wisconsin physicians who have contributed exceptional time and talent to our profession by serving as preceptors. A native of Plymouth and a 1922 Marquette Medical School graduate, Dr. Fox worked with Dr. Jonas Salk in the development of polio vaccine and for years was a crusader for early childhood vaccinations.

Dr. Larson Heads Allied Health School

Appointment of Dr. Frank C. Larson (Res. '47-50) as acting dean of the new school for allied health professions at UW-Madison was announced by Vice Chancellor Robert E. Cooke. The appointment was effective July 1.



Dr. Larson is professor of medicine and pathology at UW-Madison and director of clinical laboratories at University of Wisconsin Hospitals. He will continue to head the hospital laboratories while serving as acting dean.

In his new post, Dr. Larson will oversee formation of the new school that was authorized early this year by the UW Regents to bring together allied health programs now housed in several campus units. These will initially include occupational therapy, physical therapy, medical technology and a new physician's assistant program.

Dr. Larson attended Nebraska State College and received his M.D. degree from the University of Nebraska in 1944. He interned at Detroit Receiving Hospital and the University of Nebraska before serving an internal medicine residency and a fellowship at UW Hospitals. He was board certified in internal medicine in 1952.

Joining the UW medical faculty in 1950, Dr. Larson has been interested in teaching, thyroid metabolism research and applications of computers to clinical laboratory operation. The clinical laboratory he heads at University Hospitals has been a leader in this area.

Long associated with the UW Medical School's course in medical technology and in allied health program formation study groups, Dr. Larson is a past commander of the 13th Evacuation Hospital. He retired from the Wisconsin National Guard unit as a colonel in 1966. Dr. Larson is married to the former Myrna I. Traver, '62, who also is a physician at University Hospitals.

Dahlberg Wins National ACS Award

James E. Dahlberg, Ph.D., associate professor of physiological chemistry, was one of the three University of Wisconsin-Madison researchers who have won American Chemical Society national awards for 1974. The ACS award in biological chemistry, given each year to an American under 35 years of age, was presented to Dr. Dahlberg this month at the Society's spring meeting. Dr. Dahlberg, 33, has been at Wisconsin since 1969.

Each ACS award is determined through selection by a separate committee over an 18 month period. The other two UW recipients were members of the chemistry department.

Texas to be Beyer Professor

Dr. Donald Seldin, professor and chairman of medicine at the University of Texas Southwestern Medical School, will be the Karl Beyer Visiting Professor and the visiting professor of medicine at Wisconsin in 1974-75. Dr. Seldin will be in Madison Feb. 11-14, 1975.

The Beyer professorship honors alumnus Karl Beyer, '43, who recently retired as an officer of Merck Sharp & Dohme.

Have
you paid your 1974-75
Medical Alumni dues?
Alumni dues bring this
magazine to you.

Babies at UW Relating Complex Things

Newborn babes are answering quite sophisticated questions these days. In fact, approximately 400 Wisconsin infants each year tell researchers about such complex things as their intellectual development long before they are able to walk. Ranging in age from 35 hours to 24 weeks, these children communicate with Dr. Lewis Leavitt, assistant professor of pediatrics at UW-Madison. Electronic equipment translates their normal activities such as nipple-licking or head-turning into meaningful statements. Through such everyday movements, Dr. Leavitt is able to determine how children react to sights and



sounds in their environment. These reactions, in turn, tell researchers about children's learning processes and intellectual development.

Dr. Leavitt hopes that eventually this work will lead to diagnosis of infants' nervous disorders which cause learning problems later in life. Children will then be able to receive corrective therapy at an earlier age. "Only in the last few years have we been able to study infants' development, since we haven't been able to ask them questions and have them answer back," said Dr. Leavitt.

Currently Dr. Leavitt and his colleague, Dr. Philip Morse, UW assistant professor of psychology, are concentrating on infants' reactions to sounds. They have found that children respond more readily to human speech than any other kind of sound. This finding may help explain babies' strong bonds with their mothers. It may also mean that the human ear is predisposed to receive speech sounds in a special way," Dr. Leavitt explained.

Infants are also much more responsive and developed intellectually than was previously thought, according to Dr. Leavitt. These new techniques for

communicating with infants have opened new doors to children's minds.

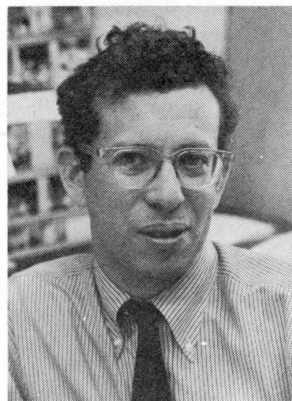
Researchers are assessing children's responses in three ways: heart beat rate, strength of sucking and head turning. In one experiment a child is taught to turn his head to the left when he hears a certain sound and to the right when he hears another. When unfamiliar sounds are introduced, metal strips hidden within the baby's cap convert his head movements into electronic impulses which can then be recorded on a polygraph.

In a similar experiment, baby sucks contentedly on a pacifier also linked to a polygraph. When he hears new sounds, the baby changes his sucking strength.

Since the project began two years ago, 10 to 20 infants a week have been visiting Dr. Leavitt's laboratory. Filled with electronic equipment and files, Dr. Leavitt's laboratory gives few clues to the type of work being conducted there. The only hint among the television monitors and sound machines is a yellow wicker changing table and a box of disposable diapers.

Temin Adds to His Research Honors

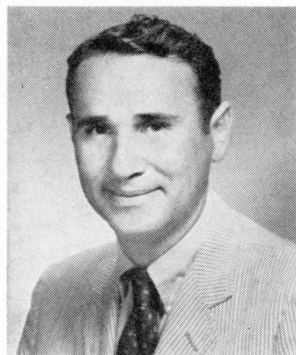
Two more honors were bestowed upon UW Cancer Researcher Dr. Howard M. Temin in May. Officials of the National Academy of Sciences announced on May 3 that Temin was elected to the academy in recognition of his distinguished and original research. The addition of Dr. Temin and zoology professor Hans Ris brings to 35 the number of UW members in the academy.



