

APR 29 1977

## Wisconsin Medical Alumni

# Quarterly



## The Class of 1927

MEDICAL ALUMNI DAY  
1977

**Best Copy**

**Available**

# Quarterly

volume 17 • number two • spring 1977

## TABLE OF CONTENTS

### EDITOR

MISCHA J. LUSTOK, '35

### ASSOCIATE EDITOR

ROBERT L. O'ROURKE

### EDITORIAL BOARD

LOUIS C. BERNHARDT, '63

KATHRYN S. BUDZAK, '69

G.S. CUSTER, '42

EINAR R. DANIELS, '34

Emeritus Member

D. J. FREEMAN, '52

RICHARD D. LARSON, '70

MISCHA J. LUSTOK, '35

JOHN R. PETERSON, '54

DONALD H. REIGEL, '63

ROBERT F. SCHILLING, '43

### CORRESPONDENTS

JAMES H. DAHLEN, '61, Northwest

ARTHUR D. DAILY, Former resident in dermatology, Northeast

MARY KAYE FAVARO, '69, Southeast

BERNARD I. LIFSON, '49, Midwest

EDWARD J. LEFEBER, '36, Texas

DIANA L. KRUSE, Senior Class

WILLIAM H. OATWAY, Jr., '26

Contributing Editor

JEROME F. SZYMANSKI, '57, Southwest

### ALUMNI OFFICERS

ROGER I. BENDER, '43M, Past Pres.

DOROTHY BETLACH, '46, Director

JOHN BRENNAN, '67, Director

JOHN F. BROWN, '51, Director

G. STANLEY CUSTER, '42, Past Pres.

L. G. CROWLEY, Dean Ex-Officio

RALPH HAWLEY, Executive Director

WILLIAM E. HEIN, '54, Director

ANN B. HENSCHER, '45, Director

B. H. KAMPSCHROER, '67, Pres. elect

FREDERICK J. LAMONT, '67, Director

HANNO H. MAYER, '46, President

WILLIAM C. RANDOLPH, '44, Director

SIGURD E. SIVERTSON, '47, Secy-Treas.

Published quarterly by the Wisconsin Medical Alumni Association, Inc. 758 WARF Building, 610 N. Walnut St., Madison, WI 53706. Phone: (608)/263-4914.

The Class of 1927 1

Medical Alumni Day 1977 2

Department of Surgery Profiled —  
Folkert O. Belzer, M.D. 6

Oatway's Column 7

\$\$\$ — Cost of Medical Student Education  
Diana L. Kruse, Senior Class President 9

The President's Page 11

Board Room Notes 12

The Dean's Column 13

Clinical Trials and Cancer Treatment, Part II 14

Badger Jock Docs 18

Election Central: 1977 20

Alumni Capsules 24

"To Jog or Not to Jog — That is the Question"  
Bernard I. Lifson, M.D. 29

The M.D. Degree: Have We "Only Just Begun?"  
Mischa J. Lustok, M.D. 33

We're in Good Hands — Louis C. Bernhardt, M.D. 33

COVER — **Class of 1927** (Bottom row, left to right) Carroll W. Osgood; Margaret E. Hatfield (Deceased 8-11-76); Marie L. Carns (Deceased 9-29-69); Beatrice M. Lins; Myra Emery Burke; Ruth Anderson; Jeanette Munro; Didrik Sannes (Deceased 3-6-76) (Second row) Norman V. DeNosquo (Deceased 6-26-70); Raymond H. Ludden (Deceased 1-2-67); Wendell H. Marsden (Deceased 11-29-64); Russell R. Sterling (Deceased 2-27-60); Dean Charles Bardeen (Deceased 1935); Dr. Joseph S. Evans (Faculty-Dec. 1948); Harry Vander Kamp; Frank N. Mason (Deceased 6-29-67); John T. Morrison (Deceased 12-26-62); William A. Werrell (Deceased 8-64); (Top row) John A. Grab (Deceased 11-22-76); Charles F. Burke (Deceased 2-18-67); Everett B. Keck (Deceased 7-66); Chester W. Long; John I. Chorlong (Deceased 10-18-37); Burton S. Rathert; Milton J.E. Senn; Vincent C. Johnson (Deceased 6-10-62); (Not shown) Jack S. Supernaw (Deceased 3-3-60).

## Some History of a School and the Odyssey of a Class —

# The Class of 1927

In 1907 a two year medical school was authorized at the University of Wisconsin as the result of heroic efforts by Dr. Charles R. Bardeen and University President, Charles R. Van Hise. Dr. Bardeen, who was to be the first Dean of the Medical School, arrived in Madison in 1904 and rapidly built a strong Department of Anatomy. Within three years the Regents approved Dr. Bardeen's proposal for a two year medical course and the legislature authorized and appropriated funds for the two year school.

A young, highly competent and closely knit faculty was assembled. Joseph Erlanger and Herbert Gasser in Physiology were followed by John A. English Eyster and Walter J. Meek. Harold Cornelius Bradley was appointed Assistant Professor of Physiological Chemistry. Arthur S. Loevenhart was the initial Professor of Pharmacology and Dr. Charles Bunting filled the first chair in Pathology. Drs. Erlanger and Gasser shared the Nobel Prize in 1914 after having left Wisconsin.

The first faculty of the Clinical Departments were a group of young internists hired to provide health care to the University student body. These clinicians included Dr. Joseph Spragg Evans, Dr. Robert Van Valzah and Dr. William Shainline Middleton.

While Wisconsin remained a two year school without clinical facilities, Wisconsin medical students were required to complete their medical education outside of the state and frequently entered practice in those "foreign" states. As class size increased it also became difficult to place the two year graduates in good schools.

The dedicated efforts of Dean Bardeen, Dr. Joseph Evans and University President Birge ultimately bore fruit — funds remaining in the soldiers' bonus fund were allocated for the construction of Wisconsin General Hospital as a memorial to Wisconsin war veterans. The Hospital was constructed and the first clinical class of twenty-five students was admitted in the fall of 1925. In June of 1927, the first degrees in medicine awarded by the University of Wisconsin were conferred on nineteen men and six women.

On Alumni Day of this year the medical faculty and medical alumni body will honor the Class of 1927 on the fiftieth anniversary of their graduation. There will be other golden anniversary classes but the unique honor of being our School's first full term offspring belongs to the Class of 1927. □



# Call to Order

## MEDICAL ALUMNI DAY 1977

1977 marks a very special event in the history of your medical school, it represents the 50th anniversary of our first graduating class of 1927. Our Medical Alumni Association wants to make this annual alumni day one of special meaning to the class of '27 and to every member of our association.

Those classes observing an anniversary date have been contacted by their class representatives outlining what's in store for you when you arrive back in the Capitol City.

