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**History of Medicine:
medicine's window on
the humanities**



Wisconsin Medical Alumni Quarterly

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on the humanities

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COVER — Board of health doctor in New York tenement, taken from an
issue of Harper's Weekly.

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HISTORY OF MEDICINE

Medicine's Window On The Humanities

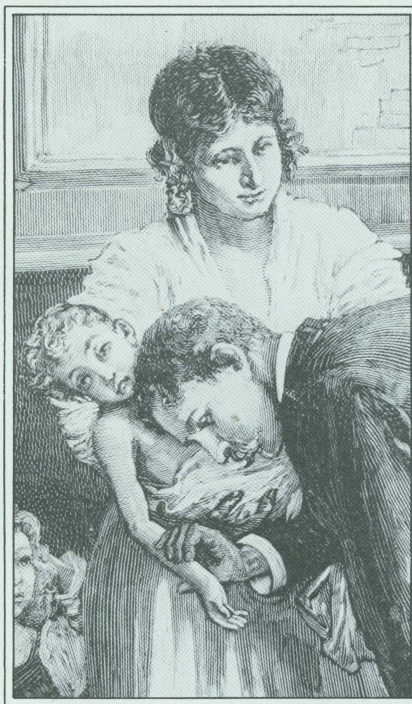
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Editor's Note: The University of Wisconsin developed one of the earliest programs in medical history in the United States. Today this program is one of the largest and strongest of such departments anywhere. The following is a brief overview of the department's origin and growth and an update on current activities.

Like so many other UW Medical School developments, planning for a history of medicine department can be traced back to the late William S. Middleton, that giant of the institution who served medicine, the University and Wisconsin for 63 years.

Middleton created the first chair in the history of medicine in 1946 using funds contributed by University benefactor Thomas E. Brittingham. The post started the following year, filled by Erwin H. Ackerknecht, who was recruited from the American Museum of Natural History in New York. Formal departmental status was achieved in 1950 during Ackerknecht's nine-year tenure.

According to research on the subject done by UW medical historian Guenter B. Risse, Middleton never missed an opportunity to stress the need for medical history in the education of young professionals. In a 1953 letter to Ackerknecht he called the Department of the History of Medicine "the entering wedge



into the social and cultural aspects of medicine."

In the mid-1950's both Ackerknecht and Middleton left Madison for other jobs. Middleton retired from the deanship in February 1955 and took a leave of absence to become the Chief Medical Officer of the Veterans Administration in Washington. Ackerknecht accepted the chair

of medical history at the University of Zurich in October of 1956. The department continued as basically a one-person department for almost 20 years.

For the first eight of those years a series of visiting professors were invited to Madison for the second semester of the academic year in order to teach a required survey course designed for sophomore medical students. The last of these, Nicholas Mani, librarian and historian at the University of Basel, Switzerland, was appointed chairman of the department in January, 1965. He was succeeded by Guenter B. Risse, a specialist in modern European medicine, who developed new elective courses for medical students.

During Risse's chairmanship a medical humanities endowment provided the impetus to begin a new facet of the department: the program in medical ethics. In 1973 Norman Fost, a UW pediatrician, became half time with the department and John Robertson, a professor in the law school, joined the department on a quarter-time basis. This nucleus was augmented in 1975 by philosopher Daniel Wikler, who came to Wisconsin from UCLA on a six year career development award by the Joseph P. Kennedy, Jr. Foundation. This arrangement

Continued on following page

pioneered a close affiliation between such a program and a medical school.

In 1974 the medical history division of the department made the crucial change from one person to two with the appointment of Ronald L. Numbers as assistant professor with a major interest in the history of American medicine and science. The previous year he had been a Macy Foundation Fellow at the Johns Hopkins Institute of the History of Medicine.

In 1975 another assistant professor in medical history was added to the department, Judith Walzer Leavitt, whose special interests are American public health and women and health. That same year the department established its graduate program through the History of Science Department, which is based in the College of Letters and Science.

The UW History of Science Department, the first such department in the country, was established in 1941. History of Medicine faculty hold joint appointments in the History of Science Department. Through this affiliation the department can provide a program of graduate study leading to the M.A. and Ph.D. degrees.

In 1977 Numbers became department chairman. The next year two more faculty appointments were made. William Coleman, a historian of biology with research interest in European medicine and public health, came from Johns Hopkins to join the History of Science Department and received a joint appointment in the History of Medicine.

Also in 1978 W. Bruce Fye, a practicing cardiologist at the Marshfield Clinic, was appointed adjunct assistant professor. Fye did his cardiology residency at Johns Hopkins, where he also received a master's degree in medical history.

Fye occasionally participates in

UW teaching and writes on the history of American medicine. Through him the department has been able to reach out to the community of practicing physicians. He has been active in the formation of a medical history club in Marshfield and serves as its president. He has also served on the managing committee of the Aesculapian Society of the Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin.

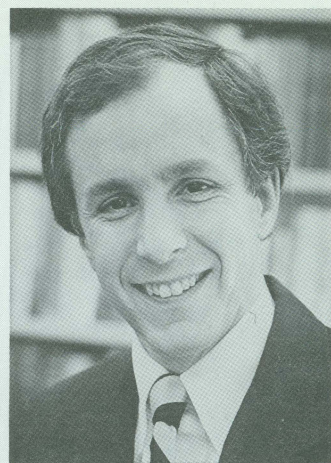
Through him the department is planning a continuing education program for Wisconsin physicians in Marshfield May 9. At this meeting, which will be co-sponsored by the State Medical Society and offer continuing education credit, papers will be given on the medical history of Wisconsin.

Last year medical ethics became a separate administrative entity within the History of Medicine Department. Fost serves as director of the Medical Ethics Division.

Teaching

The UW History of Medicine Department offers the country's most diversified teaching program in this subject, with particular strength in: modern European medicine; modern European public health; American medicine; and American public health. ("Modern" is defined as beginning with the eighteenth century.) In addition Risse teaches "Health Issues in Latin America: Historical Perspectives" in conjunction with the Ibero-American Studies program, and Leavitt teaches a course on the history of women and medicine, cross listed with the Women's Studies Program.

History of Medicine faculty primarily reach medical students through the freshman elective "Historical Perspectives in Medicine." While most departmental courses are designed to appeal to as broad a spectrum of students as possible — in the liberal arts and professional schools — the



Above, Dr. Fost. Right, History of Medicine Department faculty include (left to right): Guenter Risse, William Coleman, Ronald Numbers and Judith Leavitt.

"Perspectives" course is specifically designed to introduce first year medical students to the history of medicine through the medium of film.

According to Numbers, "We decided to introduce the student to the subject in a palatable way so that their interest would be stimulated." With the change from a lecture-discussion format to the film format three and a half years ago, enrollment shot up to 113 students out of the 159-member-freshman class.

As part of the freshman "Growth and Development" course 15 hours of lecture are devoted to medical ethics issues. This commitment has evolved since the medical ethics program began in 1973, with increasing involvement in the required freshman curriculum.

For medical school seniors, ethics offers an elective twice a year for those who want more depth in the subject. This is taught during the interim period between semesters, for a total of 16 hours. Seniors also have the option of a medical history "Reading and Research" elective.

The department's other courses are offered to advanced undergraduates and graduates from throughout the university. Wikler and Fost teach "Ethical Issues Raised by Biomedical



Technology.”

At the present time three students are preparing dissertations in medical history: Rima D. Apple, “‘What’s a Mother to Do?’ Alternatives to Breast Feeding, 1870-1940;” Patricia Spain Ward, “Dr. Simon Baruch, 1840-1921, A Student in Medical Reform;” and Susan Eyrich Lederer, “The Ethics of Animal and Human Experimentation in America: A History to World War II.” During the 1978-79 school year Rima Apple was the recipient of a Woodrow Wilson Research Grant in Women’s Studies. Patricia Spain Ward is currently a research associate at the University of Illinois Medical Center in Chicago.

In 1972, thanks to a bequest from Maurice L. Richardson, M.D., the department established a fellowship program with maximum yearly stipends of \$4800. The Richardson bequest also provides funds for acquisitions and care of rare books in the historical collection. Richardson was a member of the first William Snow Miller Medical History Seminar.

Continuing Education

In addition to the Mary 9 Marshfield program, the department on April 10 will sponsor an all-day symposium organized by Dr. Leavitt. The symposium, which offers physicians Category I credit, will focus on “Childbirth:

The Beginning of Motherhood,” and will draw from a number of UW, state and national sources.

Proceedings of these symposia usually are edited and published. And Numbers has edited the proceedings of the 1979 symposium for a monograph on “Compulsory Health Insurance: The American Debate in Historical Perspective.” The UW Press is scheduled this spring to publish **Wisconsin Medicine: Historical Perspectives**, a collection edited by Numbers and Leavitt which resulted from the 1976 symposium.

The department also sponsors William Snow Miller lectures by local and visiting faculty. A trust fund supports these annual lectures honoring a pioneering member of the medical faculty who established the William Snow Miller Seminar in Medical History.

In memory of Chauncey D. Leake, a member of the William Snow Miller medical history seminar and prominent contributor to the study of medical history in Wisconsin and America, the department sponsored for the first time in 1979 the annual Chauncey D. and Elizabeth W. Leake Essay Prize in the History of Medicine for the best student essay on medical history. Once every two years income from the recent bequest from the Leakes’ estate is also used to support a lecture relating to the humanities in the health professions. Chauncey D. Leake, Jr., of New York City, is making annual gifts to augment the bequest.

Medical ethics also has sponsored public forums as well as guest lectures for house officers and other audiences. Monthly ethics rounds are held, usually on a current ethics controversy existing in the hospital.

Service

All three of the medical ethics faculty members sit on the Center for Health Sciences Human Subjects Committee

chaired by Fost. This committee reviews research involving human subjects.

All three also have testified at various times before the state legislature and are available for consultation in hospital cases.

Fost says, “The faculty finds their most fulfilling work being of help to health professionals in connection to an ethical dilemma.” He notes that this includes telephone consultation with practicing physicians who may request assistance.

Research

A number of publications by department members have been recently published, are scheduled for publication in the next year or are in progress. These include:

Coleman, W. **Public Health and Political Economy: The Ideology of Sociomedical Investigation in Post-Imperial France** (Madison: University of Wisconsin Press, in press).

Leavitt, J.W. **The Healthiest City: Milwaukee and the Politics of Health Reform** (Princeton University Press, in press).

Leavitt, J.W. and Numbers, R.L. (eds.) **Sickness and Health in America: Readings in the History of Medicine and Public Health** (Madison: University of Wisconsin Press, 1978).

Numbers, R.L. **Almost Persuaded: American Physicians and Compulsory Health Insurance** (Baltimore: Johns Hopkins University Press, 1978).

Numbers, R.L. (ed.) **The Education of American Physicians: Historical Essays** (Berkeley and Los Angeles: University of California Press, 1980).

Numbers, R.L. and Leavitt, J.W. (eds.) **Wisconsin Medicine: Historical Perspectives** (Madison: University of Wisconsin Press, in press).

Robertson, J.A. **Rights of the Critically Ill** (in press).

Wikler, D. **Ethical Issues in Mental Deficiency** in “Philosophy of Medicine” series by Prentice-Hall, 1980. **Q**

The dean's column

Arnold L. Brown, M.D.

Predicting the future

A lot of very busy people are spending a great deal of time figuring out just how many physicians there should be. Ten years ago the collective opinion was that a serious shortage was imminent; now it appears that we face a glut.

The problem is how to decide how many physicians are enough. One way is to divide the population of the country, or a state, county or city by the number of physicians who live there. Since not all of them may be practicing, a slight refinement is to determine just how many are seeing patients. Another approach is to find out what kind of physicians are practicing: family practitioners, surgeons, obstetricians, radiologists and the rest of the specialties of the profession, and to determine their density as a function of population. Then someone has to decide what that number should ideally be.

Just as important as the number of physicians and their



characteristics is the nature of the population. All sorts of variables can be used here such as age distribution, income levels, and living environment. An estimate could also be made of the kind and incidence of medical problems a population could have and then allocate physicians on that basis.

All or some of these considerations have gone into two recent reports regarding physician supply, one sponsored by the federal government, the other conducted by the State Medical Society of Wisconsin.

The federal study was carried out by the Graduate Medical Education National Advisory Committee (GMENAC, pronounced GEM-IN-AK by the bureaucrats, and everyone else, for that matter). This was no casual effort, requiring four years and four million dollars to complete. Five technical panels came up with 107 recommendations which the parent group condensed into 40 major and 25 supportive recommendations.

Using a complicated method, for which they express only moderate confidence, GMENAC

estimates that by 1980 there be an excess of 20,000 physicians in the country and that the year 2000 the oversupply have become 145,000.

The State Medical Society formed a group to consider the matter of physician distribution in Wisconsin. They concluded a report published last summer that there is no serious shortage of physicians in the State as a whole but that deficiency areas do exist. Distribution was the problem, not numbers.

Does this mean we are graduating too many physicians? GMENAC, in a somewhat hesitant voice if the qualifications considered, thinks so. The State Medical Society suspects that are but suggests that this may lead to a better dispersion of medical care.

Evidence for this recently appeared in the New England Journal of Medicine in a paper by W.B. Schwartz and his colleagues. In a study of the dynamics of physician distribution in California a steady increase in the number of board certified specialists in smaller towns was found between 1960 and 1977. This was regarded to be a consequence of fewer opportunities in the larger, and presumably more attractive, cities.

This fact should surprise no one. Competition works among physicians just as it does in any other group, a notion that health planners seem reluctant to accept.

Predicting the future is always a chancy business. The prediction of the demand for medical service is no easier, as anyone who has tried it and can keep more than two variables in mind at once will testify. Because of the uncertainties, I suggest that public policy would best be served by too many rather than too few physicians. Q

Old is old

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



It has long been my prejudiced opinion that if outside influences did not interfere with our developed life styles, we would be a much happier species. For 28 years Clarice and I have enjoyed a life of love, understanding and mutual respect. My medical school training, louder voice and masculine authority have proven to be the deciding factor, as it should, in most arguments. One cannot fault a system that has worked so successfully. It was my belief that our lives would continue in this direction, but this was not to be.

Last week Clarice was discussing her antique shop and mentioned a 75 year old customer who excited her with his new discovery. For years his thinking had been slower, his memory poor, his physical energy low and his life stagnant. He was at the crossroads of his life, he explained, when by an act of fate a young woman of 65 changed his life. I immediately assumed that Clarice was going to embarrass me with a tale of a miraculous sexual rebirth. I couldn't wait to hear the facts. Now I could understand why Clarice enjoyed being at her shop.