On May 10 Regents of the UW System accepted a rare \$843,746 gift from the American Cancer Society that will provide lifetime support for Dr. Temin's research until he reaches age 70 in 2004 A.D. Two other UW cancer researchers have received the rare ACS lifetime support: Dr. James M. Price, '51, now vice president of Abbott Laboratories, and Dr. Charles Heidelberger, who is at McArdle Laboratories at UW like Dr. Temin.

Derzon is New UWH Superintendent

Selection of Gordon M. Derzon, executive director of Kings County Hospital Center, Brooklyn, N.Y., as superintendent of University of Wisconsin Hospitals, was announced by Vice Chancellor Robert E. Cooke Sept. 10 at the Hospitals' 50th Anniversary Symposium in Madison.



Derzon, a Milwaukee native, will take over as head of the state's largest general hospital on November 1 with the approval of the UW System Board of Regents.

In addition to being administrator of Kings County Hospital Center, a 2,200-bed municipal hospital that served the borough of Brooklyn,

Derzon is associate professor of hospital administration at the State University of New York's Downstate Medical Center and is an adjunct professor at the Brooklyn College of Pharmacy of Long Island University.

A graduate of Shorewood high school, Derzon received his B.A. in international relations from Dartmouth college and his master's degree in hospital administration from the University of Michigan in 1961.

Derzon served as administrative assistant, assistant executive director and then executive director of the Brooklyn Hospital Division, a 421-bed general hospital affiliated with the Downstate Medical Center of the State University of New York. From 1967-68 he was executive director of the State University Hospital of the Downstate Medical Center, a 375-bed teaching and research hospital. He became head of Kings County Hospital Center in late 1968.

Derzon was selected after a national search for the UW Hospitals superintendent's position. He replaces James W. Varnum, who moved to the University of Washington Hospitals in June 1973. Since that time Associate Superintendent A. James Tinker has served as acting superintendent, according to Dr. Cooke.

First Student-Faculty Mixer is Held

Some 150 UW medical students, medical school faculty members and staff attended the first mixer held at the Student Union South on Sept. 27. The mixer, initiated this fall by Dean Lawrence G. Crowley, seeks to give members of the UW Medical School community, including students of all school years, their basic science and clinical teachers and members of the staff, an opportunity for social interchange.

Leukemia is A Family Affair at UWH

"When I first found out Billy had leukemia, I decided that when Billy goes, I'd go with him. After his funeral, I would rest a bit, put things in order, then commit suicide."

The woman who said this is the mother of four children. Billy, age 7, is her youngest. The other three are teenagers. At age three, Billy was found to have leukemia. After his diagnosis at University of Wisconsin Hospitals in Madison, his mother didn't believe doctors who said drugs may allow Billy to live a fairly normal life for several years. She thought they were sending Billy home to die.

Billy's mother also felt the disease was her fault:

"Over and over again I studied every little thing I might have done to cause this disease. Was it something he ate? Did I expose him to it somehow? If doctors only knew the cause, it would be much easier." All her energy became focused on Billy. No time was left for herself or the rest of her family. Only recently has her attention begun to turn to the entire family's needs.

Leukemia or other potentially fatal diseases strike the entire family. Divorce rates have been known to be as high as 50% among parents of leukemic children.

"Philosophically, treatment of the disease is the simplest, least complex task we have to do," explained UW Hospitals social worker Gene Miller. "Once the diagnosis is made the doctors know what, where and how to treat. The complexity is the family and their individual way of dealing with it." Miller is a member of a multi-disciplinary pediatric team

ich works together to determine the special needs
l problems in each case. The team includes the
sician, nurse specialist, social worker, staff and
er medical consultants as well as the child and
parents.

Parents First Have Self Concern

During the first week parents can't help the kids.
They're so wrapped up in themselves," Miller said.
The first goal is to try to mentally prepare the par-
ents to help the child. We try to help parents put
things in order so they can go through diagnosis,
death and years after death. We try to help them
move from fixation on the child as their entire life
to a more self-exposing, overall view of their life
view."

After the first frightening diagnosis, Billy with
the help of drugs had three relatively problem-free
years though marked with weekly trips to his local
doctor and monthly trips to University Hospitals.
Then came relapse, new drugs and again a period
of remission or normalcy.

"I still feel sorry for myself and my family, but
we're functioning as a family again," said Billy's
mother. "Billy's pending death is a fact. Hopefully,
though, it won't be for a while."

Billy is only one of the 48 leukemic children being
treated at University Hospitals who travel there
from as far as Upper Michigan. Two-thirds of these
children are expected to live five years or more.
Between 15 and 20 children begin leukemia treatment at
University Hospital each year. Approximately the same
number die.

As yet, there's no cure for the disease. All that
can be done is to prolong the child's life, increase
the amount of disease-free time and help the family
and child adjust, explained Dr. Patricia Joo, '61, a
pediatric cancer specialist and clinical associate
professor.

Leukemia Alters All Relationships

An important part of adjustment is keeping the
child at home and the family comfortable in their
own community. Leukemia alters all relationships.
The child at times will look different physically due
to the drugs' effects and the community will react
differently. The local physician, public health nurse
and even the child's school teacher are involved if
the family wishes, said clinical nurse specialist Lee
Wear. Wear has a National Institute of Health grant
to study the problems of leukemic children.

Though a leukemic child appears perfectly
healthy most of the time, parents should not try to



Another anniversary this year on the UW-Madison campus is that of the School of Nursing. Shown with the 50th anniversary insignia are Mrs. Mary Moss, R.N., (l.) nursing alumni president, presenting a prize to the designer, Ruth Lutze, R.N.

hide the illness. Rather, they should learn to live with it so they are not keeping energy-burning secrets from other relatives, friends and neighbors, stressed social worker Miller.

For the child, leukemia or other serious diseases only complicate the growing up process. In addition to disease-related problems he has all the normal needs of his age group, explained Wear. Often this is hard for parents to realize, she continued. Almost overnight, parents lessen their expectations, become more permissive and generally treat the child differently.

To help the family cope with the disease, individual counseling is available at the hospital. In addition, a weekly group session allows parents to learn and adjust through sharing experiences and feelings. Not all parents participate in the Tuesday meetings, but many do when they bring their children for treatment. As an outgrowth of these sessions, several parents helped form the Wisconsin Chapter of the Leukemia Society of America.