### May 26

- 3:00 p.m. Edgewater Hotel  
Editorial Board Meeting
- 4:00 p.m. Edgewater Hotel  
Class Representative Meeting
- 6:00 p.m. Edgewater Hotel  
Cocktail Party for Class Representatives and Disciplinary Representatives, Past Presidents, Board Members and Spouses
- 7:00 p.m. Edgewater Hotel  
Dinner

### Alumni Day Program

### May 27

- 8:00 a.m. Room 224 S.M.I.  
Registration — Continental Breakfast
- 9:30 a.m. Alumni Association Business Meeting
- 9:45 a.m. President's Report
- 10:00 a.m. Dean's Report
- NOTE: Spouse's Reception — 10:00 a.m. — Edgewater Hotel
- 10:20 a.m. "Who and What's New in the School"  
William Segar, M.D., Chairman, Department of Pediatrics

Folkert O. Belzer, M.D., Chairman,  
Department of Surgery  
William McKinney, M.D., Chairman,  
Department of Psychiatry

- 11:20 a.m. "Report on the Mobile Intensive Care Unit"  
Marvin Birnbaum, M.D.
- 12:00 noon Transportation to the Wisconsin Center
- 12:30 p.m. Luncheon with spouses and senior medical students  
Presentation of 1927 Class Gift  
Speaker: Carroll Osgood, M.D., '27
- 2:00 p.m. Afternoon Options  
"What to do in Madison" — brochures will be distributed  
"Open House" — brochure listing medical school attractions will be distributed  
Demonstration of Computers in Medicine — Richard Friedman, M.D.  
Health assessment — patient simulation (talking computer). Suicide risk prediction.  
Ophthalmology — Open House  
Medical Library — exhibit honoring Class of 1927, Med Line searches.
- 6:00 p.m. Social Hour — Concourse Hotel
- 7:00 p.m. Alumni Banquet — Concourse Hotel
- 8:30 p.m. Presentation of Awards Program by Senior Class

# UPDATE: Class Reunion

Our 1977 Medical Alumni Day is rapidly approaching and your alumni association has been busy coordinating reunion plans with the class representatives.  
 Scheduled class activities follow...



<b>CLASS</b>	<b>ACTIVITY</b>	<b>REUNION COMMITTEE</b>
--------------	-----------------	------------------------------

1927

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel  
 Class of 1927 will be honored

Chet Long  
 Carroll Osgood

1932

**May 26**  
 Cocktails and Dinner at the home of Dr. & Mrs. Herman Shapiro  
 4401 Fox Bluff Lane, Middleton

Herman Shapiro

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

1937

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

Helen Dickie

**May 28**  
 Picnic Luncheon at the home of Dr. & Mrs. Sam Harper  
 3 Bayside Dr., Maple Bluff

1942

**May 26**  
 Reunion Dinner & Hospitality Suite  
 Concourse Hotel

George Behnke  
 Stan Custer  
 Bill Luetke  
 Earl Rotter

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

1947

**May 26**  
 Reunion Dinner  
 Edgewater Hotel

Sig Sivertson, Carl Schmidt  
 Royal Rotter, Jim McIntoch  
 Judy Walton, Dick Anderson

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel



## CLASS ACTIVITY REUNION COMMITTEE

1952      **May 26**  
 Reunion Dinner  
 Edgewater Hotel

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

William P. Crowley

1957      **May 26**  
 Reunion Dinner  
 Concourse Hotel

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

Wilbert Wiviott

1962      **May 26**  
 Reunion Dinner  
 Edgewater Hotel

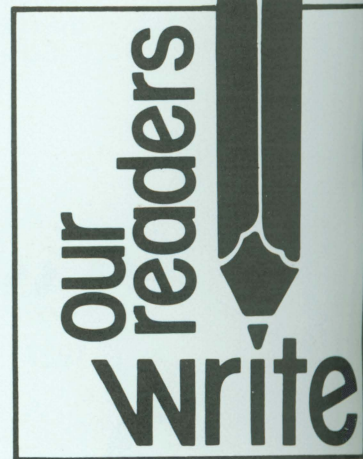
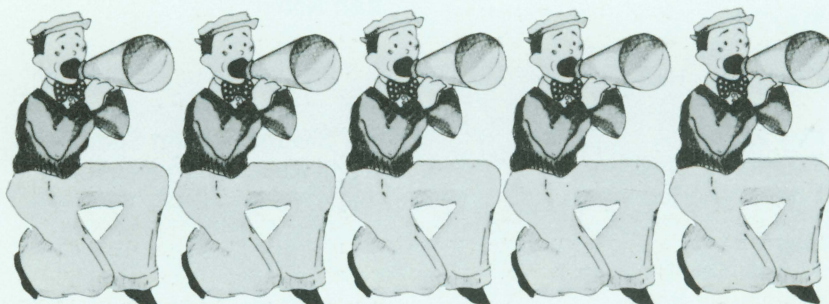
**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

Charles Miller

1967      **May 26**  
 Reunion Dinner  
 Wisconsin Center

**May 27**  
 Alumni Day Banquet  
 Concourse Hotel

Mary Ellen Peters



### Dr. Ovid Meyer Information Requested

Could you please give me some information about Ovid Meyer. Dr. Meyer and I were classmates and more than that "dissecting mates" in old Science Hall when Dr. Bardeen was the Dean and head of the Anatomy Department. Dr. Sullivan was our instructor.

I am now a bonafide resident of Florida (retired) from 50 years of Urology in New York. For sentimental reasons I have sent a check to the Medical School.

George A. Fiedler, M.D.  
 1202 Bahama Bend, Apt. D1  
 Coconut Creek, Fla. 33066

*Editor's Note: Information on Dr. Meyer has been forwarded to you. Thank you for your donation to the Medical School.*

### Quarterly Cover Appraised

Just a note to let you know how great the cover of the Winter '77 **QUARTERLY** was. Some

thought should be given to the Bohrod painting as the **QUARTERLY'S** official cover.

R.H. Wasserburger, M.D.  
Director, ECG Computer Service  
University Hospitals  
Madison, Wi.

*Editor's Note: Thank you for your comments. The editorial board will consider your idea... we'd welcome any suggestions from other alumni.*

### **Bohrod Cover Brings Back Memories**

Please send me a signed copy of the recent **QUARTERLY** cover (Winter 1977) by Aaron Bohrod. Enclosed is my check for \$25.00.

The picture brought back many pleasant memories.

David L. Fink  
Surgical Resident '66  
707 Broadway  
Patterson, N.J. 07514

*Editor's Note: Dr. Fink's letter was only one of some 20 requests received for copies of the Bohrod print. We're pleased that so many of our alumni enjoyed the cover.*

### **Wirka Memorial Lecture**

The first Herman W. Wirka Memorial Lecture was given in October 1976 during the Wisconsin Orthopedic Alumni Weekend program. The lecture-ship is funded by contributions made by friends of Dr. Wirka. The Orthopedic Division plans to present a memorial lecture every other year.

Andrew McBeath, M.D.  
Orthopedic Surgery  
University Hospitals  
Madison, Wi.