The following story unfolded.

This "young woman," he said, had been a health food buff for the past 20 years. By eating the right foods she had maintained her youth and spirit. She had not poisoned her body with meats, preservatives or air pollution. Her diet of vegetables, sprouts, roots, leaves and grains had revolution-

ized her state of being. He was so impressed by her that he converted, on the spot, to a born again vegetable!

I agreed that this was a fantastic tale. I could not help but marvel at the enthusiasm of this septuagenarian to improve his future years. Finishing my Italian submarine sandwich, I commended Clarice on the interesting people who frequented her shop and expressed my curiosity as to "What's for dinner?"

With that determined look I have come to recognize when I'm about to be surprised, Clarice went out to the car and returned with three full shopping bags. The large letters "Underground Happenings" stood out and I assumed she had purchased soil to repot her plants. Instead I was informed that these were "all kinds of goodies." She felt this was just what I needed and then proceeded to announce the evening menu. We were to have watercress soup, hydrolyzed soybean bacon, cranberry juice and granola cake. I was told if I behaved myself I might have alfalfa sprouts on my turnips.

Those of us trained in physiology understand the body's ability to adjust to shock. The adaptability of the human condition to external stresses has been explained by chemical, physical and emotional equations to support the theory of homeostasis. My inclination was to laugh. Then, turning red, I began choking but was unable to verbalize the "angst" I was experiencing. I

went up to my bedroom, turned on the TV full blast and sulked. After waiting an hour, I unlocked the door and sheepishly went down to the kitchen.

Clarice, Larry, Ed and Suzie Jo were all seated at the table waiting for me. I sat down and soon the soup was served. Here was the bowl of yellowed water with strands of curious green floating in an uncertain matter. They all commented on the lightness and smoothness of the soup. I've never known boiled water to be otherwise. Then came the ersatz bacon and salad with alfalfa sprouts. This appeared as a plastic display for an airline advertisement. I could swear I saw some of the sprouts moving. The pitcher of cranberry juice looked like a receptacle for used surgical instruments and the granola cake felt like an invitation for an emergency dental appointment. Clarice appeared pleased and reminded us that we were on our way to thinking more clearly, improving our memory and enjoying an increase of physical energy. The boys looked at me and shrugged their shoulders. Suzie Jo giggled. I tried to force myself to choke but did not succeed.

Clarice recently learned that this man of 75 was hospitalized for exhaustion. We are still uncertain whether this was due to his new found diet or his new found young lady friend! Q

The president's page



John Brennan, M.D., '67
President

A summing up

As we begin our second quarter century as a formal medical alumni association, it is fitting that we evaluate the current health and vitality of the WMAA. Of all of its vital signs, the most significant is the dramatic increase in the number of life memberships being purchased. In the first six months of the 1980-81 fiscal year almost 100 of you have chosen the life membership option. This is more than the total number of new life members joining in the previous 12 months.

I interpret this as an emphatic expression of a strong and growing interest in and commitment to the Medical Alumni Association and its goals. Yes, the life membership is a bargain. Yes, we have an installment plan and accept VISA and Master Charge payments. These measures simplify the purchase of life memberships but we would not be approaching our one thousandth life membership if there were not a widely held conviction that belonging to and participating in the medical alumni program is important.

The founding fathers of the WMAA were wise, I am convinced, when they established the policy of distributing the Quarterly to every alumnus whether dues paying or not. They believed that if avenues of communication were kept open and if the medical alumni body were given the opportunity to become familiar with the association, to read news of their classmates and colleagues and to be informed of medical school happenings they would ultimately hop on the band wagon and pay dues.

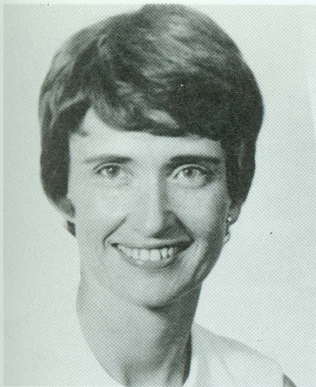
Funds from dues and life memberships provide all of the operating funds for the WMAA. Printing of the Quarterly is responsible for about three-fourths of our total costs.

When the Board has faced deficits in the operating budget, it has been tempting to consider reducing costs by cutting the press run for the Quarterly and pruning the mailing list to dues payers only. Each time we have decided not to take that drastic step and have reiterated the original policy of distributing the Quarterly to every alumnus. I hope that we shall be able to continue that policy always. I further hope and expect that the numbers of new dues payers will continue to grow each year.

If a life membership is beyond your ability right now, consider annual dues. They are \$10 for the first five years after graduation and \$25 thereafter. VISA and Master Charge happily accepted.

This year we are offering a special inducement. All life members and annual dues payers will receive a new edition of the medical alumni directory. In addition to current addresses, type of practice and specialty designation of all of your alumni colleagues, the directory will include a photographic section highlighting the first 25 years of the WMAA.

In the year 2006, when the fiftieth president of the WMAA is reporting to the membership on the status of the association, I hope that she will feel equally optimistic about the strength of the association, its accomplishments and its promise for the future.



Southeastern report

Mary Kaye Favaro, M.D., '69

"Hey, Mom, what's a neap tide?"

Funny how a disconcerting question like that can blow the beginning of an otherwise pleasant evening. Even worse is the next question, "Well, if you don't know that one, what's an abyssal plain?" To top it off comes the invariable loud comment, "Hey, Mom, I thought you said you were **good** in science!"

Until recently, it had always been with a great deal of smug self-confidence that I have approached grade school homework. After all, being a Wisconsin medical school graduate, a Master's degree to boot, a board-certified pediatrician and ump-teen years of successful college under my belt, who is better prepared?

I'll admit to furtively "looking up a few" last year in history, but then, no one can be expected to remember the nuances of John Smith, the Shakers, the Quakers and the Puritans, much less the exploration of Kentucky for a generation. Math and science, though, I bragged, that's where Mommy **really** shines.

The first alarming incident was the sundial. The science teacher had said to get a piece of wood about two feet square and a centerpiece for the stylet about ten inches long, and make a sundial. No problem. One of my patients runs a hardware store and they cut the pieces for me. (Mommy rises again.) Glue it together, right? And set it in the back yard. Only ignominy of ig-

nomies, it doesn't tell time!

Now what? Oh yes, the expensive set of encyclopedias we bought last year. Must be something in there. Volume S — sundials, sure enough. We find that the stylet must point north — slight pause here while Mommy jumps in the car to run to the hardware store and buy a compass — and the angle of the stylet must be equal to the degrees latitude of your location! Now where the _____ is Charleston, S.C.? Oh yes, the globe; must be something on the globe. With my prior extensive and utilitarian knowledge of geometric calculations, we determine that Charleston is 33 degrees latitude. Back to the hardware store with my stylet which was cut at almost 70 degrees. No wonder it wouldn't tell time!

The owner has a jigsaw, but not much patience. Got a 33 degree angle stylet in exchange for smiles, inquiries regarding the family's health and well-being — and a free office visit and booster shots!

Home again, we carefully set it up pointing north, and as ordered, the next day, Sunday, dawned bright and sunny. Our (my) plan was to set the electric alarm clock for every hour and then run out and mark the sundial. Good, huh? All went well until 12 noon when it didn't point straight up! Now **everyone** knows 12 noon is straight up! Even the

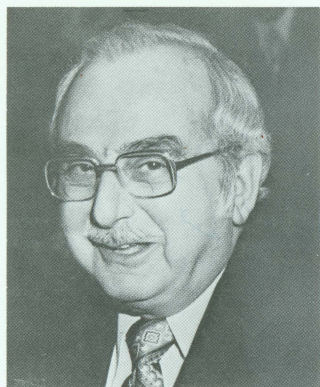
picture in the encyclopedia shows it straight up! Back to the encyclopedia, check the compass, check the angle, sweat a lot, nothing to any avail. All of this to the loud, constant, ear-piercing and nerve-racking wail of "But, Mom, it's due **TOMORROW!**"

Then comes the decidedly gut-teral and hostile remark from the Man of the House, who has been ignored, bored and barely been fed for three days, "What's all the fuss about? Don't you people know it's Daylight Savings Time?" The bell rings, but our numbers are in **INK!** So, the sundial was marked Charleston, S.C. EDT. As further proof of mommy's educational and emotional strength, it was the **only** sundial that told time accurately. Oh, yes, Mommy got an "A".

Never mind, kid, once you get into med school and gross anatomy and physiology, Mommy can **easily** help you, there, no problem.

P.S. In case any of you out there wish to file this for future homework, a neap tide, of course, occurs when the sun and moon are at right angles to each other and cancel the gravitational forces somewhat, so tide changes are minimized. When the sun and moon are in a straight line, tide changes are maximal and called spring, or moon tides. An abyssal plain is flat land between mountain ridges on the ocean floor. Stay tuned next year for sixth grade pearls. **Q**

It depends on your definition



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

Can medicine be fun? I suppose that depends on what you call fun. Roget's Thesaurus offers a variety of connotations for "fun," but prudently leaves the singular definition to individual interpretation. Here are mine:

Pleasureable diversion: Four years of college courses selected not primarily for their content but rather for their competitive advantage in creating a computerized graded image which might be looked upon with favor by a medical school admissions committee.

Amusement: Four debt burdened years in medical school devoted to encyclopedic accumulation of minutiae within the architectural design of a data base structured towards an understanding of illness but not in concert with an appreciation of wellness.

Entertainment: Three seventy-hour-week years of postgraduate training (including moonlighting) enhanced by scheduled drudgery

and dedicated to the translation of the data base to the treatment of disease states in a population extirpated from its natural environment and dehumanized by sequestered confinement in an instrumentation-pregnant institution.

Pastime: An abrupt confrontation with the mundane, the practical, and the painfully real decision of a lifetime career orientation emblazoned with a sudden realization that the many years of personal oblation and fractured family life demand appropriate compensation.

Labor of love: The healing of private wounds, the maturity of personal growth, the flowering of a professional career, the pride and confidence in acquired medical skills, the bounteous gratification of humane service, the warmth of community adoration and the ultimate realization that it has all been very much worthwhile, and indeed — "fun." Q

Calendar
Continuing medical education

JANUARY

January 23-24 — First Annual Seminar on Clinical Genetics, Wisconsin Center, Madison. Fee: \$190. 16 AMA Category I credits; 16 hours prescribed credit, American Academy of Family Physicians.

FEBRUARY

February 13-22 — Symposium on Current Concepts in Diabetes and Radiology, Cruise Ship S. S. Volendam with ports of call in Antigua, St. Maarten, St. Thomas, Santo Domingo. Educational program fee: \$400. 48 hours AMA Category I, LCCME Category I.

MARCH

March 19-20 — Fifth Annual Ophthalmology Current Concepts Seminar, Sheraton Hotel, Madison. AMA Category I on an hour-by-hour basis. Features workshops, lectures, and exhibits as well as lectures in all subspecialty areas.

MAY

May 4-6 — Intravenous Arteriography, Memorial Union, Madison. Fee: \$395. 16 hours AMA Category I; 16 hours American College of Radiology.

May 6-8 — New Dimensions in Cardiac Rehabilitation, Red Carpet Inn, Milwaukee. The program will feature 30 nationally and internationally recognized authorities in cardiovascular diseases, cardiac rehabilitation and preventive medicine. The format includes both formal lectures as well as panel discussions designed for audience interaction.

JUNE

June 4-6 — Electrophysiologic Basis of Diagnosis and Management of Cardiac Arrhythmias, The Performing Arts, Milwaukee, Wis. 18 hours Category I. Update of current diagnostic and therapeutic approach to cardiac arrhythmias. Emphasis will be placed on use of both surface and intracardiac electrocardiology for the current diagnosis of arrhythmias.

For further information contact: Sarah Z. Aslakson, Continuing Medical Education, 465B WARF Building, 610 Walnut Street, Madison, WI 53706, (608) 263-2856

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Dr. Huston – deep alumni roots

Dr. Erwin S. Huston has been the class of 1950 representative since 1968. He is one of three UW Medical School alumni in his immediate family. His father, John Huston, '23, went to Wisconsin when the medical program was limited to two years. After graduation from medical school Dr. John Huston practiced in Milwaukee and served as a UW Medical School preceptor for many years. As a youngster Dr. Erwin Huston recalls medical students coming to his house for dinner.

To his knowledge, Erwin and his brother John were the first twins to be graduated from the medical school. Dr. John Huston practiced radiology in Cedar Rapids, Iowa, until his unexpected death last September, less than three months after attending his class's 30th reunion in Madison.

Dr. Erwin Huston married Alice Seybold soon after his graduation from medical school. Their three children are now grown: Mary, the oldest, is married and living in Park City, Utah; Frank is a student at the Massachusetts Institute of Technology in Boston; and Kathleen is at home.

Dr. Huston's post medical school training included a rotating internship and internal medicine fellowship at Presbyterian Hospital in Chicago followed by two years in the U.S.

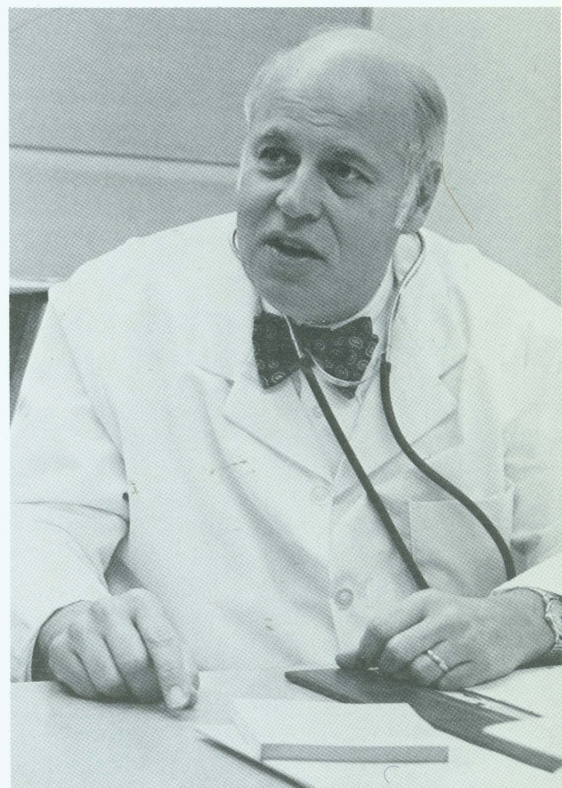
Navy Medical Corps. He served in the Korean War aboard a troop transport and at the Bremerton, Wash., naval hospital. From 1954 to 1956 he was a resident in internal medicine at University Hospitals in Madison.