"If I try to teach anything to parents I counsel, it's to be open enough to experience death," said Miller.

"There's no right or wrong way to deal with loss or threatened loss," he stressed. "It depends on the individual family. I've come to believe that death is a very important part of life and the two cannot be separated. Death is as important in pediatrics as geriatrics. It sends ripples through the entire family."

Many parents learn to live with the death of a child, said the social worker. Some never do.

ALUMNI CAPSULES

Dr. Gregory R. Lochen, '72, is beginning an ophthalmology residency at Medical College of Wisconsin, Milwaukee, after having been employed as an emergency room physician for a year in nearby Waukesha.

A move to Concord, Calif., was accomplished this summer by **Dr. Steven F. Wolfe, '67**, who completed a thoracic and cardiovascular surgery residency at UW Hospitals and entered group practice on the Coast.

Dr. Walter B. Schwartz, '55, Wauwatosa, was listed in his most recent class newsletter as president-elect of the Wisconsin Society of OB-Gyn. He's also teaching senior med students at Medical College of Wisconsin.

Dr. Charles J. Cooley, '69, in September entered the private practice of orthopaedics in Anoka, Minn. He's currently on the full-time staff at St. Paul Ramsey Hospital after completing his residency at the University of Minnesota.

"Am still in the Navy assigned for three years duty in Naples, Italy," writes **Dr. Robert G. Hartmann, '68**.

Non-salaried faculty members at the new Univ. of Illinois Rockford School of Medicine include family practitioner **Dr. Henry C. Anderson, '55**.

Dr. Edward R. White, '51, on July 1 joined the forensic science division of the Armed Forces Institute of Pathology as a civil-

ian consultant. Also an attorney, his job will include evaluation and counsel concerning tort claims involving malpractice and personal injury against government hospitals.

Dr. Jay D. Iams, '72, entered the Phoenix (Ariz.) Hospitals affiliated pediatric residency. Still in the Indian Health Service, he recently saw classmate Dean Drescher, '72, at Sells, Ariz., on the Papago Reservation.

Dr. Cecil C. H. Cullander, '46, has been elected a supervising and training analyst in the Washington (D.C.) Psychoanalytic In-



Cecil H. Cullander, M.D.

stitute. In addition to a fulltime practice, he is active in George Washington U's resident training program, where Dr. Cullander is an associate clinical professor.

After completing his family practice residency at UW this

past summer, **Dr. Ronald L. Harms, '71**, has joined the Cantwell-Peterson Clinic in Shawano.

Dr. Timothy A. Kurten, '67, has moved from the Milwaukee area and is entering the practice of urology in Ashland.

Dr. Kae Walker DeWitt, '68, recently was married to Dr. Richard DeWitt and completed a hematology fellowship at LA County-USC Medical Center. Her husband is doing the same and future plans upon his completion are uncertain.

A move from Temple University Hospital, Philadelphia, to Tufts New England Medical Center, Boston, where he will complete a renal fellowship next July, has been made by **Dr. Blaise A. Widmer, Int. '69-70**.

Dr. Michael E. McGarty, '22, writes that he moved from Boston to the Phoenix area to retire but is now an orthopedic surgeon at the VA Hospital there and is busy as ever. He'll enjoy hearing from all the old Wisconsin alumni.

Dr. Patricia Ann Randall, '66, left Stanford University in August for 1½ years overseas. One year will be spent as a visiting cardiac radiologist at the Chaim Sheba Medical Center, Tel Hashomer, Tel Aviv, Israel. She then plans to travel around Europe a bit.

It's back to Madison and an ENT residency for **Dr. Brad**

ris, '73, after a rotating in-
ship at the San Joaquin
County Hospital in Stockton,
Calif.

□
Dr. Baldwin E. Lloyd, '52, this
summer completed seven years
of missionary work in Madagas-
car and now is on the staff of the
family practice residency at
Cabrera General Hospital in
Rock Ridge, Ill.

□
After two years of a general
pediatrics program at the Uni-
versity of Vermont, Dr. Robert E.
Selow, '69, has transferred to
a radiation therapy residency at
the University of Minnesota.

□
Dr. Anthony R. Curreri, '33,
president of the new Uniformed
Services University of Health
Sciences, Bethesda, Md., re-
ceived an honorary Doctor of
Science degree from the Medical
College of Wisconsin at its May
commencement.

□
Dr. Ernest A. Pellegrino, '64,
Madison, has been elected presi-
dent of the Madison Orthopedic
Society. He practices at the East
Madison Clinic.

□
Pioneer public health spokes-
man Dr. Adrian H. Scolten, '31,
moved from Portland, Me.,
where he practiced for several
decades, to Hendersonville, N.C.
Scolten was among the early
medical men to publicize the link
between smoking and lung
cancer, as well as other health
risks.

□
Dr. Russell N. Sacco, '60, Port-
land, was admitted to the Oregon
Board of Medical Examiners on
Sept. 10, after graduating
magna cum laude from Lewis
and Clark College Northwestern
University School.

Dr. Sherwyn M. Woods, '57,
has assumed the presidency of
the American Assn. of Directors
of Psychiatric Residency Train-
ing. He is professor of psychiatry
at the USC School of Medicine
in Los Angeles. After his 1958-61
residency at UW, he remained on
the faculty until entering the Air
Force.

□
Alumnus James R. Kimmey,
M.D., '61, administrator of Wis-
consin's Division of Health Policy
and Planning, represented Gov.
Patrick J. Lucey at UW Hos-



James R. Kimmey, M.D.

□
pitals' 50th Anniversary Sym-
posium on Sept. 10. He conveyed
the state's greetings in the form
of a proclamation from the Gov-
ernor.

□
A move to Portland, Ore.,
where he began the practice of
pediatric allergy in July, was an-
nounced by Dr. James W. Baker,
'70, after completing his resi-
dency and a fellowship in Madi-
son.

□
Dr. Diane R. Hass Baker,
dermatology res. '72-74, will com-
plete her residency at the Uni-
versity of Oregon there.

Dr. David W. Cline, '62, in the
past year has been promoted to
associate professor at the Uni-
versity of Minnesota Medical
School.