### **Family Practice Article Challenged**

The residents of The University of Wisconsin, Department of Family Medicine and Practice-Madison reacted with disbelief and discomfort at

"family practice... what it means" (Larson, **QUARTERLY** Fall '76 issue). While we agree that differing interpretations of family medicine and family practitioners exist, we disagree with the accuracy and spirit of Dr. Larson's jack-of-all-trades description.

First, skill in reducing and casting a fracture is neither necessary nor sufficient to family practice. More important than learning the different techniques of disease management, are learning the goals of primary care education (1). Larson lists problems as the scope of family practice, while ignoring "commitment to the person" (2). We acknowledge the need to learn skills, but the distinctiveness of family medicine is patient management; that is, "family physicians **know** their patients, **know** their patients' families, **know** their practices, and **know** themselves". (3).

Second, we question Larson's choice of words. He says, "We need well-trained physicians in family practice who have the courage to go out and do the job." We, however, envision **well-educated physicians committed to the people**. If family medicine is to contribute to health care, it needs educated physicians to expand the field with imaginative ideas, not "trainees".

Furthermore, we would argue with Larson's contention that the present family practice resident is restricted in his learning by what he technically cannot do. Insight into the resident's ability is a preferable criterion. Family medicine is "the knowledge and skill that allows a physician to confront relatively large numbers of unselected patients with unselected conditions to carry on therapeutic relationships over time" (3). To imply that our teachers are negligent in what they **fail** to teach is to ignore the importance of the three-year family practice residency.

Finally, we hope that those interested in the definition of the family practitioner realize the dynamics of this new specialty. The references provide a brief introduction:

1. Hansen, N.F., An Educational Program for Primary Care, *Journal of Medical Education*, 45:1001-1015, December 1970.
2. McWhinney, I.R., *Family Medicine in Perspective*, N.E.J.M. 293: 176-181, July 24, 1975.
3. Stephens, G.G., The Intellectual Basis of Family Practice, *Journal of Family Practice* 2:423-428, 1975.
4. Janeway, C.A., *Family Medicine — Fad or For Real?* N.E.M.J. 291:337-343, August 15, 1977.

Jon Sternburg, M.D.  
Chief Resident  
Dept. of Family Medicine  
and Practice  
Madison

### **Where Am I Registered?**

I just received one of the Alumni publications. In which class am I considered to belong? I was with you three years, you know, 1914, '15, '16, graduating in '14 and again in '15. I graduated from Harvard in 1917. Let me know which class contributions should be made for or from.

Sincerely,  
Karl Menninger, M.D., M.A.C.P.

*Editor's Note: We are honored and delighted to claim you as an alumnus of the Medical School. In listing the graduating class for individuals who received two years of their medical training at Wisconsin, our customary practice is to use the year in which the individual received the M.D. degree, but that may appear to be illogical for the pre-1927 period before we were an M.D. granting institution. Our records have you listed in the class of 1917, however, your counsel would be appreciated. 0*

# Department of Surgery Profiled

Folkert O. Belzer, M.D.  
Chairman, Department of Surgery

I am pleased to have this opportunity to inform the alumni of the University of Wisconsin about some of the changes and new developments in the Department of Surgery over the past two years. You might be interested in some of the new people we have appointed and some of the new approaches we are pursuing, both in the clinical as well as the research activities.

In the Division of General Surgery, three new faculty members were appointed. Dr. William Turnipseed trained at Ohio State and has special interest in vascular surgery. Dr. Frederic Jarrett had his training at the Massachusetts General Hospital. Dr. Robert Demling took his surgical residency at the University of California-San Francisco and is presently head of the burn unit at the University of Wisconsin.

In 1975 the section of Vascular Surgery was established, headed by Dr. Herbert Berkoff. The establishment of a diagnostic laboratory using primarily noninvasive technique has been of great help in the diagnosis and evaluation of patients with vascular problems.

The section of Transplantation Surgery has also undergone a period of growth by doubling the volume of renal transplants over the past two years. Approximately 60 patients receive transplants yearly including many patients with juvenile diabetes.

Research activities presently pursued in the Division of General Surgery include areas of oncology, transplantation immunology, burns and shock, gastrointestinal and biliary physiology, surgical infections including its study in gnotobiotic animals, vascular surgery, and many other interrelated problems.

The Division of Cardio-thoracic Surgery, headed by Dr. Donald Kahn, has shown continued growth over the past two years. About 25 per cent of more than 800 patients yearly are pediatric with well over 400 openheart patients per year. Recently an assist circulation program was developed in which a membrane oxygenator performs the function of the lungs for patients with pulmonary insufficiency as well as in instances of overwhelming viral pneumonitis, trauma, etc.



Folkert O. Belzer, M.D.

In the Division of Plastic Surgery, we were fortunate to attract Dr. David Dibbell as full-time chief of the Division of Plastic Surgery. Dr. Dibbell received his training at Yale and Stanford Universities and was chief of plastic surgery at Wilford Hall, Lackland, AFB, Texas, before joining us. His major interest is in oncological and trauma reconstructive surgery. Dr. Sherman Souther, a plastic surgeon who recently joined our staff, received his general and plastic surgery training also at Stanford University. Some of the research activities in this division include the development of a microsurgical laboratory in which the microcirculation at the arteriolar-capillary-venular level is being studied using primarily radioactive microspheres.

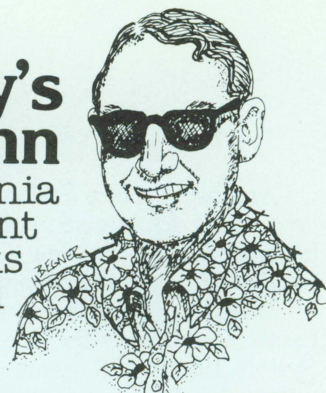
The Division of Otolaryngology includes three full-time faculty at the present time. Dr. James Brandenburg, head of the division, is the principal investigator for the Wisconsin Head and Neck Cancer Control Network. This is a demonstration project for the management of neoplasm of the head and neck region. Dr. I. Kaufman Arenberg is a new addition to the staff. Dr. Arenberg took his residency training at Washington University School of Medicine in St. Louis. As an investigator in the study of Meniere's Disease, he has contributed extensively to the otolaryngological literature.

The Division of Urology, headed by Dr. John Wear, has added one new staff member, Dr. Ralph Benson. Dr. Benson took his residency in urology at the Mayo Clinic. Some of the clinical as well as the research activities in this division include such diverse areas as urodynamics and neurogenic bladder, urologic oncology — especially cancer of the bladder and prostate, calcium metabolism and stone disease, diagnosis, localization and treatment of urinary tract infections, alterations in renal function secondary to hydronephrosis, and



# Oatway's Column

California  
Correspondent  
Seeks  
More Mail



## William H. Oatway, Jr., M.D., '26 California Correspondent

Here's what columnists plead for, hope for, really need, but hardly ever get — a phone call from a 1931 grad, once of Idaho; now of Apple Valley, Calif., **Dr. Harwood 'Stokie' Stowe, '31**. He had read the **QUARTERLY**; meant to write us; and finally the news items about Dr. Middleton, Ken Lemmer's retirement, and mention of VA's Jim Musser, led him to call... Stokie was in the V.A., and had spent time in Burma. One of his best memories was having a visit from Dr. Middleton while Stokie was living in Idaho, and while Dr. Middleton (who did everything for everybody) stopped off on his way to Oregon. His current address — 19859 Chaska Court, Apple Valley, Ca. 92307.