He entered the private practice of internal medicine in Milwaukee in 1956 in association with his father. At the same time he was employed part-time in the medical clinic of the Wisconsin Electric Power Co. In 1966 he became the company's medical director but continued his private practice until shortly after his father's retirement in 1972.

As the physician for the Wisconsin Electric Power Co. he is responsible for various medical problems of some 6,500 employees. The company is the largest electric utility in Wisconsin, providing electric service to over 780,000 customers. In addition to fossil fuel electric generating units, the company has two nuclear units. The medical programs, safety matters and environmental considerations present a variety of challenges in the occupational medicine area.

Dr. Huston is also a medical consultant to the Safety and Industrial Health Committee of the Edison Electric Institute. He is president of the Medical Directors Association of Milwaukee

Continued on following page



Dr. Huston

Editor's Note: This is the second of a **QUARTERLY** series designed to recognize class representatives with outstanding records of service. Class members who wish to nominate their representatives for recognition are encouraged to write or call the Alumni Association with information.

and a representative to the Occupational Medicine Coalition of Medical Organizations. He is a member of the American College of Physicians, the American Occupational Medical Association, the Milwaukee Academy of Medicine and his county, state and national medical associations.

A Diplomate of the American Board of Internal Medicine, Dr. Huston is a member of the staffs of Lutheran Hospital of Milwaukee, Columbia Hospital, and St. Mary's Hospital.

Among his leisure time activities are curling, skiing, golfing

and canoeing. Accompanied by his son he has made five wilderness canoeing and camping trips in Quetico Park, Ontario, Canada.

Dr. Huston and his wife also have become interested in collecting bells. They belong to several bell study groups and organizations. They have acquired an extensive collection of various types of antique and contemporary bells. His favorite is a 250 pound, 1857 Meneeley church bell which is mounted in the backyard of his home and rung frequently for family celebrations.

Throughout Dr. Huston's 12

year tenure as a representative the 1950 class he has demonstrated a superior level of commitment and performance. He maintains regular communication with his 1950 classmates and provides leadership in the planning of successful class reunions. He frequently furnishes news items for the Quarterly, suggestions to the Board of Directors and always participates in the annual representatives meeting.

Recognition by his colleagues of his outstanding service is richly merited. **Q**



DATE: October 3, 1980
PLACE: Madison, Wis.

Ashland Meeting

The Ashland meeting was held on Sept. 17 with Professor of Medicine, Robert Schilling, '43, as the speaker. A very enthusiastic group attended. Another meeting in Ashland is planned for a Friday evening in the summer when Dean Brown can attend.

Dues Payments and Life Memberships

As of Oct. 1 there were 80 new life members compared with 38 new life members at the same point one year ago. Currently there are a total of 906 life members. Many of the new life members are selecting the special offer permitting life memberships to be purchased in five installments of \$65. The board unanimously approved the con-

tinuation for at least one more year of the policy permitting life memberships to be purchased in five installments.

Combined Alumni Directory and Silver Anniversary Memento

1981 is the 25th anniversary of the Medical Alumni Association. The board unanimously approved publishing a new edition of the WMAA directory in the spring of 1981, which would include a minimum of eight pages recognizing the 25th anniversary of the Medical Alumni Association.

Milwaukee Winter Meeting

The Milwaukee winter meeting will be held at the Wisconsin Club, 900 W. Wisconsin Ave., Milwaukee, on Feb. 6.

Report of Representative Council Chairman

Dr. Burton Zimmerman reports that all vacancies for class representatives have now been filled with the recent appointment of Dr. Warren A. Olson as 1971 representative. Representatives are still needed for several special groups. All of the representatives of classes celebrating reunions next year have initiated reunion planning and informed their classmates of the reunion date.

Wausau Spring Meeting

The meeting will be held on Friday, April 24, 1981 at the Holiday Inn — intersection of Highway 29 and US 51 bypass. Dr. Lynn Eggman, '62, is program chairman.

Q

Badgers in the west

by W. H. Oatway, Jr., '26

A good report from **Harwood "Stokey" Stowe**, '31, from Poway, Cal. He retired a few years ago but the San Diego V.A. got him back to work three days per week in the O.P. Allergy Clinic. He likes it; likes this mag. and column; and plans to attend his 50th in Madison next May.

Q

This news came right to our door. A very fine lecture was given on "Non-Bacterial Pneumonias" at the South Coast Medical Center, South Laguna, Cal., by Dr. **Thomas Cessario** of U. Cal. Irvine. This is the same **Tom Cessario**, '65, of Boston City Hospital and Harvard in recent years, and he made two references, and a good joke, about Wisconsin. We welcomed him.

Q

Russell Hunter, '43, is said to be just fine, and doing well, in Pasadena, Cal. His specialties have been general surgery and occupational medicine. The report comes from **Ted Bishop**, '38, San Clemente, who has just returned (with his wife) from an automobile tour of eastern U.S.

Q

E. Richard Stiehm, '57, of Santa Monica, Cal., is scheduled to speak twice at the huge annual Cal. Med. Ass'n Meeting, in an auditorium next to Disneyland, on pediatric topics. He is the son of the late, great Reuben "Jumbo" Stiehm, UW Med. faculty for years.

Q

Graduates from 1917 to 1970 who want to read, re-read, and revel in old UW Med. names and progress should get out **Dr. Paul**

Clark's The U. of W. Med. School, A Chronicle, 1848-1948, and Values in Modern Medicine by someone named **William S. Middleton**, 1972. Great! We have just had a greeting card from "Paul Clark" and his new home in Livermore, Cal. saying hello, and quoting the Tennyson "Ulysses" wonderful paragraph "Tho much is taken, much abides," etc.

Q

Aaron A. Mannis, '43, has retired from the practice in Chula Vista, Cal., after being in ophthalmology with three partners for 23 years. He has been ill, but hopes that any of his UW Med. friends will stop to see him when in the San Diego area. He likes the Quarterly, and we wish him good luck — and guests.

Q

The **State of Oregon** is in our Far West, but (medically) close to Wisconsin. There are 98 from UW Med. in the state, and 30 in Multnomah County! So, we "flew a kite" and wrote to **Scott H. Goodnight**, 2-'30, son of the famous UW Dean, and he sent a great report. He got his M.D. at Oregon; returned to W.G.H. as Ass't Resident in Medicine in 1934-35. He retired this past spring after 44 years in practice pediatrics in Portland (minus four years in the army), and is Emeritus Clin. Prof. of Pediatrics at the U.O. Health Sciences Center. He is busy now with everything from golf, travel, to chart work. His son **Scott Jr.** is a U. of O. grad and Assoc. Prof. of Med., and head of the Dept. of Hematology . . . Scotty reports on **Jim Baker**, '70, who practices pediatric allergy in Portland, and his wife **Diane Haas Baker**, '74, intern and resident in derma-

tology at W.G.H., '71-'74 . . . **George Wittkopp**, '70, is in psychiatry, and his wife, **Beverly Hanson Wittkopp**, '71, has been in rheumatology in Scott's Children's Clinic for three years. Thank you, Scott.

Q

James Locke "Jim" Neller, 2-'39 and surgical resident, proceeds in his usual dramatic ways. His report on the Nile river has been followed by a novel on the Nile area (not yet sold, if you want to bid). It is in the hands of the Minister of Culture of Egypt, Dr. Mokhtar, for a review! Also, he has become a friend of a very rich collector of art, restored pianos, and fabulous old cars, in a castle "San Aylmar," where the specialty is electronic reproducing of piano music at concerts which he has helped to give in the six-story building. Jim lives in North Hollywood, Cal.

Q

C. (for Charles) "Hunt" (for Hunter) Shelden, 2-'32, has continued to make medical news in Pasadena, Cal. He got his M.D. degree from U. Penn., and an M.S. from U. Minn. for his neurosurgical training at the Mayo Clinic; practiced and helped found the Huntington Institute of Applied Medical Research; and with help from Cal. Tech. and Jet Propulsion Lab. developed a technique for locating and removing tiny brain tumors, now hailed as the "Shelden Stereotactic Procedure." Now, Oct. 1980, he has been named as Neurosurgeon of the Year by the American Academy of Neurological Surgery. Great!

Q

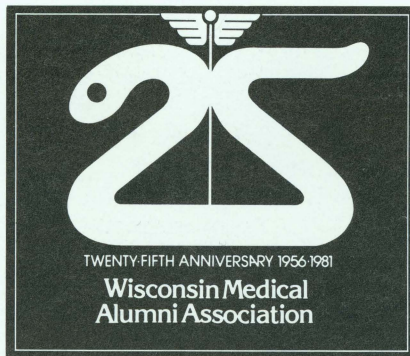
This columnist makes the usual plea: "Send your progress notes to me!"
W. H. Oatway, Jr., M.D.
146 Monarch Bay
South Laguna, CA 92677

WMAA milestone – our first quarter century

The Medical Alumni Association will be celebrating its twenty-fifth anniversary on Alumni Day, 1981.

On May 17, 1956, the traditional Student Field Day and Alumni Day was held under the aegis of the fledgling Wisconsin Medical Alumni Association. Kenneth Lemmer, '30 was elected the first president of the association and with Dr. George Stebbins, Dr. Einar Daniels, Dr. Merle Owen Hamel, Dr. King Woodward and Dr. Robert Parkin, '43, secretary-treasurer constituted the initial governing body of the association.

The 1956 graduating seniors were the first class to be invited guests at the annual alumni banquet when they were presented



with complimentary membership cards in the new association.

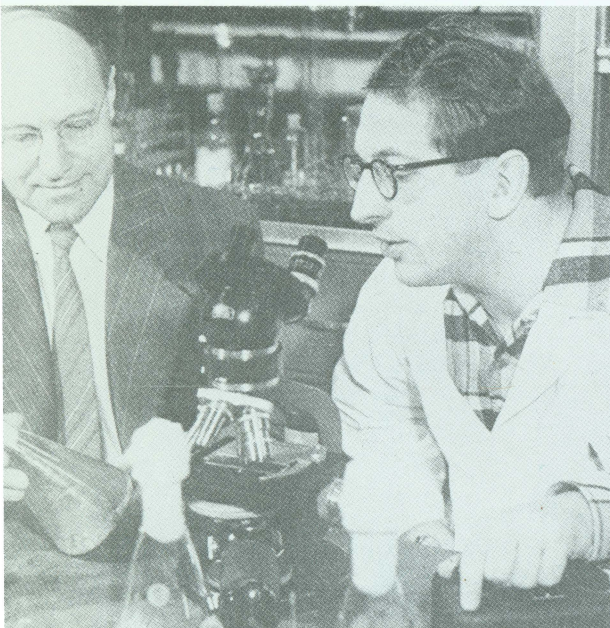
Diane Dahl and Loren Amundson, 1956 class co-representatives, are planning to recognize the charter membership of the class in their twenty-fifth reunion this May.

May, 1956, marked the initial issue of the Wisconsin Medical Alumni Journal — the forerunner of the present Quarterly. Robert

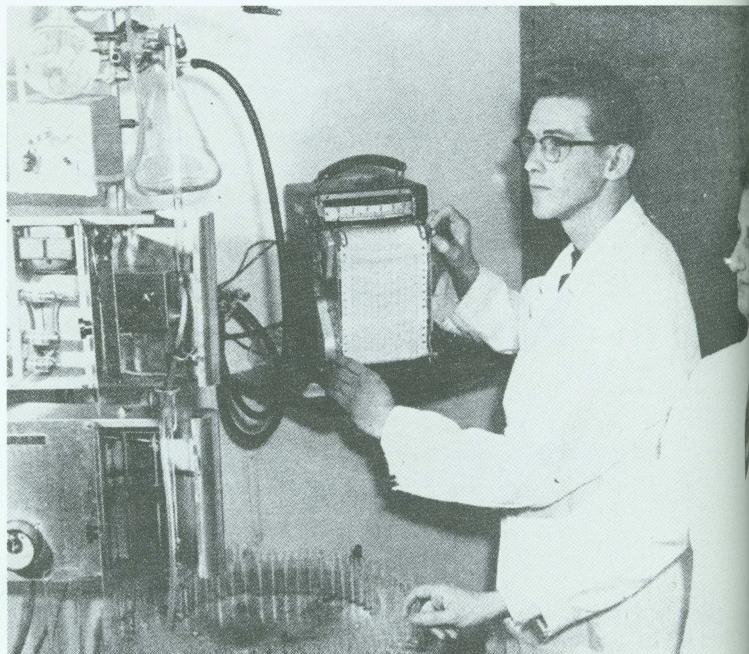
Parkin, '43 was our first editor.

The initial Board of Directors established a dues structure (\$ for the first five years after graduation and \$5 thereafter), initiated the Emeritus Faculty Award, laid the groundwork for the successful Middleton Medical Library campaign and initiated a series of annual medical alumni meetings.

Throughout 1981 the Quarterly will be recognizing some of the medical alumni highlights of the past 25 years. All dues paying members will be receiving a 1981 edition of the Medical Alumni Directory with a more comprehensive photographic and written report on our first quarter century of growth and maturation. Q



From the first issue of the UW Medical Alumni magazine: Dr. Rusch (left) and Dr. E. Gottes (Germany).



McArdle's automatic fraction collector in 1956.

Alumni capsules

'22

Robert D. Millard, 2-'22, a Honolulu family practitioner, has been named Physician of the Year by the Hawaii Medical Association. A Wisconsin native who started practicing in the Islands in 1923, Millard was recognized for his role in treating immigrants and seamen who entered through Honolulu Harbor during the past five decades. His skills and kind attitude "put these foreigners at ease and gave them a feeling of confidence as they entered the United States," the HMA said.

Drs. Quisling honored

On Dec. 3, 1980, the Downtown Rotary Club of Madison, Wis., honored Past President Abraham A. Quisling, '30, Rolf A. Quisling, 2-'31, and Sverre Quisling, 2-'22. In an unprecedented triple ceremony the three Quisling brothers received the Rotary Club's Senior Service Award for their multiple contributions to the Madison community.

It was Dr. Sverre Quisling who bought property on Madison's flatiron corner of King and Pinckney streets and set up an office large enough to accommodate a practice by himself and his brothers. A few years later the group bought property at 2 W. Gorham St. where the Quisling Clinic now stands.