□
An associate clinical professor
(neurological surgery) at the
Univ. of California in San Diego
is Dr. Richard W. Garrity, '34.

□
Dr. Bryant H. Roisum, '45, is
now chief of staff at the VA Hos-
pital in Battle Creek, Mich. Also
on the staff there is Dr. Harry
VanderKamp, '27.

□
A 1974 alumnus, Dr. Carlton
Meschievitz, is in Phoenix, Ariz.,
with the Indian Health Service
administering tuberculosis con-
trol programs in the five state
area.

□
Dr. Robert F. Douglas, '55,
Neenah, was president of the
Wisconsin Radiological Society
during 1973-74, and is on the
state medical society's peer re-
view committee.

□
Dr. Walter H. C. Burgdorf, '69,
is in a dermatology residency at
the University of Minnesota.

□
After completing a urology
residency at Stanford, Dr.
Melvyn Grossman, '65, is in pri-
vate practice in San Jose, Calif.

□
A year's sabbatical to New
Zealand is now being enjoyed by
Dr. Barbara Gerhardt Chase, '62,
and husband, Peter, '61. Barbara
was in pediatrics part time at
their Denver location.

□
After working for two years in
the PHS on health legislation,
Dr. Jerald L. Reisman, Int. '71-72,
has returned to a residency at the
University of Rochester (N.Y.) in

the new associated hospitals program in internal medicine.

□
Dr. Robert W. Graebner, '68, completed his training in neurology and electroencephalography in Washington and has joined the Dean Clinic in Madison.

□
Dr. John C. Ellis, Jr., '57, is serving two elective posts in Minneapolis, Minn.: president of the Minneapolis Council of Obstetricians and Gynecologists, and secretary-treasurer of Fairview Southdale Hospital.

□
Now at an internal medicine residency in Phoenix, Ariz., **Dr. John M. Post, '71**, recently was discharged from the Navy after two years at sea in the Mediterranean and Caribbean.

□
Dr. Robert Manis, '61, is assistant professor of psychiatry at Emory University, Atlanta, and in private practice. The city is exciting and is now "home," he says.

□
After service as chief of endocrinology at Letterman Army Medical Center, San Francisco, **Dr. Hunter Heath, Int.-Res. '68-70**, began a mineral metabolism fellowship at the Mayo Graduate School, Rochester, Minn.

□
Dr. John R. Reichert, '68, in September joined the department of radiology at the Gundersen Clinic, La Crosse, after completing a three year residency in diagnostic radiology at UW Hospitals, Madison.

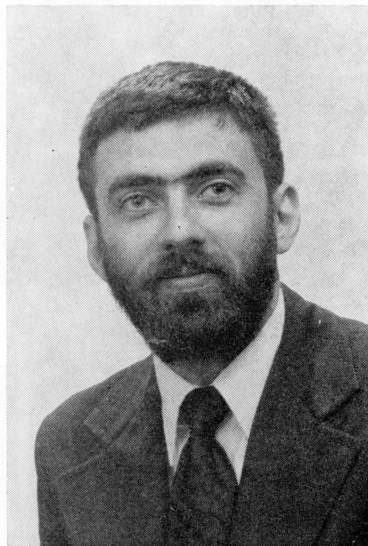
□
Tucson, Ariz., is the address of **Dr. Robert C. Miller, '64**, who has been an assistant professor of radiology (radiation oncology)

at the University of Arizona Medical School.

□
Dr. David J. Olysv, '73, is now serving on active duty with the U.S. Navy in the Mediterranean Sea.

□
Dr. John A. Koepke, '56, has been vice chairman of pathology at the University of Iowa the past 2½ years after a move from Kentucky. His major interests are in hematology and blood banking with research in platlet transfusion therapy.

□
Dr. Michael C. Gordon, Int. '70-71, has been active in establishing the Anderson Alcoholic Rehabilitation Center in Janesville. He has been appointed



Michael C. Gordon, M.D.

medical director of the 20-bed facility specializing in the treatment of alcoholism and other drug abuse.

□
A new movie on the bone flap method of cleft palate surgery has just been completed by **Dr. Sidney K. Wynn, '39**, Milwaukee. The film will be part of the pro-

grams of both the American College of Surgeon and Society of Plastic Surgeon national meetings this year.

□
In July **Dr. Steven C. Stoddard, '70**, began a four year general surgery residency at the Albany (N.Y.) Medical Center.

□
Back in Madison for an orthopedic surgery residency at UW Hospitals is **Dr. Patrick M. Healy, '72**. He was at Miller Hospital, St. Paul, for the past two years.

□
Dr. Robert P. Natelson, '47, Sherman Oaks, Calif., in June was a volunteer visiting specialist in Solo, Indonesia, for CARE-MEDICO.

□
Appointed as director of the Child-Adolescent Center of the Mendota Mental Health Institute in Madison recently was **Dr. Harry Kniaz, '66**, who previously was supervisor of children's programs at the Center. The Center is the product of a merger of the former Children's Treatment Center and the Child-Adolescent Programs of Mendota.

□
Dr. Kent W. Peterson, Int. '69, recently was appointed associate director of the Association of University Programs in Health Administration in Washington, D.C., and director of the office of academic research. He previously was chief medical officer for policy development under the Economic Stabilization Program in Washington.

□
While he is director of laboratories at St. Joseph's Hospital Medical Center, Syracuse, N.Y., **Dr. Nathan Cohen, '53**, also has been promoted to clinical as-

ate professor of pathology at
et State University of N.Y. Up-
e Medical Center. Other posts
ude a professorship of medi-
technology at S.U.N.Y. in
cton and the health sciences
isory committee at the same
iversity.

□
Dr. **Herbert A. Oxman**, '66,
er two years as staff cardiolo-
at the Lackland Air Force
s medical center in Texas,
e moved to Knoxville, Tenn.,
ere he is in private practice
co-director of the East
ennessee Baptist Heart Center.
is board certified in cardio-
cular disease and by the
merican Board of Internal
edicine.

□
A 1972 graduate, **Dr. Kenneth
Johnson, Jr.**, is supervisor of
gical services at UCLA Med-
Center's emergency services.
recently completed a two
general surgery residency at
LA and now resides in Santa
nica.