0

**Jerome Szymanski, '57** handles the news for the **QUARTERLY** from the Southwest, at Phoenix, Arizona. He took over from Jack Pyre of Tucson a couple of years ago. We had a wish to write about 2 people from Arizona; wrote to ask his approval; and got the green light from the original green area — a postcard from Ireland, where he spent a 'relaxing and enjoyable' month.

0

A year ago we wrote a note about the withdrawal from orthopedics by **Jim Neller, Class of '39**, Intern '39-'40 of the Los Angeles area. Now we hear that he is finishing a novel about the Nile, which he visited 2 years ago. He then wrote a description of the Nile and the pyramids, and it was published. Now he has changed over to fiction, and I'll bet it is good.

0

A report, plus photograph, about **Dr. Peter Anderson**, appeared in the Calif. southcoast 'Daily Pilot'. He was a graduate of the Univ. Wis; served his internship at the Los Angeles County-USC Medical Center; and has served in emergency medicine in the Fountain Valley Hospital. He has now been appointed Emergency Room Director of that Hospital.

0

Continued on page 27

7

penile prostheses for impotence.

In the past two years three new faculty members were appointed in the Division of Orthopedic Surgery, headed by Dr. Andrew McBeath. Dr. James Keene took his orthopedic residency training at the University of Wisconsin and is in charge of the newly established spinal cord injury program. In addition, the Division of Orthopedic Surgery added two subspecialties. The hand surgery program is being headed by Dr. William Engber who took his orthopedic residency at the University of Wisconsin after which he completed a fellowship in hand surgery at the University of Iowa. Orthopedic oncology is headed by Dr. Thomas Lange who took his orthopedic residency at the U.S. Naval Hospital in Philadelphia and completed a year of fellowship in orthopedic oncology at the University of Florida. These additions provide the orthopedic service with excellent coverage in the multiple orthopedic subspecialties which include programs in arthritis, adult and pediatric reconstructive orthopedic surgery, and sports medicine.

The Division of Neurological Surgery, headed by Dr. Manucher Javid, will have two new staff members as of July 1977. Dr. Thomas Duff took his neurosurgery residency training at the University of Virginia and joined the faculty in 1976. In addition, Dr. Peter Hall, who trained at the University of Indiana, will be joining the division in July 1977. The Division of Neurological Surgery continues to be engaged in both clinical and basic research activities. In the clinical sphere, new areas being investigated include the effects of chemical hypophysectomy upon pain due to malignancy, the assessment of cerebral blood flow, microvascular anastomosis for symptoms of cerebral vascular disease, cerebellar stimulation, intracranial pressure monitoring, cortical evoked potentials, and radiofrequency rhizotomy.

In addition to strengthening and broadening the faculty in the Department, emphasis is being placed on attracting excellent resident candidates who are clinically as well as academically oriented. For the past two years the Department had over 140 American graduate applicants for the 12 first-year positions. Medical student teaching is also emphasized in the Department, both at the faculty as well as the resident level. In the last several years the medical students have consistently done very well in the National Board Examination being well in the upper one-third nationally.

I hope that this brief overview of the Department might be of interest to you. I personally would be delighted if you would have the time to visit the Department, and I hope that the alumni and faculty will become better acquainted in the future. 0

# Facility for Research Animals

Construction of a \$1.8 million "module" to house research animals within the new Center for Health Sciences at University of Wisconsin-Madison was recently approved by the UW System Board of Regents.

The 8,910-square-foot facility will house small animals used in cancer research by the Wisconsin Clinical Cancer Center. It is being funded from gifts and by the National Cancer In-

stitute.

The new quarters will house the animals in a single location adjoining the Wisconsin Clinical Cancer Center's research facilities and will meet federal regulations on biological hazards.

The facility is also needed because the cancer center plans to expand its research programs into the causes of cancer and into its chemical and radiologic treatment.

Areas in which "moderate-risk biohazards" can be safely handled are also included in the approved facility, and were termed "essential" for investigations in several new areas of research. Those new fields include the body's immunity to foreign organisms and the testing of viruses on animals in which that immunity has been suppressed. **Q**

## Research May Lead to More Effective Drugs

Doctors have gained an advantage in the fight against disease-causing bacteria that become resistant to commonly used antibiotics.

Evidence compiled by Pharmacologist Bernard Weisblum, University of Wisconsin Center for Health Sciences, has made it possible to explain why some patients' infections, which are resistant to one drug, also become resistant to a drug the patients have never received.

Weisblum says the informa-

tion provides guidelines that enable doctors to predict the patterns of antibiotic resistance that will develop in their patients if certain antibiotics are used. As a result, the guidelines help them prevent failures when prescribing drugs used to control infectious diseases.

One of the antibiotics being studied by Weisblum is erythromycin, commonly used to fight infections in patients allergic to penicillin. A closely related drug also under study, tylosin, is widely used in veterinary

medicine to prevent infections in livestock.

Ironically, drug-resistant bacteria that cause infectious diseases can also serve a useful purpose in medical research. Weisblum says these bacteria can be used as laboratory test subjects in the search for new and more effective antibiotics. If the resistant "bugs" die or their growth is inhibited by an experimental drug, the drug may also be useful against antibiotic-resistant infections. **Q**

## Tests Point to Promising Day for Heart Disease Patients

Tests conducted by researchers at Middleton Memorial Veterans Hospital, Madison, Wi., indicate that an experimental drug called carnitine may be an effective treatment for some types of heart problems.

James H. Thomsen and Austin L. Shug, members of the University of Wisconsin-Madison faculty, said carnitine may increase the ability of hearts disabled by coronary artery disease to tolerate stress.

If future tests verify the find-

ings, Thomsen said doctors may someday prescribe the drug to relieve symptoms of the disease such as chest pain and shortness of breath and to limit the severity of heart damage.

Thomsen, associate professor of medicine, and Shug, associate professor of nutritional science, emphasized that their findings are only preliminary and that final results may be years away.

"Our attitude at present is one of guarded enthusiasm," Thomsen said.

"Future tests may prove that carnitine is very beneficial for people with coronary artery disease — perhaps even more so than expected," Shug added, "but making claims now can only raise premature expectations."