The Quisling brothers intro-

'28

Robert Turell, '28, of New York City returned to Madison on Oct. 24 to be Visiting Professor of



Dr. Turell

Human Oncology. Along with WMAA President-elect Burt Zimmermann and Mrs. Zimmermann, Dr. Turell and his guest attended the Wisconsin-Ohio State football game as guests of Chancellor

duced to Madison modern Swedish architecture by Lawrence Malmberg. He was the architect for the three phases of the clinic building, an apartment building known as Quisling Towers and the Edgewater Hotel at the end of Wisconsin Ave. on Lake Mendota.

Today the Quisling Clinic is a multi-specialty group with 25 physicians covering all fields of medicine. A satellite was established in Middleton, Wis., in 1974 and in Waunakee, Wis., in 1979. Over 100 support people are employed at these three locations.

Dr. Abe Quisling has spent many hours in State Medical Society leadership positions. Other positions he has held include: president of the Wisconsin Medical Alumni Association and member of its board of directors; member of the board of directors of Madison

Irving Shain.

The UW Alumni Club of New York has presented Dr. Turell its 1981 award as Man of the Year for representing through his accomplishments "The Ideals of our Great University."

At the 1980 Alumni Day banquet in Madison last May Dr. Turell received the Medical Alumni Association's Medical Alumni Citation for 1980.

'29

William H. Studley, 2-'29, Milwaukee, Wis., has retired from the practice of psychiatry.

'31

Leland C. Pomainville, '31, Wisconsin Rapids, Wis., physician for nearly 50 years, recently received the award from the Modern Woodmen of America Camp 1358 in recognition of his leadership and involvement in the community. Dr. Pomainville was one of the founders of the

Continued on following page

General Hospital; president of the Wisconsin Chamber of Commerce; vice president of the Madison Chamber of Commerce; president of Maple Bluff Country Club; president of the Wisconsin Society of Internal Medicine; member of the board of directors of Home Savings and Loan. He is currently president of the Edgewater Corporation.

Dr. Sverre Quisling's hobby has been in the field of invention, and he has several patents of a medical as well as commercial nature. Dr. Rolf Quisling has developed and patented several specialized instruments used in reconstructive facial plastic surgery. In more recent years Dr. Rolf's hobby has been running a sod farm. He is owner and operator of the Evergreen Sod Farm in Middleton. He is the only one of the three still in active practice. Q

South Wood County Historical Society Museum in 1955 and served as its first president. He is the historian of the State Medical Society of Wisconsin and also serves as treasurer of the Society's Charitable, Educational, and Scientific Foundation.

'33

Alexander Braze, '33, Rockford, Ill. has sold the Rockford Medical Center to a group of gastroenterologists and has retired from active practice as of June 1, 1980. He is still active as an oral examiner for the American Board of Abdominal Surgery and acting as moderator for symposia of the American Society of Abdominal Surgery and during the postgraduate sessions at the Society's Continuing Medical Education Center in Tampa, Fla.

'36

O. Charles Olson, '36, retired from private practice Dec. 31, 1973, and became Director of Medical Education and Director of Diabetes Education Center at Deaconess Hospital, Spokane, Wash. The center operates a week-long diabetes school about twice a month, teaching diabetics the fundamentals of good diabetic care. Dr. Olson has a staff of two teaching nurses, a dietitian and a secretary. He supervises a house-staff of six flexible residents, seven family practice residents and variable numbers of internal medicine residents. His new book, *Diagnosis and Management of Diabetes Mellitus*, is being published in January by Lea and Febiger. It is a clinical manual suitable for medical students, residents and primary care physicians. The book is a "how to do it" manual, according to Dr. Olson, long needed by doctors who are not specialists in diabetes. Dr. Olson writes that he will see his classmates at the 50th reunion in 1986!

'41

Miles W. Thomley, '41, Orlando, Fla., was recently elected presi-

dent of the Southeastern Section of the American Urological Association.

'48

Wilbur M. Benson, '48, has moved from Danbury, Conn., to Hallsville, Mo., and writes that he is retiring to rural life.

Raymond R. Watson, '48, has been appointed chief of staff of the Huntington (W. Va.) Veterans Administration Medical Center and Associate Dean and Professor of Surgery at Marshall University School of Medicine.

'49

Ervin S. Boone, '49, Luverne, Minn., is serving as a trustee of the Minnesota Medical Association representing HSA 6.

'52

Vaughn Demergian, '52, Madison, Wis., has recently been elected president of the Wisconsin Society of Plastic Surgeons.

'54

Robert T. Capps, '54, Portland, Ore., has been elected first vice president of the 16,800 member American Society of Anesthesiologists (ASA). He is a staff member of the Department of Anesthesia, Providence Medical Center, and Good Samaritan Hospital and Medical Center, both of Portland. Dr. Capps is a former president of the Oregon Society of Anesthesiologists and is a trustee of the Multnomah County Medical Society. He has served ASA in numerous posts and has been chairman of its Committee on Manpower and Section on Clinical Care, and a member of the Board of Governors of the American College of Anesthesiologists, as well as vice president for scientific affairs.

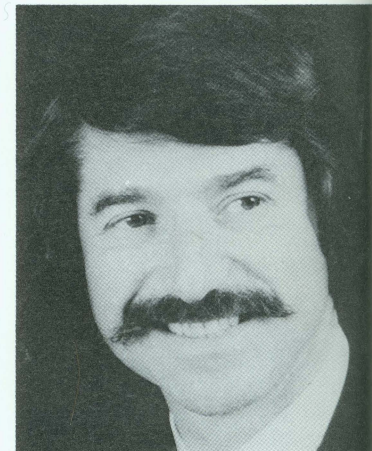
'61

Sidney E. Johnson, '61, has been reelected medical director of the Marshfield Clinic, A board-certified internist and gastroenterologist, Dr. Johnson became medical director in 1977.

Under his leadership physician recruiting became a successful program for clinic facilities in Marshfield, Ladysmith, Stanley, Greenwood, and Mosinee, clinic officials report. In 1977 Dr. Johnson received the American Medical Association's Recognition Award for Continuing Education.

Patricia Joo, '61, a Madison, Wis. pediatrician, recently was granted \$4,000 by the Dane County Medical Society Foundation for Medical Research for a one-year study of three newborn cord care procedures.

'63



Dr. Putterman

Allen M. Putterman, '63, associate professor and chief of ophthalmic services at the University of Illinois Eye and Ear Infirmary in Chicago, has received the American Academy of Ophthalmology's 1980 Honor Award for outstanding service to the profession. In addition to his position at the infirmary, Dr. Putterman is director of the ophthalmic plastic surgery program at Michael Reese Hospital and Illinois Medical Center, and a consultant in ophthalmic surgery at West Side Veterans Administration, Cook County, Mercy and Columbus hospitals. He is president-elect of the American Society of Ophthalmic Plastic and Reconstructive Surgery. Dr. Putterman's many scientific publications include articles dealing with eyelid re-

struction and surgical treatment of problems of the eye.

'64

Milton B. Lambert, '64, Cincinnati, Ohio, was recently promoted to assistant clinical professor of orthopaedic surgery at the University of Cincinnati Medical Center. Dr. Lambert is orthopaedic surgeon for the newly formed cerebral palsy clinic at the Children's Hospital Medical Center and associate director of resident training at Cincinnati Veterans Hospital. He is also in private practice.

Fred Fosdal, '64, Madison, Wis., recently passed the written and oral examinations for the American Board of Forensic Psychiatry. Dr. Fosdal thus became the first Wisconsin psychiatrist to be board certified in forensic psychiatry. He is in the private practice of general and forensic psychiatry in Madison.

'66

Howard Michaels (Milkowsky), '66, San Jose, Cal., is enjoying his new California home where he is the director of emergency medical services in San Mateo County.

S. Michael Phillips, '66, was recently promoted to associate professor in the University of Pennsylvania Department of Medicine. Dr. Phillips is the author of over 75 articles in the field of the immunology of host effector mechanisms. He serves as a scientific advisor to the Surgeon General of the United States Army Research and Developing Command, World Health Organization and International Atomic Energy Agency. He is a member of several scientific societies, including the American Society for Clinical Investigation. He is a member of the USNIH Study Section on Tropical Medicine and Parasitology and serves on the editorial boards of Immunopharmacology, American Journal of Tropical Medicine and Hygiene, Advances in Parasitic

Diseases and the Reticuloendothelial System Series. At the University of Pennsylvania he is a member of the Department of Medicine, the Immunology Graduate Group and Parasitology Graduate Group, School of Veterinary Medicine. He serves on the Medical School Student Advisory Committee and Housestaff Selection Committee in the Department of Medicine.

'67

Dennis Maki, '67, Madison, Wis., spent two weeks in August as a visiting professor at South Africa's five medical schools. He presented lectures and participated in symposia on hospital infection control at medical schools in Cape Town, Durban, Bloemfontein, Johannesburg and Pretoria. Aug. 5-8 Dr. Maki made presentations at the Second International Conference on Nosocomial Infections in Atlanta. He gave a state-of-the-art presentation on hospital bacteremias and presented original research.

'68

Barry H. Rumack, '68, Director of the Rocky Mountain Poison Center at Denver General Hospital and associate professor of pediatrics at the University of Colorado Health Sciences Center, has been elected president of the American Association of Poison Control Centers for 1982-1984. He is board certified in clinical toxicology and pediatrics and is an examiner for the American Board of Medical Toxicology. He has written several books, the most recent of which is **Mushroom Poisoning** by CRC Press. He also edits a computer generated microfiche poison information system known as POISIN-DEX®, which is in use by over 1,000 hospitals throughout the world.

'69

Carol Rumack, '69, recently became Director of Pediatric Radiology at the University of Colorado Health Sciences Center.

She presented a major exhibit at the Radiologic Society of North America meeting in Dallas on her current research interests in intracranial hemorrhage in neonates and detection by ultrasound and computerized tomography.

Ron Quisling, '69, has discovered he likes the sunny south after two years in the U.S. Army stationed at Ft. Benning, Ga. He has become a faculty member at the University of Florida Medical Center in neuroradiology. Recently he published a textbook entitled **Correlative Neuroradiology**.

'71

Harvey M. Bock, '71, Milwaukee, Wis., has joined two other Wisconsin graduates, **Sidney K. Wynn**, '39, and **Wilbert W. Wiviott**, '57, in the practice of plastic and reconstructive surgery and aesthetic surgery in Milwaukee. Dr. Bock is board certified in plastic and reconstructive surgery as well as general surgery and recently completed his military obligation as chief of plastic surgery at Letterman Army Medical Center, San Francisco, Cal.

Loren G. Larsen, '71, Lake Elsinor, Cal., is now board certified in urology and in solo private practice. Both his internship and his urology residency were served at the U.S. Naval Hospital in San Diego.

'73

Richard A. Henry, '73, moved to Reedsburg, Wis., in August after having been with St. Josephs Hospital in Chippewa Falls for three years. He has joined Consultant Physicians in Pathology of Beaver Dam, Wis. He services Reedsburg Area Medical Center, St. Joseph Hospital, Hillsboro, Divine Savior Hospital, Portage, Hillside Hospital, Beaver Dam, and consults at Waupun, Watertown, Hartford, Ripon, Wautoma, and Cuba City hospitals. Dr. Henry served on the State Medi-

Continued on following page



Dr. Henry

cal Society's nominating committee for the last three years representing district seven and also as a county delegate. He is also a member of the State Medical Society's Physicians Alliance Commission and Public Information Commission. He is a member of the board of directors of the Western Wisconsin HSA, WISPAC, and JCAH and is a clinical faculty nominee. He and his wife Diane have two children.

R. J. Allister, '73, was recently appointed chief of inpatient psychiatry at Highland Hospital, Oakland, Cal. He also serves as director of the hospital's inpatient criminal justice unit. He is a clinical instructor with PMC Medical Center in San Francisco.

Cheryl (Alt) Bartlett, '73, and **David Bartlett, '73**, and their two children, Allison, 4, and Nathaniel, 2, have returned to Madison. Cheryl is board certified in pediatrics and practicing part time with East Madison Clinic. David is board certified in orthopedic surgery and practice with Bone and Joint Associates. He is pleased to have one of his earlier professors, Dr. James Huffer, as an associate.

'75

Nancy C. Herrell, '75, and **Daniel W. Herrell, '75**, and their two sons, Joshua and Benjamin, have moved back to Wisconsin from Cleveland. Dan just completed a

fellowship in pulmonary medicine at the Cleveland Clinic and has joined Medical Associates in Menomonee Falls as a pulmonary specialist. Nancy just finished a neonatal fellowship at Rainbow Babies and Childrens Hospital, Case Western Reserve University, Cleveland, and has joined the Medical College of Wisconsin as an assistant clinical professor of pediatrics and Mount Sinai Medical Center as a neonatologist. They write that they are glad to be back!

John E. Laabs, '75, Green Bay, Wis., received his board certification in family practice in 1979. In December he completed his residency in family practice at Waukesha Memorial Hospital. Last July he established the Howard Family Practice Clinic.

Michael J. Hawes, '75, Denver, Col., completed a fellowship in ophthalmic plastic and reconstructive surgery with Dr. Richard K. Dortzbach of the UW ophthalmology department and Davis-Duehr Eye Associates last June. He moved to Denver to open a private practice and assume a half time position at Denver Veteran's Administration Hospital. In October he became a Diplomate of the American Board of Ophthalmology.



Dr. Morrison

Helen L. Morrison, '75, Chicago, Ill., married George John Dohrmann, III, M.D., Ph.D., on Dec.

22, 1979. In 1980, she was co-author of a book published by Van Nostrand Reinhold, New York: Brubakken, D.M., Deroven J.A., and Morrison, H.L., **Contemporary Issues in the Treatment of Psychotic and Neurologically Impaired Children: A Systems Approach**. Also in 1980 she coauthored the articles "Advances of Modern Neuropsychology to Psychiatry," in the *Journal of Nervous and Mental Disease* with M.L. Silverstein and J. Weinberg. In October Dr. Morrison was on a panel and made a presentation to the American Academy of Psychiatry and the Law and made a presentation to the American Academy of Child Psychiatry.

Richard N. Foltz, '75, Rhineland, Wis., recently became associated with Robert H. Kitzman, M.D., in the practice of orthopedic surgery. Dr. Foltz's residency in orthopedic surgery was at University of Wisconsin Hospitals, Madison, where he was also chief resident. Since 1976 he has been chief of the Emergency Room Department at Methodist Hospital in Madison.