□
Dr. **Barry V. Bast**, '67, has
ved to Manitowoc after Army
vice and a residency in Grand
pids, Mich., and has joined
thopaedic Associates of that
y. **Dr. Thomas K. Perry, Res.**
'55, is an associate.

□
A former UW Hospitals house
cer, **Dr. Bruce R. Holzman**,
'70, practices in Columbia,
s. He became a diplomate
PN in psychiatry a year ago.

□
Dr. **James S. Vedder, Res.** '46-
retired head of the Marshfield
nic pediatric department and
sician in that city for 32 years,
ounced as a candidate for the
h Wisconsin Assembly Dis-
t seat for the September

primary elections.

□
A *Wisconsin State Journal*
feature story during "National
Immunization Week" early in
October highlighted Madison
pediatrician, **Dr. Kathryn Nichol**,
'62.

□
Promoted to associate profes-
sor of radiology at the University
of Colorado Medical School
earlier this year was **Dr. Richard
Wesenberg**, '62, Denver, whose
book, *The Newborn Chest*, was
published in the fall of 1973.

□
Dr. **Weldon D. Shelp**, '61, in
July was appointed to the new
position of medical coordinator
at Methodist Hospital, Madison.
He continues as director of the
hospital's regional hemodialysis
center, a post he's held since the
facility opened in 1970.

□
Going into the private practice
of medicine in Green Bay is **Dr.
Edward S. Orman**, '57, who in
August resigned as medical di-
rector of the La Crosse County
Guidance Clinic and of Lakeview
County Hospital in West Salem.

□
Dr. **Herbert F. Sandmire**, '53,
Green Bay, recently was honored
with the Wisconsin Confedera-
tion of Zero Population Growth's
(ZPG) major citation, the Hu-
manitarian Award, for "his
many years of active involve-
ment in obtaining better health
care for women". He is imme-
diate past president of the Wis-
consin Society of Obstetrics and
Gynecology.

□
Dr. **Calvin E. Schorer**, '55, a
Detroit psychiatrist, is director
of training at the Lafayette Clinic
and a professor at Wayne State
University's Med School.

On two occasions in the past
year, November 1973 and April
1974, **Dr. William E. Martens**,
'62, traveled to Thaeler Memo-
rial Hospital in northeastern
Nicaragua to relieve the general
surgeon there. UW Medical stu-
dents also spend preceptorships
at the same hospital.

Necrology

We regret to report the follow-
ing alumni and faculty deaths
reported to our offices:

Dr. **Karl J. Theige**, '15, in
Viroqua.

Dr. **James A. Gough**, '21, Lex-
ington, Ky., May 14, 1974.

Dr. **Jerome R. Head**, '22, in
Evanston, Ill., June 11, 1974.

Dr. **Harold J. Heath**, '26, in
Juneau, June 30, 1974.

Dr. **Douglas T. Prehn**, '27, in
Wausau, June 30, 1974.

Dr. **Willard J. Berwanger**, '29,
in Glen Ellyn, Ill., July 31, 1974.

Dr. **Elmer M. Bingham**, '29, at
Jackson, Calif., July 25, 1974.

Dr. **May Davies O'Neill**, '31,
in Madison, July 3, 1974.

Dr. **Gerald B. Harrigan**, '32,
Port Washington, N.Y.

Dr. **Melvin W. Stuessy**, '37,
Brodhead, in Monroe, Sept. 30,
1974.

Dr. **Harold J. Byrne**, '43N, in
Carmello, Calif., Sept. 17, 1973.

Dr. **Rollin R. Osborne**, '44, in
Rhineland, July 10, 1974.

Dr. **George H. Burnett**, former
resident and faculty member, in
Madison, July 8, 1974.

Dr. **Charles V. Seastone**,
emeritus professor of medical
microbiology at UW, in Madison,
Aug. 18, 1974 (see story else-
where).

Dr. **Henry J. Sallach**, professor
of physiological chemistry at
UW, in Madison, Sept. 14, 1974
(see story elsewhere).

COLUMNS AND EDITORIALS

Something Special

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

MILWAUKEE — A great deal has been said and much has been written about the patient-doctor relationship. The concept of this interpersonal dialogue defies succinct definition. The physician has been revered as a self-effacing, self-sacrificing and passionately involved humanitarian, or labeled



as a dictatorial self serving money grubbing calloused entrepreneur, and more recently as a detached cold unfeeling dispenser of technical skill under the benevolent umbrella of third party and governmental agencies.

There may be some truth in each allegation. It is often difficult for us to see our own image.

Just what do we as doctors think of being a doctor?

It is a great comfort to recollect a credo of my teacher of Histology. Doctor Theodore Hieronymus Bast was born in Rockfield, Wisconsin, and educated at Ripon College and the University of Chicago. His crisp manner and his punctuated guttural accent nevertheless suggested a continental flavor. With sheer force of his commitment he etched the image of microanatomy unto each student, and yet he was a gentle, warm and kindly person sensitive to the human contents of his pupils.

On one occasion, when the formality of the classroom was relaxed in an after hour study group and in the mood of camaraderie, I addressed my teacher as "Doc." The response was bristling, made even

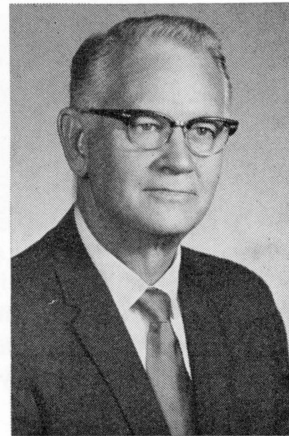
more emphatic by the precise accent: "A Doc is what swims in the water. I am a doctor and that is something special. Someday you will be a doctor, don't you forget it and be sure no one forgets it."

I have never forgotten Theodore Hieronymus Bast. I will always remember that a doctor is something special. I shall never allow anyone to forget that I am a doctor — not even myself.

Pace-Setting

BY G. STANLEY CUSTER, M.D., '42
PRESIDENT

MARSHFIELD — For the second consecutive year now, this magazine, the Wisconsin Medical Alumni *Quarterly*, has been singled out to receive the 'Pace Setter' Award from the Wisconsin Association of Business Communicators. Each time it was



the content of the magazine upon which the award was decided.