The research funded in part by the Bio/Basics International Corporation and the National Institutes of Health, is based on animal studies conducted several years ago under the direction of Shug. **Q**

# \$\$\$ — Cost of Medical Student Education

Diana L. Kruse  
President Senior Class

Through my years as a medical student, I have stood in awe of the various figures which are bandied about as the cost of educating a medical student for one year. Undoubtedly these figures come from various studies concerned with the cost of medical education, one by the AAMC which stated that "the annual cost per medical student of the educational program leading to the M.D. degree is estimated to range from \$16,000 to \$26,000 in 1972 dollars,"<sup>1</sup> and the other the Institute of Medicine Study, stating that the average annual education cost per medical student was \$12,650 with a range of \$6,900 to \$18,650 for 1972-73.<sup>2</sup> The difference in these estimates probably reflects differences in the two studies since many assumptions are made when attempting to determine the cost of undergraduate medical education.

For example, the university medical school has other responsibilities than simply educating medical students, which include (i) graduate medical training (interns and residents), (ii) continuing medical education for post-graduate physicians, (iii) training of students in the ancillary health professions, (iv) biomedical research and (v) clinical services to the community which may be local or state-wide. Some portions of the above activities are accomplished jointly with medical student education so that assumptions have to be made concerning the percentage of cost designated to each entity listed above.

What are the components of the \$12,650 mentioned above? — \$7,650 is attributed to instructional costs, \$1,750 designated to patient care associated with education and \$3,250 to research associated with education.<sup>3</sup> The amount of dollars attributed to research necessary to educate the individual medical student surprised me but is based on the assumption that up-to-date medicine can be taught "only by a faculty that is involved in adequate measure with developments at the frontiers of scientific knowledge in the health sciences, through such pursuits as their own biomedical research activities, and in the application of that knowledge through their involvement with contemporary health care practices."<sup>4</sup> I think this statement is open to question because I don't think

one has to actually do research to remain abreast of new developments in the medical field.

Another surprising figure is how the average faculty person's time is spent. 17.8% is devoted to medical student teaching, 27.7% is devoted to other instruction (allied health and graduate medical education), 27.9% to research and 26.6% to patient care.<sup>5</sup> In general we as medical students are not aware of the extent of other faculty commitments, but nonetheless, I think we as students must not allow the faculty to neglect the amount of time they spend with us, i.e., fight for every percentage point we can gain!

The medical school was recently mandated by the state legislature to do a cost study of undergraduate medical education. This was modeled on the Institute of Medicine study. You might be interested in comparing the results to those listed above. Total education costs for the UW Medical School per student are \$10,740, with \$6,810 attributed to instructional costs; \$2,360 attributed to research and \$1,570 attributed to essential patient care.<sup>6</sup> Comparing to above figures, it appears that the UW is below average in all three categories. This may be laudable if it represents excellent organization with minimization of costs. On the other hand one could argue that perhaps the quality of medical education suffers for lack of expenditure.

Perhaps this is a moot point. The important thing is that we as students, faculty and administrators strive to improve the quality of medical student education as well as increasing the level of satisfaction of the students with their education. The second statement would probably follow as a result of the first. **Q**

1. *Journal of Medical Education*, Vol. 49, Jan. 74, p. 103.
2. *Report of a Study: Costs of Education in the Health Professions Jan 74*, Institute of Medicine, HEW Publication #74-32, p. 73.
3. *Ibid.*, p. 73.
4. *Journal of Medical Education*, Vol. 49, Jan. 74, p. 107.
5. HEW Publication #74-32, op. cit., p. 71.
6. Unpublished data from a UW Medical School Study on Undergraduate Medical Education.

## Fire Destroys Medical Student Lounge

On mid-Sunday morning of February 20, fire ravaged the Medical Student Lounge in the basement of the Bardeen Building. The intense heat melted the plexiglass panels of vending machines and a telephone mounted on the wall farthest from the source of the fire. Smoke and water damage contributed to the total destruction of the Lounge. Two pianos and a color television set were lost in addition to the carpeting, furniture and lamps which had been provided by the Class of 1935 in 1973 in memory of their classmate Merle Owen Hamel.

The Lounge was the center of student social activity. No other similar facility for medical students exists in the Medical Center.

The clean up, replastering, painting and laying of new floor tile was completed at a record pace so that the Lounge would be usable with surplus furniture until the new furniture could be purchased with insurance funds.

Mrs. Crowley, wife of Dean Lawrence Crowley, and the Faculty Wives Organization have assumed responsibility to raise funds to replace the television set.

No donor has yet been found for a piano to replace those destroyed in the fire. **Q**



Fire inspectors survey damages in the Medical Student Lounge.

### Blood Disease Research Receives Grant

Research which has helped conquer a previously fatal blood disease has been benefited by a \$276,000 grant presented to the University of Wisconsin System Regents.

The money from the John A. Hartford Foundation will be used over a three-year period to advance the treatment of aplastic anemia. The disease, which represents a failure in the production of some or possibly all blood cells, has been treated successfully only in the last few years and then only sporadically.

The award was jointly announced by the Foundation's President, Harry B. George, and Dr. Robert Cooke, UW-Madison Vice Chancellor for Health Sciences.

Dr. N.T. Shahidi, a UW-Madison pediatrician, heads the research team, which is comparing results with various steroid hormones on stimulation of blood cell production in the bone marrow. Bone marrow damage, occasionally caused by exposure to poisonous chemicals or powerful drugs such as those used in the treatment of cancer, results in the often fatal anemia.

Dr. Cooke said he was "proud to announce the grant because it recognizes Dr. Shahidi's experience and expertise in hematology and is another example of the unique services provided Wisconsinites by University Hospitals and the School of Medicine." **Q**

# The President's Page

Hanno H. Mayer, M.D., '46  
President



Hanno H. Mayer, M.D. '46

My last column looked at the question of activity and relevance of our Medical Alumni Association. Three directions were identified as essential activities and necessary for further growth. One would then look in these directions to assess whether we continue on a dynamic course.

Before I attempt to do this, however, I need to direct your attention to the audit report printed in the winter **QUARTERLY** on page seventeen. The Association obviously is running in the red and there seems to be no easy answer to changing this. A sampling of alumni opinions showed no clear-cut feelings about dues changes, program changes or other therapeutic measures. If anyone out there in Alumniland has any special talents in financial management the Board would appreciate if he would take pen in hand and share these with them.

Returning now to our current status evaluation, we identified student contacts, class representatives and new projects as the three directions of desirable goals. Contact with the students was established initially at the homecoming brunch and then, early in January, in an informal beer and pretzel session with members of M.S.A., representing all classes. The exchange was easy and open and led to certain suggestions. The first of these has been implemented. The Board has passed an amendment to the bylaws to extend

Board membership to second, third and fourth year representatives and this comes to you for a vote at our next annual meeting. The students further identified a need to familiarize themselves with the role of the physician in practice and requested that the alumni consider a plan for such contacts. This will be further discussed and elaborated in a meeting with the students in early May. When the plan is completed we hope to see many of you willing to help.

Little needs to be added to Bernie Kampschroer's report on the class specialty representatives in the winter **QUARTERLY**. We can all be thankful for his energetic approach to the task of making sure that the system functional.