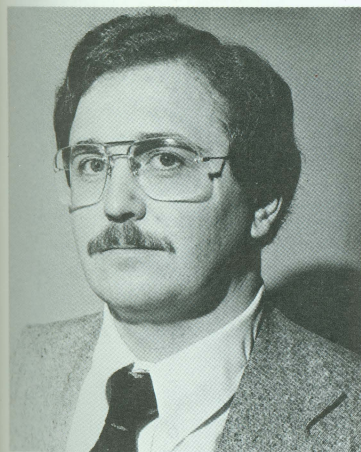
Reuben J. Adams, '75, internist, has joined the Gundersen Clinic medical staff at its branch clinic in Whitehall. He served his residency at La Crosse Lutheran Hospital. Since 1978 he has been chief of internal medicine at Mountain Home Air Force Base, Idaho.

Paul Hinderaker, '75, and **Gary B. Zoellner, '75**, have both joined the Jackson Clinic, Madison, Wis. Dr. Hinderaker is board certified in internal medicine, having completed a residency at Yale. Dr. Zoellner is board eligible in orthopedic surgery, having completed a UW residency.

'76

Donn Fuhrmann, '76, New London, Wis., recently opened his medical practice with Carlos Y. M.D., at the new Medical Associates of New London, S.C. building

ing. Dr. Fuhrmann's internship was at University Hospitals, Madison, and his family practice residency was at St. Luke's Hospital, Milwaukee.



Dr. Campbell

Richard L. Campbell, '76, recently joined St. Nicholas Hospital, Sheboygan, Wis., as a staff radiologist. He served his internship at Hennepin County Medical Center in Minneapolis, 1976-77, and completed a three-year residency in radiology in 1980 at the University of Minnesota Hospitals, Department of Radiology, serving as chief resident in his third year. He is a member of the Radiological Society of North America, American Association of Academic Chief Residents in Radiology and the American College of Radiology. He was certified in 1980 in diagnostic radiology by the American Board of Radiology. He and his wife, Linda, have one child.

John L. Larson, '76, is the new director of the family practice residency at Martin Army Hospital, Columbus, Ga.

Paul Reinhiltz, '76, has changed from solo practice in Madison, Wis., to a single specialty family practice group, Desert Medical Associates, in Tempe, Arizona.

Jacalyn DiCello, '76, has completed a residency program in obstetrics and gynecology at St. Paul-Ramsey Medical Center, St.

Paul, Minn., in July. She is presently an instructor at the University of Minnesota Medical School and a staff physician in obstetrics and gynecology at St. Paul-Ramsey Medical Center. Her research interest is terbutaline and the suppression of premature labor. She is married to Patrick Arnold, M.D., who is in family practice in West St. Paul.

'77

Stuart Boismenus, '77, Rhinelander, Wis., has joined the W. S. Bump Medical Group, SC, in the pediatrics department. His residency training was at Children's Mercy Hospital in Kansas City, Mo.

Richard E. Gladitsch, '77, Bloomer, Wis., recently opened his medical practice at the Blue Diamond Family Practice Center. Dr. Gladitsch completed his family practice residency in Boise, Idaho.

James Richardson, '77, recently became associated with the Skemp-Grandview-LaCrosse Clinic and St. Francis Medical Center in LaCrosse. Dr. Richardson, a family physician, served his residency at St. Mary's Hospital, Milwaukee.

Craig S. Ajdukovich, '77, recently joined the medical staff of the Edgerton (Wis.) Clinic. His internal medicine residency was at the University of Massachusetts Medical Center.

David Olson, '77, New Richmond, Wis., recently joined the medical staff of the New Richmond Clinic. Dr. Olson has completed a UW family practice residency program.

'78

Dan L. Heyerdahl, '78, accepted a position with Appleton (Wis.) Family Practice Associates Aug. 1.

'79

Mark D. Froemming, '79, is currently finishing his second year

of anesthesiology at the University of Alabama Medical Center in Birmingham, Ala. He recently was engaged and plans a July wedding in Lexington, Ken., to Frances (Tranny) Waller.

Former Housestaff



Dr. Silbar

John D. Silbar, '50-'54, has been elected secretary of the North Central Section of the American Urological Association at their 54th annual meeting held in Bermuda in November. Dr. Silbar is a board certified urologist who is a clinical professor of urology at the Medical College of Wisconsin and chief of staff of Mt. Sinai Medical Center in Milwaukee. He is also an affiliate of the UW Medical School.

M. Pinson Neal, Jr., '54, a radiologist from Richmond, Va., has been installed as first vice-president of the Southern Medical Association (SMA). A member of SMA since 1963, Dr. Neal has just completed his term as chairman of the council and councilor from Virginia, and has served in a number of other key positions. Dr. Neal is a professor of radiology of the Medical College of Virginia, Virginia Commonwealth University, a consultant radiologist at McGuire VA Hospital in Richmond, and a member of the staff of the Medical College of Virginia Hospitals, Virginia

Continued on following page

Commonwealth University. He was an instructor in the UW radiology department and a consultant radiologist at the VA Hospital in Madison before coming to the Virginia Commonwealth University. Active in community organizations, Dr. Neal is president of the Virginia Council on Health and Medical Care and a member of the Board of Directors of the Richmond Chamber of Commerce.

Phiroze L. Hansotia, '64-'67, was a faculty member for a one-day conference on "Stroke Rehabilitation: A Comprehensive Team Approach," presented by St. Joseph's Hospital and the Marshfield Clinic, Marshfield, Wis., Nov. 1 at the clinic conference center. The program was designed for physicians, registered nurses, licensed practical nurses, physical and occupational therapists, social workers, speech pathologists, community health professionals, and other health care professionals who wish to explore the multidisciplinary approach to the treatment and counseling of the stroke patient and family. Dr. Hansotia is a neurologist in the Marshfield Clinic's neurosciences department.

John S. Rogerson, '76-'80, Madison, Wis., recently became associated with **Jack D. Heiden, '58**, and **George H. Vogt, '54-'57**, in the practice of orthopedics.

Jeffrey Band, '76-'78, Madison, Wis., presented an original research paper at the Second International Conference on Nosocomial Infections in Atlanta in August.

Jed Maker, '76-'80, recently joined the medical staff of the Wilkinson Clinic in Oconomowoc, Wis. Dr. Maker, an obstetrician and gynecologist, is a graduate of the University of Vermont Medical School, Burlington, Vt.

Jeffrey A. Kurtz, '73-'80, Wausau, Wis., recently opened his medical practice in the Physicians Office Building at Wausau Hospital Center. A plastic surgeon, Dr. Kurtz graduated from Creighton University Medical School.

William M. Nauseef, '76-'79, New Haven, Conn., has been awarded the Burroughs-Wellcome fellowship for 1981-1982 by the Infectious Disease Society of America. Dr. Nauseef is in the second year of an infectious disease fellowship at Yale University School of Medicine and doing research on oxidative metabolism of human granulocytes. In November, Dr. Nauseef ran a 2:44 marathon. He has a daughter, Ariel Anna, who was born Feb. 6, 1980.

Bennet Romanoff, '78, has relocated his office and practice of ophthalmology from Oregon, Ohio to Sylvania, Ohio.

Q

Necrology

Dr. John J. Huston, '50, Cedar Rapids, Iowa, Sept. 6, 1980.

Dr. Bruce V. Landry, former anesthesiology resident, San Jose, Cal., June 16, 1980.

Dr. John D. Owen, '31, Cave Creek, Ariz., Sept., 1980.

Dr. Menelaus P. Peters, '40, St. Petersburg, Fla., July 28, 1980.

Dr. Oliver L. Puttler, 2-'36, Alhambra, Cal., June 14, 1980.

Dr. Severinghaus dies

Elmer Severinghaus, 2-'21, died in Seattle, Wash., on Dec. 6, 1980 at age 86. Dr. Severinghaus spent six years as a distinguished member of the faculty in the Department of Physiological Chemistry and 19 years as a faculty member of the Department of Medicine, advancing to full professorship in 1938.

For 12 years he was director of research at Hoffmann-LaRoche Laboratories. He also directed several nutrition clinics including one at Columbia University which he was instrumental in establishing.

Dr. Severinghaus published prolifically in the areas of diabetes, endocrine diseases, vitamins and nutrition. He participated in developing the drug Isoniazid for tuberculosis patients. His publications included eight monographs and books including a "Guide for Diabetics" and a "best seller" "Endocrine Therapy in General Practice" both of which were reprinted in numerous editions.

In 1967 Dr. Severinghaus received the Medical Alumni Association Citation — our highest honor. Dr. Severinghaus is survived by his wife, Grace; a daughter, Patricia Melgard; two sons, John W. Severinghaus, '49 and Dr. Edwin Severinghaus; a sister, Lois Perkins; and 10 grandchildren. Q

Medical student gets grant for survey

Peter Meyer, MED II, has been awarded a \$1,000 grant by the Dane County Medical Society Foundation for Medical Research for his survey of Dane County physicians on how they can better meet the needs of patients as well as other physicians in the community. Q

Faculty news

Radiology professor heads largest X-ray test tool maker

Editor's Note:

John R. Cameron, Farrington Daniels Professor of Physics and Radiology, recently received the 1980 William D. Coolidge Award of the American Association of Physicists in Medicine.

This annual award is named after an early pioneer in x-ray research. It is the most prestigious awards of the

AAPM, and is given in recognition of those individuals who have established the most distinguished careers in medical physics. Only eight others have received this award, beginning with Dr. Coolidge himself in 1972.

Dr. Cameron has been the Director of the UW Medical Physics Division almost continuously since that division was founded in 1958.

One-third to one-half of all chest X-rays taken are of poor quality, says John Cameron, UW professor of radiology and physics. Of the nearly 80 million chest X-rays taken each year, he said, 30 million to 40 million of them do not thoroughly reveal potential dangers.

People spend a lot of time worrying about the amount of radiation they're absorbing when they have an X-ray, explained Cameron, but what they don't consider is the quality of the picture produced.

That's where Radiation Measurements Inc. comes in. The non-profit, tax-paying, Middleton-based corporation, headed by Cameron, is in the business of designing, manufacturing, and selling X-ray quality control test tools.

Among the many types of test tools manufactured by the corporation, are some known as "phantoms," which simulate the body for certain purposes of testing. One, for example, called the "Random Phantom," is a square box with 16 colored wax blocks, each simulating a tumor of varying sizes, and a base with a half

cylinder to simulate the anterior portion of the breast. It is designed to allow the evaluation of image quality and system performance, Cameron said.

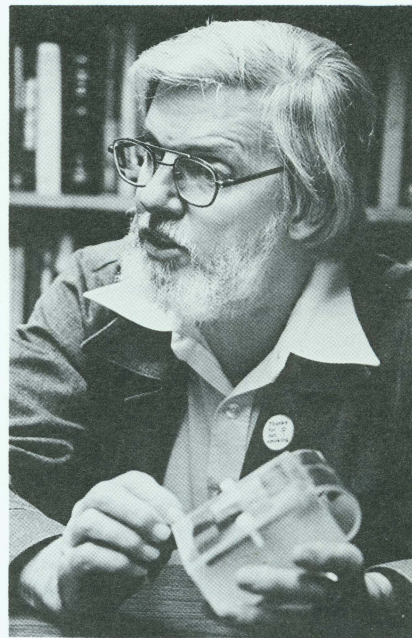
X-ray equipment is in many cases used year after year without its performance ever being tested, he said. And while the state does inspect X-ray equipment every three years, their emphasis is on "radiation safety only, not how good a picture it takes."

The tools sold by RMI typically have a price tag of \$150 to \$200. However, some of the devices cost as little as \$30 or as much as \$1,495, Cameron said.

RMI began manufacturing X-ray quality control tools developed at the UW in 1974. It was the acceptance of those tools that led to the reorganization of the company as a non-profit, non-stock corporation.

It was 1960, however, when RMI was first formed as a stock corporation to provide consultation and calibration to medical radiation facilities.

In about 1970, the company began manufacturing a few special-purpose medical instruments,



Dr. Cameron

among them a transilluminator (Chun Gun), designed to aid physicians in the diagnosis of hydrocephalus (abnormal fluid accumulation in the cranium) in infants. It was at that time that the company began donating its profit to the University of Wisconsin to support education and research in medical physics.

With its reorganization in 1974, the assets of the old RMI were donated to the new RMI.

While there are few non-profit corporations that manufacture products for sale, RMI not only does that, but is the largest manufacturer of X-ray quality control test tools in the world.

The corporation is owned by its members, which include medical physicists, radiologists, radio-

Continued on following page

logical technologists, employees of RMI, business people, and graduate students. But if RMI is ever sold, the money from the sale must be given to one or more tax-exempt non-profit organizations.

The members elect the board of directors, who in turn elect the officers. There are about 30 active members, 100 corresponding members, and five honorary members.

And while Cameron is the president of the corporation, essentially all of its day-to-day activities are handled by RMI General Manager David Belden.

From Cameron's perspective, the company should more accurately be described as "not-for-private-profit" corporation because it does work toward making a profit. "We have to make money, otherwise we'd go out of business," explained Cameron. And if that happened, he continued, money RMI puts back into education, research and development would be lost.

The company's objective, according to its president, is to improve the health of the public through its products and the education of medical physicists and engineers through its profits.

— Sharon D. Pitman
Capital Times

Professor Paul F. Clark Lectureship initiated

Professor Joe Bransford Wilson, Chairman of the Department of Medical Microbiology, has made a generous gift to establish the Paul F. Clark Lectureship in Medical Microbiology.

Gifts from Dr. Clark's colleagues, friends and former students are anticipated to insure that the fund will be perpetuated and be of sufficient size to support an annual lecture.

Dr. Clark joined the Medical School from the Rockefeller Institute in 1914 to head the Medical School's bacteriology pro-

gram. He served as Chairman of the Bacteriology Department (in 1946 designated Medical Microbiology) until 1947. He retired in 1950, received the Emeritus Faculty Award in 1961 and now resides in Livermore, Cal.

The Medical School and Medical Alumni Association are indebted to Dr. Clark for diverse and significant professional achievements and unique contributions, most notably writing the history of the Medical School "The University of Wisconsin Medical School: A Chronicle: 1848-1948". A limited number of copies of the work are still available from the Medical Alumni Association at a cost of \$11.50. Q

Psychiatry chairman named

John Marshall, '64, professor of psychiatry, has been appointed department chairman by medical school Dean Arnold L. Brown, effective Nov. 10. He will also assume the directorship of the Psychiatric Institute.

Dr. Marshall succeeds Dr. William Frey, acting chairman, and Dr. William McKinney, who resigned as chairman in June after five years as the department head.