We commend Editor Mischa Lustok and his editorial associate, Kurt Krahn, for this achievement. However, it is equally important that we commend those many recruited and non-recruited volunteers who have been contributors to the *Quarterly* since its inception. It is the

content which they have submitted which is the guts of the magazine. It is that content which garnered the award.

If you have read the *Quarterly*, you will have discovered that it is a magazine about people, about

... thoughts, accomplishments and lives of the
... students and teachers of the U.W. Med.
... school.

It is a magazine about you. It is your activities
that make the Association come alive; it is the glue
that holds us together.

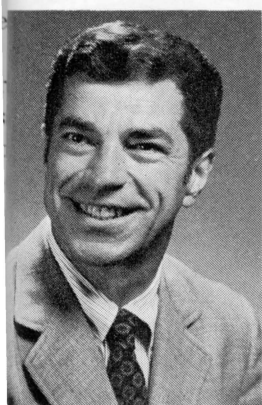
If you have not read the **Quarterly** I invite you to
read it. You will be entertained, informed and proud.
If you have not supported the **Quarterly** I invite
you to support it by contributing information or by
merely becoming a regular dues paying member of
the Wisconsin Medical Alumni Association along
with the rest of us.

With your active participation our Association can
become a 'pace-setting' organization too.

A Matter of Character

BY DONALD S. SCHUSTER, M.D., '51
MEMBER, EDITORIAL BOARD

MADISON — About a year ago a visiting profes-
sor of medicine was asked what qualities make a
good physician. His reply was that being a good
doctor is a matter of character. He did not go into
further detail but in thinking about it, I decided to
elaborate on what this means to me. You probably
will have additional ideas and if you do, I
believe they would make interesting letters to the
editor of this publication.



On first thought one would equate character
with honesty. This is obviously important as far
as the physician is concerned. It's a good place
to start. But there is much more. Truthful-
ness accompanies honesty but should be tempered
with optimism. The ability to stay with a problem
project until it is completed requires character in
another dimension.

This applies to the care of the individual patient.
Should I do a throat culture or draw blood for a

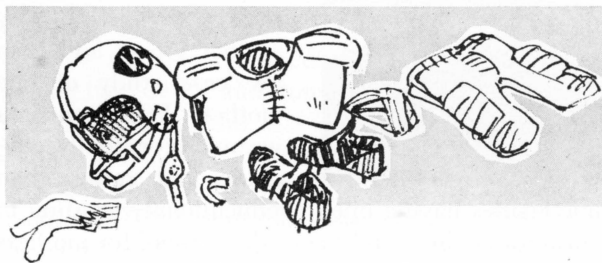
serology even though I'm running behind this after-
noon? Yes, if that's what is best for the patient. Do
it, do it right, take time to do it right if the patient
benefits.

If you're not sure look it up. Don't be so arrogant
and insecure as to shun consultation. Don't do a
procedure unless you're certain that you're com-
petent to do it without harm and with safety for the
patient. Formulate your principles of personal integ-
rity and do not allow them to be compromised. Be
firm enough to make a decision and stand by it, but
never be so bull-headed as to not admit that you
may be wrong.

Part of good character is humility, being aware
that the physician's role is to serve the patient, and
the doctor in so doing should be able to make the
patient feel comfortable and at ease. If the patient
says something that is an old wife's tale or mis-
pronounced or not in proper terminology, remember
that he's trying to help you. Have enough control
not to put him down or lose your patience.

A man or woman of character can accept the
responsibility which is his. This is called depend-
ability. We all have our own areas of responsibility.
If it's ours we should carry it through. If it's not
within our purview it is important to be able to
recognize that it's not.

Unfortunately, we must occasionally face frustra-
tion, difficulty and unpleasantness. When such is the



case it is usually necessary to have the courage
(character) to face it and conquer it, if possible,
without complaint or collapse.

We must care about the patient, exercise caution,
have the courage to act, make the patient feel com-
fortable and be clever enough to be able to accept
consultation when needed.

Now that several points have been mentioned as
to various facets of character, we may ask how the
admissions committee might be able to recognize
such qualities in a medical school applicant. Perhaps
that would be a good subject for my next article in
the **Quarterly**.

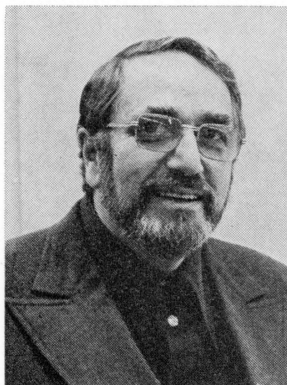
'To Go or Not to Go . . .'

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

SKOKIE — Many articles have been written on the anxieties, fears and procrastinations of our youth as they prepare to enter college today. I should like to address myself to the unknown heroes of this phenomenon — their mothers.

Little attention has been focused on those truly responsible for effecting the resolution and accomplishment of this stage of development. After all, a computer could pay the bills. However, it takes the character, strength, persistence, nagging, crying, hysteria and depression of a mother to finally send a son off to college.

I do not wish to impress you with a generalization for I am sure that there are many mothers who would respond differently. From a personal case history I have arrived at some conclusions I should like to share. If you have experienced similar reactions please send a detailed history so that I may add it to my case study of one mother. With such data we may eventually conclude that rather than



universities having open coeducational visitation in dormitories they might consider a room for mothers on each floor.

In this way mothers could be sure their sons are eating and sleeping properly, having buttons on their shirts and clean laundry. These basic needs are imperative in the minds of mothers. Their concern is not that they attend classes . . . just that they be strong enough and dressed appropriately if they should so decide.

Since I have shared with you the epic of our first son, Larry, going off to school, I would like to report on the adventures of our second son, Ed. The University of Hartford encouraged parents to attend an orientation program. Upon our arrival their strategy was to separate parents from their offspring.

There was an uniquely devised program in an attempt to start the excision of the umbilical cord.

By keeping students and parents involved separately all morning, afternoon and evening except for lunch and dinner, one could determine the success of this endeavor. Mothers kept getting lost and ending up in their son's orientation lecture and some sons were seen running and hiding so as not to be found.