The newest project, one that will occupy the Association for many months to come, is the acquisition by gift of the Phi Chi House which is now in its final stages. I see this as an opportunity to develop an Alumni Memorial Center which can continue to serve as a student residence but could expand in the direction of a more elaborate Alumni Center, growing through memorial contributions and being the site of suitable memorialization of those so honored. **Q**

# BOARD ROOM NOTES

**DATE:** February 11, 1977

**PLACE:** Milwaukee, Wi.

## President's Report

Director Thomas Ansfield has submitted his resignation to the Board due to his responsibilities as an officer of the Wisconsin Heart Assoc. The Board accepted his resignation with regret and expressed gratitude for his service. The board felt it was desirable to appoint a replacement to complete Dr. Ansfield's unexpired term. A list of suggested candidates was developed and it was moved that the President be authorized to appoint a director from the list of candidates.

President Mayer reported on the January 7, 1977 joint meeting of alumni members and ten members of the medical student association. Points discussed included: opportunities for medical students to spend one week living with an alumnus between the first and second years of medical school, and students inviting individual alumni to attend Medical School classes as their guests. The students also discussed the problem of stress in medical school and in the practice of medicine and they felt that the experience of living with a physician for one week would give them some valuable insights.

## Dean's Report

Dean Crowley announced that administration was anxious to meet with the alumni board on February 23 to review the Medical School Accreditation Visit and the Self-Study Analysis conducted by the faculty. (Editor's note: The Board of Directors did meet with Dean Crowley on February 23, 1977. Included in this meeting were members of the administration staff, faculty members and student leaders. The meeting was most meaningful and prompted discussion on the strengths and problems of the Medical School and reviewed ways in which the Medical Alumni Association could assist in addressing a number of the problems.)

Dean Crowley reported that he had received the official report on the medical student performance on Part I of the National Boards. UW Medical Students' performance has improved sharply and overall is above the national mean. This has been the first year that our students have been required to pass the National Boards. An ad hoc committee has been appointed to develop proposed new admissions policies.

Recent report from AAMC shows UW as 31st of the 110 medical schools in number of medical students; 10th in the number of total students; 41st in number of full time faculty; 16th highest student-faculty ratio (5.56 students per faculty member compared to 3.46 per faculty member nationally.) UW is 18th in federal support; 9th in dependence on federal support; 7th in sponsored research dollars per faculty member; 74th in expenditures per medical student and 28th in student performance on the Medical College Admissions Test.

Dean Crowley also gave the board an update report on the new building. He stated that the joint programs with the Veterans Administration will not be as extensive as anticipated which will require either an addition to the new building or remodeling of new space to accommodate Radiology and Rehabilitation Medicine. The UW Foundation will be conducting a fund drive for \$3 million since additional funds cannot be secured from the Federal or State government. The fund drive is necessary to furnish and finish the building. The faculty has indicated that it will provide funds to assist and it is anticipated that the alumni will participate.

## Committee Reports Nominating Committee

The nominating committee reported the names of those members who were recommended for office:

President-elect: William Hein, '54  
Directors: John Hoyer, '60 or  
John Thompson, '51

*Continued on page 28*



Dean Lawrence Crowley, M.D.

## the dean's column

In 1910, Abraham Flexner visited Madison and reviewed the University of Wisconsin Medical School as part of his study of medical education in the United States and Canada. He found a half school, organized in 1907 and commented favorably upon its inherent strength as an organic part of the University, training forty-nine students with 17 full time faculty and budget of \$40,000. In 1925, with the construction of University Hospitals, the missing half of the School was completed.

This year we will be celebrating the fiftieth anniversary of the first graduating class of the Medical School — the Class of 1927. The Medical School now enrolls over 640 medical students, has approximately 400 fulltime faculty and a budget in excess of forty million dollars. We remain an organic part of the University, which presents one of our greatest strengths, and we remain committed to excellence in teaching, research

and service.

Fifty years is a short span in the life of an institution. Our youth is apparent when we consider that Dr. Ann Bardeen, the daughter of our first Dean, Dr. Charles R. Bardeen, was elected to membership on the Board of Directors of the Medical Alumni Association during the past year.

Dr. Paul Clark described our beginnings as an attic medical school in his Chronicle. When we have traveled but a short distance into our second fifty years, we will be occupying a new structure whose cost approximates \$100 million.

In mentioning these large sums and other quantitative changes I am keenly aware that it is not size of budget, nor an imposing new edifice with sophisticated, modern instrumentation that determine the strengths of your school. Rather it is a dedicated faculty, a gifted student body and a loyal Alumni Association demanding nothing less than excellence from its

alma mater and assisting in its achievement that really count.

Some of you have told me of your concerns that teaching and clinical excellence have been relegated to secondary status in the priorities of the Medical School. This is not the case. Your School is still committed to teaching excellence and the skills of the master clinician are still prized without a decrease in our commitment to research quality and productivity. Each mission is important and each must be given adequate resources, recognition and access to a meaningful reward system.

Evidence of teaching effectiveness is now required to support merit increases and promotions. We have developed an extensive system of student course and teacher evaluation as well. The alumni teaching awards for faculty members and residents are an important force in providing an incentive and reward for teaching excellence.

Much effort in the past year has also been directed toward ensuring that our promotions and appointments processes duly recognize clinical excellence as well as teaching and research accomplishments.

The magnitude of our teaching commitment is borne out by the recent national rankings by the Association of American Medical Colleges in which your School ranked 31st of the 104 medical schools in numbers of undergraduate medical students and 10th in total students taught. We also have the 16th highest student-faculty ratio indicating that our faculty carry a heavy teaching load.

Increasingly in recent years we have sought more intimate involvement of the Alumni Association in Medical School matters and have been gratified by the response. The Board of Directors meets with my staff once or twice a year to discuss

# Clinical Trials and Cancer Treatment

## Part II

Paul P. Carbone, M.D.

A clinical trial is a scientifically designed test of various options anticipating to show equivalency or improvement of one form of therapy over a standard treatment. The trials may be observational or controlled. An observational or non-randomized trial is attempted when the investigator feels that his approach to treatment or diagnosis is significantly better than the standard. In using observational trials many advances have come about, such as the cure of choriocarcinoma, combination chemotherapy of Hodgkin's disease and the improvement of results in childhood acute leukemia. These are diseases where the previous results of treatment were dismal and the observed new results were clearly better. The process can be compared to "hitting a home run". Hitting a home run is great, but one must plan on a more likely possibility, such as a base hit to win the game. Observational trials are also used when initial exploratory investigation of a new drug are done attempting to search for a safe dose or schedule of a new anti-cancer drug.