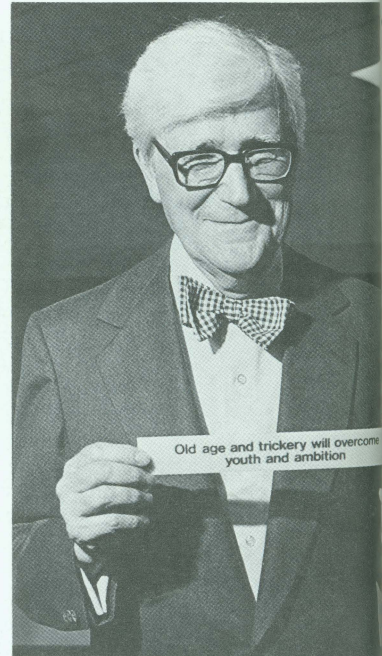
Dr. Marshall is noted for his work in consultation-liaison psychiatry, which deals with the relationship between psychologi-



Dr. Marshall

cal factors and physical illness. He and fellow faculty member James Jefferson will soon publish a book on the subject, "Neuropsychiatric Features of Medical Disorders."

He has been a faculty member in the department since 1970.



Dr. John Juhl

Dr. John Juhl library honors long-time teacher

Dr. John Juhl has assumed what he labels as "a new challenge" a position as professor of radiology at the University of New Mexico.

But before leaving Madison, the emeritus professor of radiology received a farewell present, of sorts. The Dr. John Juhl Radiology Library and Conference Room was named in his honor by his colleagues.

"I feel tremendously honored," Dr. Juhl said. "To my knowledge there are only a few rooms named after people in the hospital."

"The other thing I feel good about is that I'm glad to be on this earth long enough to see it

named the John Juhl Radiology Room, instead of the John Juhl Memorial Radiology Room," he quipped.

While the X-ray conference room/department library salute his contributions to radiology, there is plenty of evidence of his prestige in the field elsewhere. For example, Dr. Juhl is working on the fourth edition of a diagnostic radiology textbook called, "Essentials of Roentgen Interpretation," which he originally co-authored with the late Dr. Lester Paul.

A 1940 graduate of the University of Michigan Medical School, Dr. Juhl served in the U.S. Navy in World War II. He joined the medical faculty at the UW after completing his residency here in 1949. After teaching for two years, he went into private practice in Minneapolis, but returned to the UW faculty in 1953.

Dr. Juhl was chairman of the Radiology Department from 1964 to 1974. He retired in July 1979, but was retained on a parttime basis as emeritus professor.

His workload did not decrease as a consequence of retirement. "I thought I would be taking it easy, but then I can't say no," Dr. Juhl said, explaining that, "I was working halftime in private practice, a quarter time at the university and one-eighth time at the VA Hospital."

But Dr. Juhl's three-year appointment to the faculty at New Mexico is similarly demanding. He will simultaneously serve as acting chief of radiology at the VA Medical Center there.

Dr. Juhl and his wife, Barbara, attended the Oct. 24 dedication ceremony for the room. Speakers included: UW Medical School Dean Arnold Brown; Joyce Erdman, president of the UW Board of Regents; Dr. Francis Ruzicka, chairman of the Radiology Department; and Andrew Crumby, '58-'61 and Timothy Flaherty, '63-'66, both medical faculty members and former students of Dr. Juhl.

Also at the dedication ceremony, the Medical School announced that more than \$50,000 has been received from colleagues, friends and former radiology residents for the John Juhl Visiting Professorship in Radiology. The professorship supports distinguished radiologists as visiting professors to the department each year. **Q**

Ellen Zettel
Public Affairs Department

Family Medicine Dept. unites four regional centers

UW's Department of Family Medicine and Practice takes pride in the uniqueness of its four residency centers, each of which capitalizes on regional strengths in their educational programs.

Yet the centers at Madison, Eau Claire, Wausau and Appleton are inextricably bound to the university.

"'Linkage' is an important word," says Dr. William Scheckler, chairman of the department, in describing the program. "It's more of a union than a loose confederation.

"We're an integrated statewide department," he continues. "That makes us quite different from other departments in the Medical School."

Policy decisions emanate from the department's headquarters near St. Marys Hospital Medical Center at 777 S. Mills St., which also houses one of the three clinics of the Madison residency center, Dr. Scheckler said.

A "core faculty" also unites the residency programs, with teachers visiting each site on a rotating basis, Dr. Scheckler says. Dr. Scheckler is joined by Bruce Currie, associate chairman for affiliates, and Dr. Marc Hansen, professor of pediatrics and family medicine, in visiting the residency centers and helping to design their educational programs.

The UW family practice program was created during the summer of 1970. Dr. John Renner became the program's first director that fall.

A year later, the Madison residency opened at the Mills Street address. The Madison program grew to encompass a center on the city's Northeast Side at 3209 Dryden Drive and another in Verona.

The Eau Claire residency program began in 1975. Wausau became the third center three years later.

Appleton's Fox Valley family practice residency is the youngest of the four programs, accepting its first residents last summer.

According to Dr. Scheckler, the program evolved to a full medical school department in October 1973. Family medicine consequently gained equal status to other traditional specialties of the school.

A cornerstone of the department's educational philosophy is a requirement that residents spend two months on a rural practice rotation, says Dr. Scheckler, who succeeded Dr. Renner as department chairman last summer. Each program has selected a rural locality where residents may fulfill that mandate.

According to Dr. Scheckler, medical students in increasing numbers aim to be primary care physicians.

"There is evidence that medical students enter school with an idea of going into general practice," he notes. "They have an image of their hometown family doctor."

Dr. Scheckler indicates that 19 percent of UW medical students go into family practice residencies. About 13 percent of medical students nationally pursue that field, although studies indicate that about 25 percent are needed to satisfy the demand for family healthcare, he adds. **Q**



Dedication of the Fox Valley Family Medicine Residency Center Sept. 17 brought together UW officials and key figures behind the clinic's establishment. From left are: Richard Jones, president of the board of the Fox Valley Practice Residency, Inc.; Dr. Charles Fenlon, program and clinic director; Dr. Arnold Brown, dean of the UW Medical School; and Irving Shain, UW-Madison chancellor. (Photo by Appleton Post-Crescent)

Appleton's residency center buoyed by community support

For insiders at the UW Department of Family Medicine and Practice, the clinic in Appleton is, if not a modern miracle, certainly a source of wonderment.

Located just off the main shopping thoroughfare in Appleton's downtown, the Fox Valley Family Medicine Residency Center appealed to community concerns about the lack of family physicians in the area. Many of the 60,000 people in Appleton grew up under the care of a family doctor. But like many other mid-western cities, Appleton has seen an influx of specialists into its community. Family physicians dwindle in number through lack of replacement.

So under the leadership of a veteran family doctor and with the financial contribution of a major industry, the clinic quickly

won popular support for its fundraising drive. In the end, it collected nearly \$800,000 of its \$1.1 million cost.

"As I look back over the programs we have developed . . . as far as building clinics, Appleton is unique because it had the industrial base and the excitement and interest of a small city," says Dr. William Scheckler, chairman of the Department of Family Medicine and Practice.

Bruce Currie, associate chairman for affiliates of the department, agrees, "I don't know of any other family practice clinic in the nation that has been built in this way," Currie says.

On questions about the history of the clinic, both Dr. Scheckler and Currie prefer Dr. Charles Fenlon to reply. Dr. Fenlon is an Appleton area physician who has

been with the residency program since its inception. He now serves as the program and clinic director.

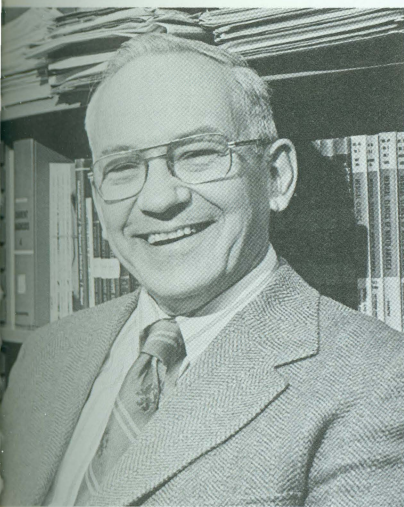
"Some people feel I'm the father of this clinic," says Dr. Fenlon, shrugging his shoulders "but so many other people were in on it."

Dr. Fenlon, an associate professor with the family practice department, heralded a community effort to raise money for the clinic. The campaign was sponsored by the Fox Valley Family Practice Residency, Inc., non-profit corporation governed by a board of directors, most of whom live in the area.

"Five years ago, we began active planning of this program," recalls Dr. Fenlon. "This is an ideal training site because there have always been family physi-



Dr. William Scheckler



Bruce Currie

cians in the community so people are attuned to that."

Dr. John Renner, former chairman of the family medicine department, approached the Outagamie County Medical Society in 1975 to find out if a residency program could be launched in Appleton. A task force of the society determined it could.

The program's curriculum was developed during subsequent months, Dr. Fenlon recalls. After negotiating with the Appleton Redevelopment Authority, the non-profit group got approval to

buy land for almost half of its assessed value. Construction bids were awarded to the Appleton-based Oscar Boldt Construction Co., a firm which builds hospitals and clinics.

In fall of 1979, the fund drive began in earnest. The clinic's campaign got a healthy boost by the Kimberly-Clark Corporation of Neenah.

A paper manufacturing business that employs more than 4,500 people in the valley, Kimberly-Clark values medical care for its employees — so much so that it has developed an in-house program of physical fitness and preventive medicine. The company even has a corporate vice president of medical affairs.

Kimberly-Clark put up \$100,000, but offered an additional \$250,000 to be matched by other community resources.

Dr. Fenlon worked closely with Kimberly-Clark to gain visibility for the clinic. The firm plugged an extra \$20,000 into what Dr. Fenlon calls a "rather sophisticated audio-visual project" designed to communicate the purpose of the clinic and the need for a fund drive.

Why was Kimberly-Clark such an eager supporter of the project? Frankly, it was a sound financial investment, says its chairman of the board and chief executive officer, Darwin Smith.

"Physicians trained for family practice not only treat illness, but also encourage the prevention of illness," Smith says. "This approach of medicine reflects the basic philosophy of our health management program for employees."

According to Dr. Fenlon, in Northeastern Wisconsin, there is one family physician for every 4,000 people — or about one doctor for Kimberly-Clark's entire work force. Ideally, there should be one family doctor for every 2,500 residents.

With about 40 percent of the residents in UW family practice

programs settling near the city where they received their training, Kimberly-Clark felt it was a good bet that it would realize a return on its investment — namely, more family doctors in the Appleton area, Dr. Fenlon explains.

In addition to Kimberly-Clark's hefty contribution, the fund drive collected \$50,000 each from four other donors. The \$800,000 total was gathered within a year's time, with the remainder of the clinic's cost financed by industrial revenue bonds.

Leased to the state, the clinic building was dedicated Sept. 17. The Appleton residency program accepted its first six residents July 1 this year.

"We feel the clinic is an important thing for the community and will have a significant impact here," says Dr. Fenlon.

And why not? As Dr. Fenlon says, supporting family medicine is "almost like voting for motherhood and apple pie." Q

Ellen Zettel
Public Affairs Department

Wausau Family Practice Center to have new facility

Contracts for the construction of a new Wausau Family Practice Center on the North Central Technical Institute (NCTI) campus have been signed by Governor Lee Dreyfus. Construction of the 16,500-square-foot facility is underway and is slated for completion next summer.

The Center, which is affiliated with the UW Medical School, has been operating out of temporary quarters at Old Wausau Hospital North since the program began in July, 1978. The new facility will provide much-needed space and will enable the clinic to share services and teaching facilities with NCTI, according to Center

Continued on following page

Co-Director Dr. Robert Stelle.

The new location is also more convenient, Stelle says. It is closer to the new Wausau Hospital Center, is located on bus routes and is near elderly housing facilities. There are currently no physicians' offices in the immediate vicinity, he adds.

The Center provides general medical care for families and in-

dividuals of all ages. It also trains physicians for family practice in small Wisconsin communities and will graduate its first class of residents next June.

The Center is staffed by 15 first-, second- and third-year residents, in addition to two UW faculty physicians, visiting volunteer faculty physicians and support personnel. **Q**



Andrew McBeath, '61, (left) at his appointment as the first Frederick Gaenslen Professor of Orthopedic Surgery. At center is Frederick Gaenslen, Jr., '40; at right is UW Medical School Dean Arnold Brown.

UW orthopedic chairman honored

Andrew McBeath, '61, chairman of the UW Division of Orthopedic Surgery, was honored Nov. 21 with his appointment as the first Frederick Gaenslen Professor of Orthopedic Surgery. Frederick Gaenslen, Jr., '40, son of the benefactor, spoke at the ceremony.

Considered the father of orthopedic surgery in Wisconsin, Gaenslen developed the Division

of Orthopedic Surgery at the UW Medical School in 1920. He is credited with developing the first program for crippled children in the state.

Dr. McBeath joined the faculty as an assistant professor of orthopedic surgery in 1968.

The recognition ceremony was part of the annual Orthopedic Alumni Weekend program and fall visiting professorship. **Q**

Faculty news briefs

Larry Lemanski, associate professor of anatomy, has received a \$20,000 grant from the March of Dimes Birth Defects Foundation. He will study heart defects in salamanders and hamsters in an attempt to correct similar disorders in humans.

Heart defects in hamsters resemble a human genetic disorder called asymmetric septal hypertrophy. Dr. Lemanski will study the hamster defect to help find the origin of congenital heart defects in children.

Dr. Lemanski will also try to identify the chemical responsible for reversal of heart damage in salamanders. If he succeeds, it may be possible to turn scar tissue in heart attack survivors into functional muscle again.

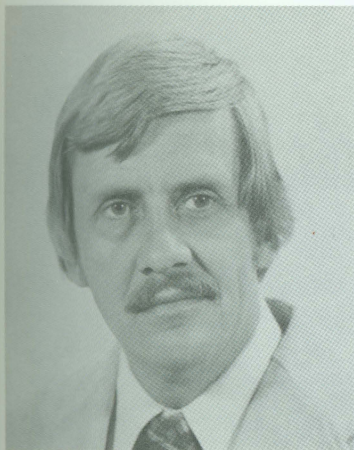
Q

Peter Hanson, director of cardiac rehabilitation at UW Hospital and Clinics, has been named state chairman of the American Heart Association's exercise and cardiac rehabilitation committee. The committee promotes development of cardiac rehabilitation programs throughout the state, also provides information and consultation for existing programs.

Q

David E. Westgard, M.D., La Crosse, a family practitioner at Skemp-Grandview-La Crosse Clinic, recently was appointed Clinical Assistant Professor of Family Medicine and Practice.