I was quite proud of Clarice, who gave her permission for Ed to go off with his group. She questioned whether they would let him out for lunch. As I reassured her, they took us to the infirmary to show parents the medical care students would receive. Since the door was locked and no one could be found to open it we went on to the laundry room.

Clarice checked each washer and dryer carefully to be sure they were operating. This came as quite



a surprise to me as Ed has never used ours in his 17 years at home. I asked our student guide whether they had a class to instruct young men on how to wash their clothes. She smiled with a wink and reassured me that there were many young women ready to help these young men. This, in spite of women's lib.

Our guide was a young woman, a sophomore. Her enthusiasm and personality were delightful and we found ourselves beginning to identify with the university. Our next stop was the classrooms. I must admit, I never fit in high school nor college nor medical school. Now, as a parent, I still don't fit. I found it impossible to get into those seats with an enclosing arm desk. I just couldn't make it.

After I was carefully pulled out we next saw the large lecture rooms. The excellent condition of these rooms was surprising for they were built 15 years ago and the wood of the seats appeared in their original state. The varnish retained its high lustre. It was told they are infrequently used.

Next we were marched into the cafeteria. Here, others examined the menu, wanting reassurance that balanced meals were served. This, too, surprised me, since most adolescents survive on pizza, McDonald's, hot dogs and fries and coke. There before us stood two chefs with mushroomed hats carving the standing rib roast and making sure each student received a large portion of meat.

The mothers stood and applauded until the student guide informed them that these two chefs had been hired for this occasion from PLEASE ANOTHER RENTALS. I must admit our guide looked healthy and adequately fed for having spent a year away from home. Clarice thought she might be somewhat anemic because she was walking slowly she led us.

I thought she was walking slowly in consideration of her parents.

After dinner students and parents were again separated for more orientation lectures. About 10:00 we parents sat in a classroom while the instructor sat at a desk reading. After waiting 25 minutes he announced that since there were no questions class was dismissed. One really got the flavor of college from this. As we completed our last seminar the students went off to the dormitories for the night and there stood 100 depressed mothers all chanting, "QUO VADIS?" (Whereforest thou goest?)

We then got into a taxi to return to our hotel to get a good night's sleep since orientation resumed at 7:30 a.m. the next morning. (This was reminiscent of Dr. Middleton's morning rounds.) My theory has always been that if anything is important enough to happen it can wait until 10:00 a.m. — which was when we arrived. We found all we had missed was breakfast with our son. Since he had made some friends and decided to eat with them, we would not have seen him anyway.

After two lectures and tours the numbness of preparation was overcome by boredom and fatigue. Their plan had worked. The final point of interest was the Bursar's Office where it was announced that unless tuition and all fees were received before the deadline students would not be permitted to register for classes. Mona Lisa smiles appeared on the faces of all the mothers. At last — a way out!!

A Friend Will be Sorely Missed

BY CONNIE M. SMITH, MED IV
SENIOR CLASS PRESIDENT

MADISON — It has been said, and I have always believed, that there is no such thing as indispensability: everyone and everything can be replaced somehow. With the death of Dr. Jim Sallach I have almost had to think otherwise. It will be very difficult to fill the void left by this man who worked so constantly and did so much to improve the quality of



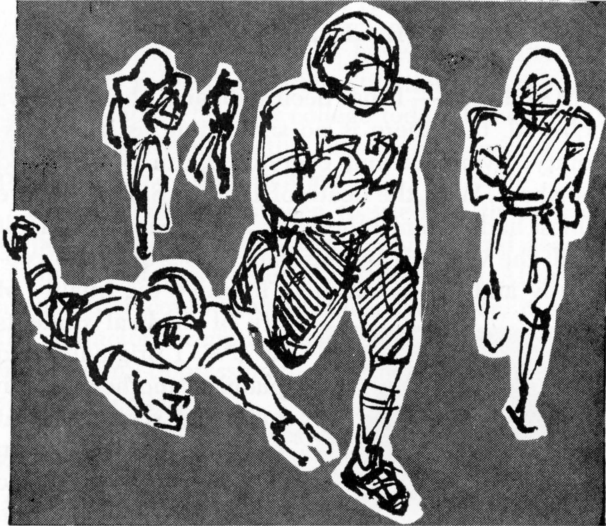
life of medical students at UW. I originally had planned another column but have scrapped that to pay tribute to this man who meant so much to his students and to whom his students meant so much.

Dr. Sallach was one of the finest teachers I have known. He was a principal lecturer in our freshman Physiological Chemistry course (traditionally the bane of medical students, as you all remember well) and tough Nutrition and Intermediary Metabolism. His lectures made an esoteric subject intelligible, interesting (surprise to many of us) and always relevant to our future practice of medicine. That relevance was mighty important to us who found it difficult to see thru the proteins and cycles and chemical reactions to our goal in coming to med school in the first place!

He yearly revised his fine set of notes and teaching aids and had developed a "wall map of metabolism" which was printed nationally and guided many a

(EDITOR'S NOTE: This is the first Quarterly column for Miss Smith, who is the first female senior class president in history of the University of Wisconsin Medical School. Her duties include sitting on the Alumni Association's Board of Directors and the Quarterly Editorial Board. A native of Grafton, Connie is 25 and received her B.A. degree in zoology from UW-Madison in 1971.)

perplexed student through an impossible subject. He campaigned and petitioned and was committed for years to have the crowding and poor ventilation and heating in our principal lecture hall redone to make it a reasonable environment for learning. (This project is finally going to be begun this spring, largely through his efforts.)



Dr. Sallach's teaching also had a very personal dimension. He was the professor who every year sat at the back of our first freshman lectures with our class picture, memorizing every name and face in order to address each of us personally. Present in every laboratory, he encouraged and aided and shared the latest jokes and sports news. Not only was his office door open to any question or problem, but he practiced "affirmative action" and sought out the student who was doing poorly to give preventive aid. It is no wonder that he was a multiple winner of the Junior Class Best Pre-Clinical Teacher and Goodfellow awards!

Dr. Sallach was very clearly our friend as well as our teacher. He always had a friendly greeting and time for a word, even as we became sophomores, juniors, seniors. He drank many a TGIF beer, played many a card game, shared many a story with us and even polkaed with us at a classmate's wedding.