In a clinical trial that is controlled, one asks the question, "Is the new treatment better than the old?" and uncertainty exists. The two treatments are anticipated to be quite similar. To test this hypothesis one designs a clinical trial where the patient population to be studied is standardized for both treatments and the end points are well defined. Allocation of treatment is generally done using a chance mechanism so that neither the physician nor the patient knows in advance which therapy will be assigned. This technique is called **randomization**. The advantages of randomization are that 1) the treatment groups will be alike on the average; 2) the conscious bias of the physician selecting patients for the trial is eliminated; and 3) the effects of unknown prognostic factors that may influence the results are the same for each treatment.

The potential of the patient to respond favorably to therapy depends on many factors. Among these are: severity of disease (anatomical stage), histology, prior therapy, age-sex of patient, time from initial diagnosis to recurrence, and general health of the patient. These prognostic factors clearly play a role in response to therapy. As an

**A clinical trial is a scientifically designed test of various options anticipating to show equivalency or improvement of one form of therapy over a standard treatment. The trials may be observational or controlled.**

example, in patients with lung cancer the ambulatory status of the patient has a marked effect on survival and tumor response. Patients who are not ambulatory do not respond to treatment as well as patients who are ambulatory. Institutions that admit non-ambulatory patients always have poor results. Likewise, selecting only ambulatory patients for the study makes the results look much better. Large referral centers that screen admissions prior to admission are highly selective in their patient population and likewise their results on the surface appear better.

Randomized clinical trials have been used to validate encouraging results of highly speculative

“ One of the main problems in randomized clinical trials is that the doctor-patient relationship may be strained. The patient expects to be treated as an individual and the physician has a major responsibility to provide personalized care. ”

trials. Undoubtedly some of these highly promising results are confirmed. On the other hand, others have been clearly shown to be flukes. For instance, for years high dose estrogens were standard treatment for prostate cancer. A randomized study done by a V.A. research group clearly showed that high dose estrogen was clearly ineffective and in fact was worse than giving no treatment because while the tumor shrunk, the patient died of cardiovascular disease. Likewise, in breast cancer numerous surgical procedures ranging from simple excision to super-radical mastectomies have been advocated. While all the data is not in, there is no question that the super-radical mastectomy produces equivalent results to the standard radical mastectomy in patients with early or Stage I disease. A simple mastectomy has similar results to the radical operation. Moreover, routine postoperative radiotherapy adds no additional benefit in terms of survival. Thus, limited therapy produces fewer side effects and complications but it also suggests that we might use procedures that may even cause less mutilation or even no surgery, except biopsy and radiotherapy. These newer approaches can only be evaluated properly if the **elements of a controlled clinical trial are used**. Otherwise, the results may only reflect patient selection factors. Without a good clinical trial we will not be able to detect the possibility that the newer approaches may be less effective.

One of the main problems in randomized clinical trials is that the doctor-patient relationship may be strained. The patient expects to be treated as an individual and the physician has a major responsibility to provide personalized care. The relationship of patient to physician may become further strained if the patient learns that the decision regarding treatment is to be done by computer, random numbers, or flipping a coin. Moreover, the patient is asked to sign a detailed informed consent form dictated by federal regulation and institutional review committees, further emphasizing the experimental nature of the study even though the treatments themselves are not necessarily new.

This obviously complex issue gets even more complicated when the patient realizes that one physician expert explains in detail the clinical trial while another physician may decide to offer the same treatment, possibly even experimental

treatment such as minimal surgery for breast cancer without need for informed consent. Since the latter physician does this in context of medical practice, he is not doing research, although there is absolutely no way to document results as equally effective.

There should be no ethical dilemma on the part of the physician offering the patient participation in a trial because the options in a clinical trial have not been shown to be clearly different. The new treatment is not necessarily better than the old and there may be a trade off of certainty for uncertainty. All clinical protocols in cancer must be reviewed by expert committees of non-involved individuals, both medical and lay personnel, in the University. In Madison this includes a Clinical Affairs Committee of the Clinical Cancer Center and a University Human Subjects Review Committee. They scrutinize not only the study procedures, safety, validity of design and importance of asking the question, but also the informed consent statements to make sure that the language can be clearly understood by the patient who agrees to participate. Many of the studies are also part of national cooperative groups, such as the Eastern Cooperative Oncology Group (ECOG), that are reviewed at 40 other centers as well as at the National Cancer Institute. Regular reports must be generated and reviewed. If any untoward reactions are identified or data accumulates indicating that one treatment program is better than another, then the study must be stopped and the participants notified.

Cancer treatment is not only complex but costly. Adding new, more radical and complicated therapy must ultimately lead to increased toxicity to the patient and more financial costs to the national health system. Clinical trials can be designed and are in progress, asking questions about the least amount of treatment with the most effectiveness. Hopefully, these studies will eventually lead to the point where, with well grounded knowledge, we will be able to offer the patient specific effective therapy with the least side effects and at the lower cost. **Q**

*(The next article will be on the Eastern Cooperative Oncology Group and the University of Wisconsin-Madison.)*

## **DATELINE:** Continuing Medical Education

**April 19-20** — "Patient Education in the Primary Care Setting." Dr. John Renner, Chairman, The Concourse Hotel, Madison. Fee: \$110.00.

**April 20** — "Maternal and Infant Care: Prenatal Care III," Beaver Dam Community Hospitals, Beaver Dam.

**April 28-30** — "A Comparative Evaluation — Computerized Tomography, Ultrasound and Nuclear Imaging," The Wisconsin Center, Madison. Fee: \$175.00.

**April 29-30** — "Conferences in Applied Pathophysiology: Neoplasia," University Bay Center, Madison. Fee: \$150.00 series, \$50.00 individual programs.

**May 5-6** — "Nurse/Physician Team Program," St. Marys Hospital Medical Center, Madison. Fee: \$21.00 series, \$7.00 individual programs.

**May 11** — Short Course in the History of Medicine, The Wisconsin Center, Madison. Fee: \$65.00.

**May 12-13** — "An Industrial Injury Clinic," The Pioneer Inn, Oshkosh.

**May 13** — Society for Neuroscience, The Wisconsin Center, Madison.

**May 18** — "Maternal and Infant Care: Intrapartum Problems I," Beaver Dam Community Hospitals, Beaver Dam.

**May 31-June 17** — The Health Administrator's Summer Inter-Session Courses.

1) Management in Health Care, (3 credits; 18 hours AMA Category I)

2) Clinical Administrators in Health Care Systems (3 credits; 58 hours AMA Category I)

3) Health Care Planning (2 credits; 32 hours AMA Category I)

4) Health Care Evaluation (2 credits; 40 hours AMA Category I)

Course (1) required, choose one of courses (2), (3), or (4). Fee: \$84.00 (total of 3 credits) \$112.00 (total of 4 credits) Information: Jay Noren, M.D. (608) 263-6294.

Don Detmer, M.D. (608) 263-4886

**June 15** — "Maternal and Infant Care: Intrapartum Problems II," Beaver Dam Community Hospitals, Beaver Dam.

**June 22-25** — The Society of Psychotherapy Research, The Wisconsin Center, Madison. **Q**

## Bascom Professorship to Metzenberg



*Professor Robert L. Metzenberg, Jr.*

Robert L. Metzenberg, Jr., professor of physiological chemistry at University of Wisconsin-Madison, was recently appointed to a prestigious Bascom Professorship by the UW System Board of Regents.