Q



Dr. Foltz

John Folts, associate professor of medicine, has been named Outstanding Researcher of the Year by the American Heart Association-Wisconsin affiliate. The award recognizes outstanding research on cardiovascular disease in Wisconsin.

Q

Thomas McCarthy joined the medical school faculty as associate professor of medicine Nov. 1.

Dr. McCarthy, who graduated from the Marquette University School of Medicine in 1959, completed his residency training at Brooke Army Center in San Antonio, Texas. He continued in the military service until 1968 when he joined the Quisling Clinic in Madison. A general internist with a specialty in pulmonary medicine, Dr. McCarthy has served as a clinical faculty member since returning to Madison.

Q



Dr. Benforado

Joseph M. Benforado, medicine, received the first Board of Trustees Award of the Dane County Medical Society at a society function on Oct. 18. The award is granted to persons who have given exceptional service in the health care field to the citizens of Dane County. Dr. Benforado received the award because of his efforts in operating REBOS, an alcohol detoxification center which functioned in Dane County from August, 1974, to March, 1979.

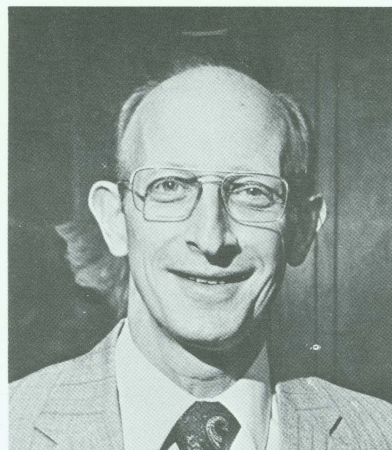
Q

Elizabeth Miller, associate director of the McArdle Laboratory for Cancer Research, has been named director-at-large of the American Cancer Society.

Q

George Bresnick, associate professor of ophthalmology, has received the American Academy of Ophthalmology's 1980 Honor Award for outstanding service to the profession. The award was presented at the Academy's annual meeting in Chicago.

Q



Dr. Inhorn

Stanley L. Inhorn, professor of pathology and preventive medicine, received the 1980 Basic Prevention Award of the Wisconsin Public Health Association (WPHA) at its recent annual conference. The WPHA stated that "through his research, his teaching, and his service, Dr. Inhorn has contributed immensely to the prevention of disease and disability among Wisconsin people." Dr. Inhorn has been associated with the UW Medical School and the Wisconsin State Laboratory of Hygiene for more than 20 years.

Q

Terry D. Oberley, pathology, has received a \$4,000 grant from the Dane County Medical Society Foundation for Medical Research to continue his research into diseases of the kidney.

Q

Medical student news

Women in medicine meet

The annual meeting of Women in Medicine in Wisconsin (WMW) was held Nov. 15 in Madison. It included workshops on career issues.

Workshops were: Assertion and Stress Management Skill Enhancement by Dan Kirschbaum, Ph.D., UW assistant professor of psychology, and Laura Humphrey, M.S., of the UW psychiatry department; Internships, Residencies and the Matching Program, by Ethelene Jones, M.D., UW assistant professor of obstetrics and gynecology, and Sally Y. Long, Medical College of Wisconsin anatomy professor; Setting Up an Office by Fran Kaplan, executive director of Bread and Roses Women's Health Center, Waukesha;

Ideas (personal and professional life issues) by Jane Nishio, MED III, Medical College of Wisconsin, Hope Rice, MED II, UW Medical School and Lucille B. Glicklich, '50, WMW president; Malpractice by Lynn Carey, J.D., of Clark, Carey and Harwich Tye Law Firm, Milwaukee; Marital Property by Margaret Dee McGarity, J.D., of Chernov and Croen, S.C., Law Firm, Milwaukee; The Physician and Feminist Health Issues by members of the Women's Health Network. **Q**

Women in medicine

For the women who are becoming physicians today, medicine is a challenge to traditional stereotypes and values. It is an opportunity to redefine what it means to be a woman and a physician.

In spite of the numerous difficulties women face in medicine and in medical school, their numbers are increasing. At the medical school, one-third of this year's entering class is female.

Healing Remedies

While this figure is encouraging, the woman wishing to practice medicine has not had it easy. The traditional role of wife and mother has, on the one hand, required that she have knowledge of the healing remedies for a wide range of ills.

On the other hand, historically, she has been prevented from, even persecuted for, practicing medicine. In the Middle Ages, women practicing medicine ran the risk of being tried for witchcraft by religious leaders. Their "crimes" usually included providing contraceptive information, performing abortions, and offering drugs to ease the pains of labor. Women were not admitted into medical school in this country until the mid-1800s.

Admissions procedures and interviews for entering medical school have not been the most equitable. Women applicants have been inappropriately questioned about their personal lives, whereas male applicants have not. Jane M. (not her real name), MED III, says, "I was told by a pre-med counselor to forget it if I planned on having a family, too."

Reducing Bias

Fortunately, the inappropriate

questions and assumptions are no longer as prevalent. At the UW Medical School, the interview is now more or less a formality, reducing the likelihood of bias.

Once in medical school, experiences vary. One MED IV says she does not see herself as a minority. "It's never occurred to me that I was any different from a man; I tried to get myself to think I could do it as well as anyone else." Another UW student speaks of feeling very isolated a feminist in classes where "women are unaware of any sexism."

While perceptions of sexism are directly related to one's experience and ability to identify attitudes as sexist, certain realities exist that make it evident that the woman in medical school is indeed a minority. Male physicians and instructors still greatly outnumber females. Language referring to physicians, in both classes and texts, is consistently masculine. Hence, the woman physician role model is barely visible in a profession with a tradition dominated by men.

Once she begins considering residency, a woman is likely to encounter a form of the Freudian theory "biology is destiny." She is "encouraged" to choose a field that is considered appropriate for women. "They may recognize your skill," says a physician in a major Wisconsin hospital, "but they still try to channel you."

Anesthesia or Pathology

A MED IV says she was told that "women should go into anesthesiology or pathology because, of course, you want to get married and have children, and other things take too much

...a struggle, a challenge

time." She was told by a Marshfield physician that "there's no place for a woman in internal medicine — it's too time demanding. Who will raise your children?"

Pediatrics and obstetrics-gynecology are frequently mentioned as fields thought to be suitable for women.

The process by which students are selected for residencies may or may not be fair, since there is no standardized, uniform interview. The overwhelming majority of interviewers are men, however, and they may hold some fairly traditional attitudes about women. Concerns regarding childbearing and family, and stereotypes about women again may be raised.

As a physician, a woman may encounter sexist values and lack of trust from some colleagues. She may perceive that she is treated as though she were a bit younger than male colleagues. She often is called "nurse."

An occasional patient may refuse care from her, wanting to see the "real" doctor. Because they are not accustomed to a woman physician, patients may be uncomfortable being examined by one. A UW physician was told by one such patient he "did not drop his drawers in front of a lady." Another patient asked if her mother knew what she did for a living.

Relationships with Nurses

Relationships with nurses who hold more traditional attitudes can present another difficulty.

Some concern regarding the delicate balance between home and career may be valid. But it is just as much a concern for male

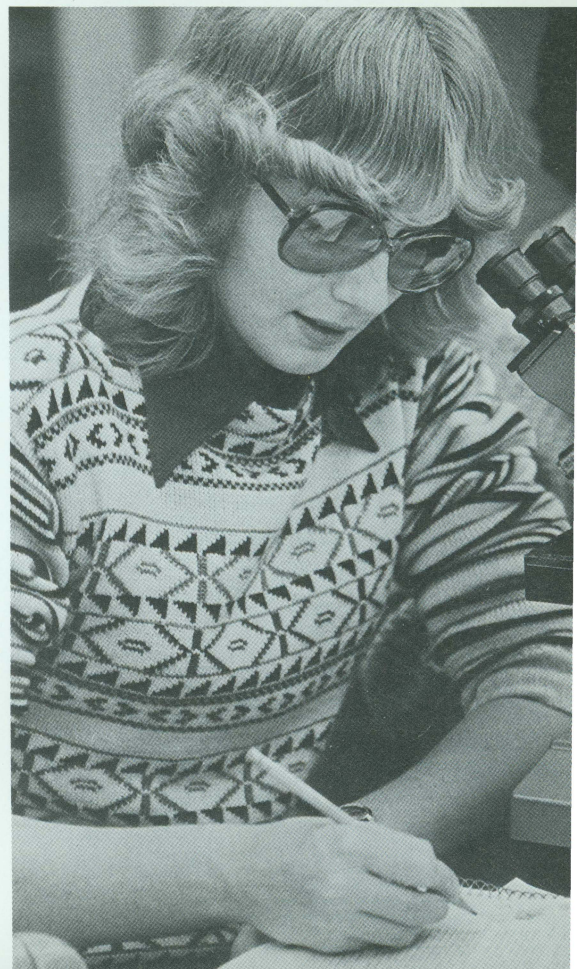
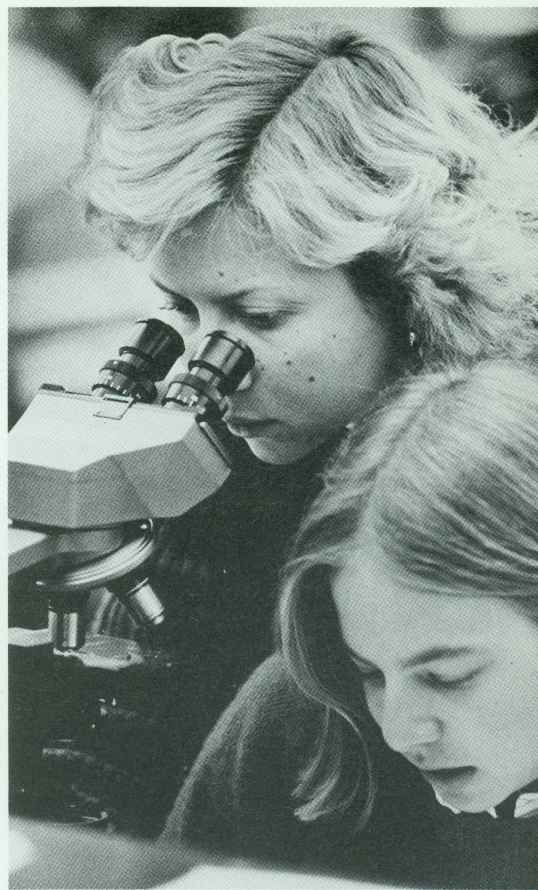
physicians who want to be equal partners in their marriages and desire to handle child care responsibilities. What makes this equal sharing difficult to manage are the long hours, heavy demands, and lack of structures supporting and affirming equal sharing.

While it is certainly possible for women and men to excel as physicians and have a satisfying home life as well, some fields of medicine are less time demanding and can perhaps better accommodate an active personal as well as professional life.

Surgery is perhaps the most difficult field in these respects. Says one of the few woman surgeons at a major hospital in Wisconsin: "I used to think you could have it all . . . I'm not so sure now. I don't know how anyone, male or female, can live through a surgical residency and keep a relationship together. It's very difficult."

And while the difficulties are certainly not to be minimized, it also is clear that medicine is challenging and rewarding to the increasing number of women entering the field. As one physician sums it up: "There's been no impediment to my education; I've been annoyed, but not enough to make me say it's intolerable." Q

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Above, Kathy Vogel, MED I, peers through a microscope during a lab class. Right, Nancy Post, MED I, checks over her notes during a class.



Drs. Dichter and Weffentette

Psych residents answer Fort McCoy's call

Far-ranging signs of mental illness, from homesickness to chronic psychosis, greeted fourth-year psychiatry residents Bruce Weffentette and Howard Dichter when they arrived at Fort McCoy in September.

They came to treat the Cuban refugees.

Drs. Weffentette and Dichter

must have been a welcome sight. Fort McCoy, near Sparta, Wis., had struggled without consistent on-site psychiatric staff for months. Language barriers impeded psychiatric treatment when it was available. And paradoxically, as more Cubans left the compound with sponsors, mental disorders like anxiety

and depression became more prevalent among the refugees who remained.

"In this situation, we were dealing with people under a lot of stress," Dr. Weffentette recalled. "They came to the United States with essentially nothing and were confined to compounds for several months under less than ideal circumstances."

Dr. Joseph Green, professor of psychiatry at UW Medical School, asked the residents to assist the refugees at Fort McCoy. Dr. Green had received a telephone call from Dr. Jane Oldden, a psychiatrist with the National Institute of Mental Health who, after spending a couple of weeks there herself, knew of Fort McCoy's desperate need for mental health professionals.

At the time, "we heard nothing about Fort McCoy except what we read in the press," Dr. Weffentette says.

Dr. Dichter claims he joined Weffentette in signing up for a week of duty at Fort McCoy because, "I thought it would be a unique educational experience and a way of being part of current events. It would be a new set of issues, of predicaments, that would call on what I learned in psychiatry."

They were not disappointed.

"As far as providing direct physician clinical services, we were it," says Dr. Weffentette, adding that he and Dr. Dichter received supervision and advice during their Fort McCoy assignment from Dr. Green and other psychiatry department faculty members.

The residents each spent the week of Sept. 14 there, then alternated duty every couple of days afterward until Oct. 15, when about 55 Cubans were flown to St. Elizabeth's Hospital in Washington, D.C. for further evaluation.

Drs. Weffentette and Dichter worked with physician assistant Anthony Mendese and registered nurse Roger Brieno — two men

credited with almost exclusively administering mental health services to the refugees despite their lack of psychiatric training. Not until two weeks before the refugee transfer to St. Elizabeth's was a Cuban-born psychiatrist, Dr. Luis Bernal, assigned permanently to care for the refugees.

A "typical day," say Drs. Weffenstette and Dichter, lasted 12 to 14 hours. In the morning, they made rounds, visiting patients in a "holding unit" about twice the size of the inpatient psychiatric facility at UW Hospital and Clinics, according to Dr. Dichter. During the afternoon and evening, they would hold clinics and answer crisis calls.

Dr. Dichter says they also attended advisory sessions focusing on plans to relocate the mentally ill refugees. "They (Federal officials) asked us for input, but most of the decisions were made by Washington," Dr. Dichter says, referring to the variety of governmental agencies concerned about the refugees' status.

Facilities left something to be desired, say the residents. Emergency, X-ray and laboratory rooms were available on site, however, in addition to ambulance service. La Crosse Lutheran and St. Francis hospitals provided emergency and back-up assistance.

The residents visited basically two wards, "designed as holding units, or crisis bed units, for people who needed time out from the compound," Dr. Weffenstette says. The wards harbored "those who needed protective custody to grossly psychotic individuals," he adds.