Dr. Sallach was a faithful at the med school parties and class picnics where faculty are always welcome but too seldom venture. He never failed to be interested in our problems and in helping where he could.

Dr. Sallach is gone and he is sorely missed. Remaining faculty have already had to regroup to replace him as a teacher. But the more important

task is to replace his warmth and concern for his students. The preclinical years with their rigid scheduling and academic load create pressured students and harried faculty and a great gulf between the two. Few professors do so much to make those years bearable as did Dr. Jim. Perhaps our greatest tribute to Dr. Jim Sallach would be to make it our task, as students and faculty, to maintain his tradition of friendship, humor, generosity and true concern.

California Happenings

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

LAGUNA NIGUEL — It appears that the California area is "acquiring" from Arizona on a two-to-one basis. **Jack J. Herman, '56**, is moving to Alta Loma to join a larger medical group. Jack was in solo practice in Phoenix for 13 years and for the past five has been director of student health at Northern Arizona University at Flagstaff. The second is that of **Elizabeth Grimm, '43**, who moved to



a perfect community built around a small lake at Lake San Marcos south of Los Angeles. Dr. Grimm, who helped develop occupational therapy at UW Hospitals while in charge of physical medicine for the department of medicine, was one of those favored with her own nickname by Dr. Middleton. She

practiced preventive medicine in Tucson where good friend and formerly **Quarterly** correspondent **Jackman Pyre** resides. Dr. Grimm stopped by in May, and Dr. Pyre and family stopped here in August. I learned that young Jack Pyre at the age

of 10 went to a boys' camp in Wisconsin run by Dr. Grimm's father.

In the news here recently was **Eugene P. Adashek, '36**, a Board Certified general surgeon who also has prolonged success and fame as medical director of the Los Angeles-Orange County Regional Blood Program of the Red Cross. He recently awarded certificates to local medical society officials and to local media. Dr. Gene's picture makes him look like 1942 plus 10 without a gray hair visible.

Dr. Walter Rogers graduated in U. Rochester in 1932 after two years at UW. He became detached from Pasadena, where he had been a leading OB-GYN specialist, when he went with the good ship HOPE, and then stayed on in administration of the project for several years. A search found him living in Tucson, Ariz., and working in planned parenthood for the Tucson health department.

The Class of 1962 graduates are scattered into a wonderful variety of places and five of the nine residing in California replied to a recent class survey. **Robert Barnes** is in Los Angeles in radiology. **Neil Sagle** resides in Downey (Los Angeles County) and he practices internal medicine with offices in La Mirada and Whittier. He has the assistance of classmate **Morton Futterman** who reported having a "Woman's Lib family, three girls."

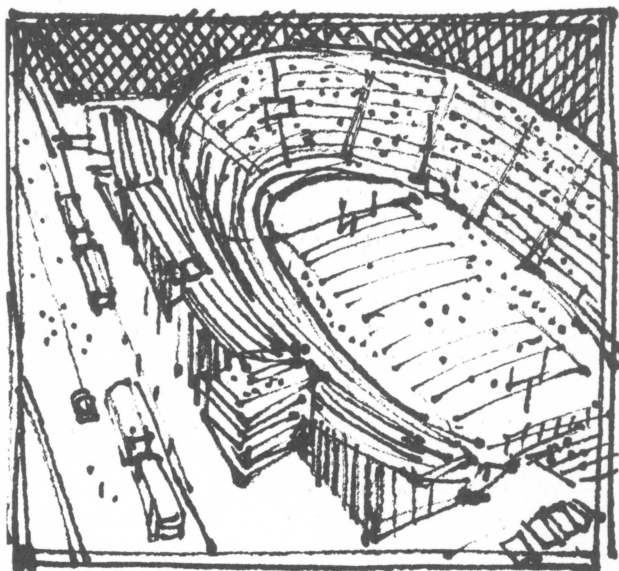
Larry Schmitt is in La Jolla with "pleasant unhurried living by the Pacific." **Charles Feldstein** has been in California for 12 years, five of it in a surgical partnership in Hayward. They have a new building, the Calaroga Surgical Center and he has been chief of surgery at St. Rose hospital for the past two years. His internship was at Highland Alameda hospital in Oakland and his residency at Pres. Medical Center in San Francisco.

John Sevringhaus is a 1949 graduate of Columbia after doing his preclinical work at the UW. Board Certified and working in research anaesthesiology, he is the son of the great Dr. Elmer Sevringhaus (see next paragraph), professor of P-Chem., in the 1920's, then chief of endocrinology until he became chief of clinical research at Hoffman-LaRoche. John is on the faculty of the U. of California and lives in Ross near San Francisco. He does an increasing amount of lecturing, the latest example of which is "Chemical Control of Mechanisms in Respiratory

Regulation" at the American Thoracic Society meetings in May in Cincinnati.

The best source of alumni news (and his own progress) has been, as before, **Chauncey D. ("Sarge") Leake** of San Francisco. Sarge up-dates news about a great many of the early faculty. **Elmer and Grace Sevringhaus** now live on Puget Sound, having moved from Connecticut to be nearer the children and grandchildren. Elmer followed **Dr. Harold Bradley** of Berkeley in P. Chem. at Wisconsin. (One should explain that "P. Chem." has long since become biochemistry).

Ted and Paddy Hodges keep to their Ann Arbor home unless at Wisconsin family reunions, at which they might meet brother **Paul** from Chicago. Both are pioneer roentgenologists with Ted setting up



the first routine hospital admission minifilm program. Sarge Leake was in the midst of a favorite summer chore, "running the lights for the summer shows at Bohemian (Club) Grove" on the Russian river. His writing is proceeding well with two parts of his "Practical Philosophy" in print (The Ethics and The Logics) and Esthetics is nearly complete. A second edition (after 40 years!) of his "Percival's Medical Ethics" is to be released shortly and his "Historical Account of Pharmacology" is in press.

If all M.D.'s in Los Angeles county were gathered together (unlikely) they would fill the 16,000 seat Hollywood Bowl. If all the ex-UW M.D.'s in L.A. county congregated (also unlikely) they would fill a ballroom at the Hilton. If 10% of these lucky people sent us a progress note we would have enough data for five columns!

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

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

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