According to the residents, their patients were representative of the entire Cuban refugee population. More than 90 percent were men and the majority ranged from the late teens to mid 30s in age, Dr. Weffenstette speculates.

"A lot of the people were anxious or felt nervous," Dr. Weffenstette explains. "They had dif-

ficulty sleeping or lost their appetites. Some were homesick and became depressed when they thought of the families they left or the relatives who were lost in the shuffle.

"And the longer their confinement in the compound, the more symptomatic some people became," he adds.

Dr. Dichter saw repeated instances of self-abuse, with some refugees cutting, choking, burning or starving themselves. He says there were no suicides during his stay at Fort McCoy, although there were attempts.

Both residents agree that "the majority of the Cubans were not dangerous.

"It's difficult to say how many had mental illness," Dr. Weffenstette says. "We heard from more than one person that they were put on boats by the Cuban government after being in an institution or prison. That, by no means, was the majority of people at Fort McCoy, though."

The residents depended on translators to interpret the Spanish-speaking patients' responses to their inquiries.

"It's difficult to use a translator to evaluate psychiatric disorders because the nature of the things we look for is subtle," Dr. Dichter says.

Dr. Weffenstette admits surprise at "how well we could work despite the language barrier. We taught the interpreters what we needed and wanted to know to assess the refugees' mental status. Often, we'd ask them, 'Does this fellow make sense to you?'"

Dr. Dichter says treatment was complicated by other cultural differences. He recalls a refugee who slashed his wrist while worshipping the thunder god Yourba in an African religious rite.

At the request of federal authorities, Dr. Dichter accompanied the remaining adult refugees on their flight to Washington, D.C. "They were people who seemed to require the most

treatment and care . . . and who would find it most difficult on the outside without special provisions," he says.

Drs. Weffenstette and Dichter were paid by the federal government for their services at Fort McCoy. That amount was deducted from their state earnings as psychiatry residents here.

"It's obvious that bureaucratic difficulties and political problems complicated clinical care for the refugees," Dr. Weffenstette says. "But the more important thing was that, despite the political and government problems, the people at Fort McCoy did do a good job under difficult circumstances in keeping the place going with minimal staff and often inadequate facilities."

Ellen Zettel
Public Affairs Department

Tuition cut made for second semester

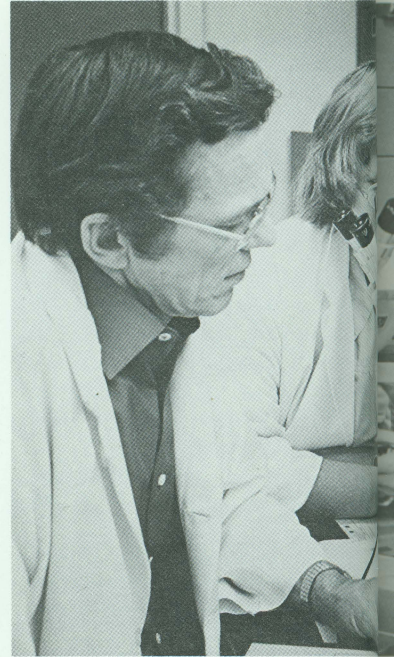
Good news in the tuition department for medical students.

The UW Board of Regents has approved a \$656 tuition reduction second semester for resident students and an \$835 reduction for non-resident students.

The reduction is possible, said Glenn Watts of the UW-Madison administration, because the federal government provided capitation funds for medical school students after the administration developed a budget based on elimination of the federal money.

Under the new fees resident students are paying \$1,366 for the spring semester and non-residents \$2,391. **Q**

Medical technicians William Bayer,
Cherna Gorder and
student Moira Whitehead



Doctors introduce medical students to cancer research

Cancer treatment and research became more than mere textbook philosophy this summer for 16 first- and second-year medical students.

Under the guidance of the Wisconsin Clinical Cancer Center (WCCC) faculty members, the students worked on research projects and attended seminars. Some worked in clinical situations.

The program, in its fifth year,

aims to stimulate students' knowledge of cancer biology and its treatment.

The eight-week program is funded by the National Institutes of Health and the Wisconsin Division of the American Cancer Society and is overseen by the WCCC Education Committee. Sixty-four medical students have participated since 1976.

"The students are very enthusiastic about the program," says

Helen Baldwin, assistant director of the Department of Human Oncology. "They do an impressive amount of quality work. What's equally impressive is that they

More research exposure for medical students

A standard component of UW medical education is being strengthened after a period of reduced emphasis. Wisconsin medical students were traditionally expected to have familiarity with gathering data, analyzing it critically and drawing conclusions.

The traditional Field Day Programs through the 1930's, '40's and '50's featured student demonstrations and research reports. In the 1960's, grant funds were available to provide modest stipends to nearly 100 students each year for a ten week summer research experience.

For many years a thesis was required of all UW Medical School graduates.

There was a well funded M.D.-Ph.D. degree program to

support the training of that small number of individuals who wished to pursue careers in academic medicine. In recent years the program has been essentially unfunded and very limited in size.

Nationally, during the past decade there has been a precipitous drop in the numbers of students interested in research, funding for student research experience has all but vanished and there is a declining pool of M.D.'s who are trained for research.

The medical school is taking measures to increase the opportunities for students to have research experience and to develop an understanding of research design and a more critical way of looking at research data. The small

number of individuals who enter medical school with the intent of seeking preparation for academic careers will be provided with special attention and opportunities.

Students will again be given an opportunity to present their research at a special honors day program; the opportunities for summer research activities will be enhanced. A group of interested faculty will serve as advisors for students interested in research. Opportunities will be provided for students interested in research to interact with their counterparts and the progress through medical school of students interested in research will be more closely followed. Q



choose this program over a summer job that could bring them four times the salary." Students earn \$800.

The program increased students' knowledge about cancer biology, encourages consideration of a career in oncology, facilitates professional interaction between a student and a faculty member, and exposes students to patient-management decisions, says Baldwin. Most of the students' time is spent in research initiated by the guiding faculty member.

Moira Whitehead worked under the guidance of Dr. Archie MacKinney, chief of hematology at the Veterans Hospital. William Goell worked with Dr. Thomas Warner, a pathologist for UW Hospital and Clinics.

Whitehead worked in the VA's Hematology Laboratory studying bone marrows and testing blood. She also studied the effects of the drug Dilantin on lymphocytes. Goell reviewed slides and specimens in the surgical pathology laboratory. Some students also visited clinics or went on rounds.

"Prior to this experience, Goell says, "I had little knowledge of

either the theory or the methodology involved. The entire experience was educational and Dr. Warner was most helpful in thoroughly explaining the background for his work and his reasons for the research."

"I have learned to think critically, to analyze, question and examine issues closely," Whitehead says. The program, she says, also gave her hands-on experience with a variety of medical specialties. "I gained a broader understanding of the aspects of and the opportunities that exist in medicine."

Seminars were conducted by faculty and students to increase this exposure.

"The seminars were interesting — it is a nice way to learn about a subject," Whitehead says. "But, most helpful were the faculty speeches. They all wanted to give us philosophical advice. I really like hearing all of those points of view."

Goell liked the experience it gave the students. "It forced us to clearly think through what we had done with our research and to put it in a clear, concise form," he says.

How do the doctors benefit? "Ideally, the student is helpful to the faculty member's research and, if so, hopefully the student will return the following summer and be twice as helpful," MacKinney says.

"The opportunities for the students are obvious," he continues. "It's important for them to try research methods — to see how and why it is done."

"The program is definitely worthwhile," Goell says. "I've considered doing it again next summer. It was never dull; I learned a lot; they gave me responsibilities, and it is all pertinent to what I am learning and what I will be doing in the future." Q

Kerry O'Brien
Public Affairs Department

our
readers
write

I was privileged to see the published report of information that Dr. Segar provided to the Dean about the activities of his department (QUARTERLY, Summer, 1980). This included some comment about the clinical genetics program at the University of Wisconsin.

Having been associated, you might say, as a distant relative or a friend of the Clinical Genetics Unit since its early days and being cognizant and aware of the programs developed and conducted by Dr. John Opitz and Dr. Jurgen Herrmann for many years, it was most amazing to me that the notes describing the clinical genetics program should not make mention of these men and their work. Certainly the pioneer work in prenatal diagnosis, amniocentesis and the like that was developed jointly with the activities of Dr. Gloria Sarto of the OB-Gyn Department and Dr. John Opitz and Dr. Herrmann for the counseling factors existed for many years and indeed has served as a model for other parts of the world.

Bone centers of course exist all over the world; certainly there are many more than three.

Since Dr. Opitz came here to Shodair Hospital during the month of June in 1979 it would appear that Dr. Laxova has not headed the program since 1978. I just thought that you might like to know my distress as a somewhat biased reader of those comments.

Continued on following page

It was just incredible to me that the great pioneering activities that went on in Wisconsin should be never mentioned in this brief review. Certainly Dr. Laxova may be doing an excellent job, but is only building upon the shoulders of the giants who preceded her, starting with Dr. David Smith and certainly involving Klaus Patau, Stan Inhorn, John Opitz, Jurgen Herrmann and the like. With considerable appreciation of the difficulties of Dr. Segar's position I remain

Philip D. Pallister, M.D., Director
Shodair Genetics & Birth Defects Unit
Montana Children's Home and Hospital
P.O. Box 5539
Helena, Montana 59601

Just a note to say hello and let you know what Women in Medicine in Wisconsin is up to. You may recall that last March you (alumns) helped to finance a program we held in Milwaukee. Our organization is now doing well on its own; we're building membership and program and are delighted to be getting off the ground. Thanks so much for your timely help last year!

Our school group is also growing, though no one has much time to spend organizing. In 1979 Janet Freedmen and I went to the national meeting of American Medical Womens Association in Albuquerque, N.M. The 1980 conference is being held in Boston. Seven students made plans to attend! The funds the Alumni Association spends on sending students to these conventions are really appreciated. (If both time and money were needed to go, I'm sure we would all stay home. Many interested students do anyway for lack of time and study pressures — oh well . . .)

Again, thanks for your support of both the state group and our school group. It really adds excitement and new experiences to our medical school curricula!

Hope Rice, MED II
Women in Medicine coordinator

(To WMAA President Brennan): I read with great interest your comments in the Fall Wisconsin Medical Alumni Quarterly. The question of a decision regarding the future of the MASH House is of special and sentimental interest to me.

If you know your history of the medical school fraternities, you will understand that the original Phi Chi House was on University Heights and was established in the late 20's and early 1930's. There are alumni who will still remember the house which was of Frank Lloyd Wright design.

Would you believe they dressed formally for dinner? The house was too far away from Science Hall so ultimately proved to be impractical and was disbanded. Live-in members of that group included, for example, E.M. Dessloch, '35, of Prairie du Chien, Wis.

I was president of the fraternity in 1951 and at that time there was no suitable housing for medical students in which they could live and study together. Both the faculty and Phi Chi Medical Alumni of Madison were contacted regarding the establishment of a fraternity house but there was no help offered. As a matter of fact, we were quite discouraged by the medical faculty. I located a suitable house on Lake Street (this is now the site of McDonalds) and signed a lease for the house on my own. We promptly filled the house with 23 medical students and, to add extra spice, we added a law student as our legal advisor (Jules Brown of Wauzeka) and a foreign student for international flavor. His name was John Bousefeld, who was studying City Planning and was from Canada. The house was extremely successful. I believe Bill Hein, '54, was one of the first men to move in and is a member of your Board of Directors. After successfully stabilizing the situation, one of the boys' fathers donated \$5,000 (I believe it was a non-MD) and the current

MASH House was purchased.

I do not know how the house ultimately transferred to the Medical Alumni Association but I suspect it was a failure of the Phi Chi Medical Alumni and the faculty to continue to support and encourage this fraternity project. I am happy that the medical alumni have chosen to accept this responsibility and to continue the spirit of medical students living and studying together.

With this background in mind I would make a few suggestions for you. I would try to continue the tradition and select a new house near the medical school for medical students and only medical students. I think it would be a gross mistake for the Alumni Association to occupy the same premises. It would be almost equivalent to a parent moving with their children. I believe someone should ask the MASH students what their feelings would be about this and I would predict that no matter how large the house was, they would prefer to have it a strictly student operation. I would know of no finer project for the Alumni Association to promote than to aid a student at this time of his career.

Your comment from Dean Brown that the Medical Alumni Association Offices will be moved to the old hospital within the next 18 months sounds quite acceptable. It would certainly give you proximity of administrative resources of the medical school administrative offices. I compliment you on the thoughtfulness of your presentation.

Erby J. Satter, M.D.,
2600 Capitol Ave.
Sacramento, Cal. 95833

P.S. Not to be entirely negative regarding the faculty and the alumni, I must say that there was encouragement ultimately given from Otto Mortenson, '29, Joe Lulich, '37, and Dr. Tony Schoenberger.

Q

CLASS REUNIONS FOR TWENTY FIFTH ANNIVERSARY YEAR OF MEDICAL ALUMNI ASSOCIATION

Medical Alumni Day will be Friday, May 15, 1981.

Class Reunions will be held on the evening of Thursday, May 14 with
additional observances on Saturday, May 16.

CLASS	REPRESENTATIVE AND REUNION COMMITTEE	ACTIVITY
1931	Dr. Leif Lokvam	— Plans under development for reunion dinner Thursday evening, May 14 and brunch or picnic on Saturday, May 16.
1936	Drs. Henry Anderson and Edward Lefeber	— Plans under development. Class being polled for preferences.
1941	Drs. Harold Youngreen and William Young	— Reunion Dinner — Thursday, May 14; location to be announced.
1946	Drs. Eugene and Dorothy Betlach	— Reunion Dinner — Thursday, May 14 at the Madison Club, Wedgewood Room. — Brunch — Saturday, May 16 location to be announced.
1951	Drs. James Warrick, Bob Samp, John Schroeder, Don Schuster, Don Janicek, Larry Giles, Edna Cree, Nate Hilrich, and John Toussaint	— Reunion Dinner — Thursday, May 14 Edgewater Hotel, Rigadoon Room.
1956	Drs. Loren Amundson and Diane Dahl	— Plans under development for a get together on Thursday, May 14 and Saturday, May 16.
1961	Dr. Ken Oberheu	— Plans under development.
1966	Dr. Jeffrey Thomas	— Plans under development.
1971	Dr. Warren Olson	— Plans under development.
1976	Dr. Dale Reid	— Plans under development. Class being polled.

Wisconsin Medical Alumni Assn.

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