"From all who have known Dr. Metzenberg," wrote Prof. Harry J. Karavolas, department chairman, in his nomination, "...there is a clear and unanimous recognition of (his) distinguished teaching and scholarship."

The John Bascom Professorships, established in 1965, are named for the University's fifth president. They reward excellence in the teaching of undergraduates with a \$5,000 annual stipend used to support the recipient's teaching and research.

Metzenberg began his post-doctoral work at UW-Madison in 1955 and was named an

assistant professor in 1958. He spent a year at the University of Zurich as a research scientist in 1959-60, returning to UW-Madison and gaining full professorship in 1969.

His teaching in the University of Wisconsin-Madison Medical School involves graduate and undergraduate courses in cell biology and physiological chemistry for medical students. He has done research in genetics and most recently has been exploring how cells control the manufacture of various proteins. He is also the co-author of one of the most popular biology textbooks, "Life on Earth." 0

## UW Professor of Psychiatry to Serve on HEW Committee

Dr. Asher Pacht, UW-Madison clinical professor of psychiatry and psychology, is among 12 persons appointed to serve on the U.S. Rape Prevention and Control Advisory Committee, an HEW advisory body. Dr. Pacht directs the Wisconsin Division of Corrections' Bureau of Clinical Services.

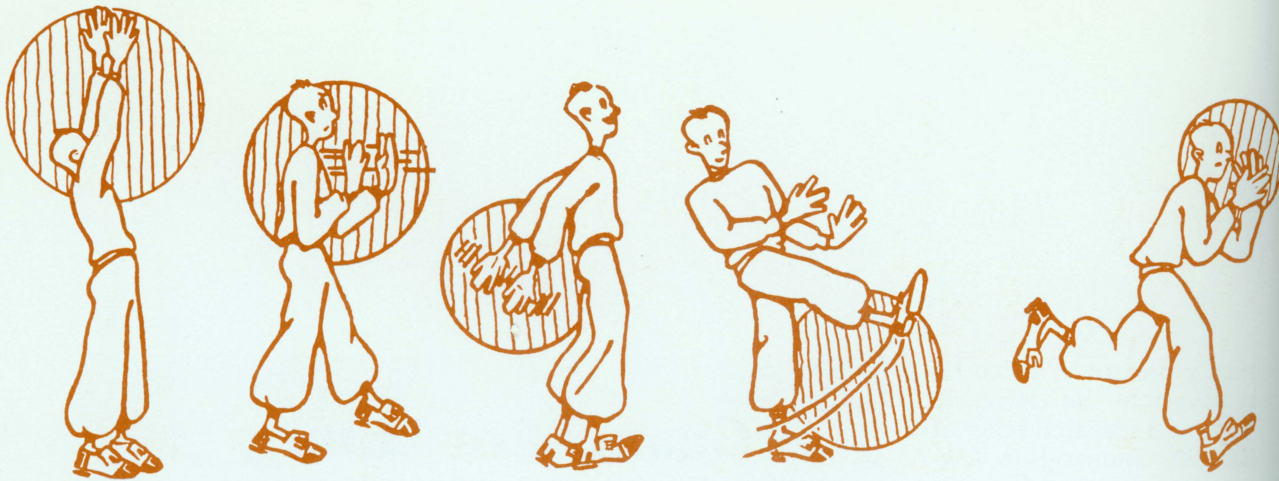
Wisconsin is the only state to have two representatives on the committee. The other appointee is Loretta M. Ropella, UW-Milwaukee assistant professor of social work in the School of Social Welfare.

The committee will recommend HEW activities to address the problems of rape and will advise on policies, priorities and activities of the National Center for the Prevention and Control of Rape. 0

## Chancellor Young Chosen UW President



After conducting a nationwide search for a new University of Wisconsin president, the UW Regents turned to a familiar face — Madison Chancellor Edwin Young. Young will assume the top post July 1, replacing John Weaver, who is retiring to return to teaching. President Weaver has accepted a one-year appointment as a visiting professor at the University of Southern California. 0



# Badger Jock Docs

A particular affinity between medicine and sports? I have no controlled study to support this thesis but some convincing empirical data demonstrates that Wisconsin has had a generous measure of "Jock Docs".

Turn to page 25 of your program for the Wisconsin vs. Colgate football game of 1929. **Red Weston, '23**, a Walter Camp All American end, dressed in the moleskins and jersey of the period, lithe frame not encumbered by the bulky padding, helmet and mask of today, faces the world with the keen gaze generations of his patients have known. Now Emeritus Professor of Medicine, Frank "Hoodie" Weston retains his interest in sports with fishing his current participant activity.

On page 11 of the same program a determined **John Parks, '34**, All American guard and captain of the '29 team poses in the classic stance of a defensive lineman. Before his untimely death Parks was a widely known academician in Obstetrics and Gynecology and Dean of George Washington Medical School. He received our Medical Alumni Citation in 1963.

Elsewhere in the program the boxing exploits of **Tony Curreri, '33** are celebrated. No brawling club fighter but a classic and classy boxer, Tony could float like a butterfly and sting like a bee long before the advent of Mohammed Ali. Recently returned from a sojourn as the first President of the Uniformed Services University of Health Sciences, Tony is once again functioning as Helfaer Professor of Surgery.

**Chub and Bob Poser**, both of the class of '38 and both practicing in Columbus, Wisconsin made their imprints on the pages of Badger sports history through their prowess on the basketball court.

Our archives are deficient concerning the athletic achievements of our female colleagues so we invite our readers' assistance for additional names besides that of Betty Bamforth who received her Anesthesiology training at Madison under Ralph Waters. Now Professor of Anesthesiology and Assistant Dean, Betty sails E boats competitively and is a member of the U.W. Athletic Board.

Students who knew the late Professor of Neurology Hans Reese only in his twilight years may have difficulty reconciling his courtly demeanor with the image of a youthful soccer star who represented Germany in the 1910 Olympics.

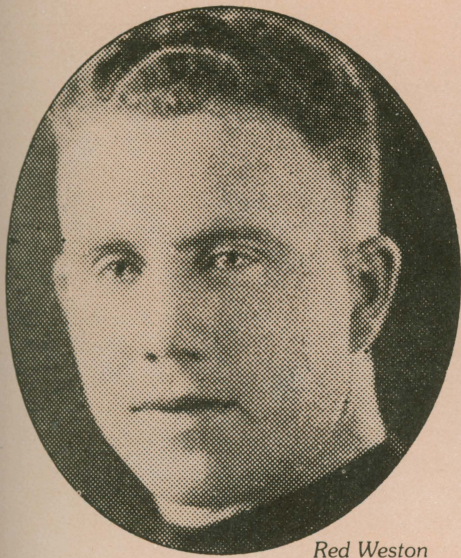
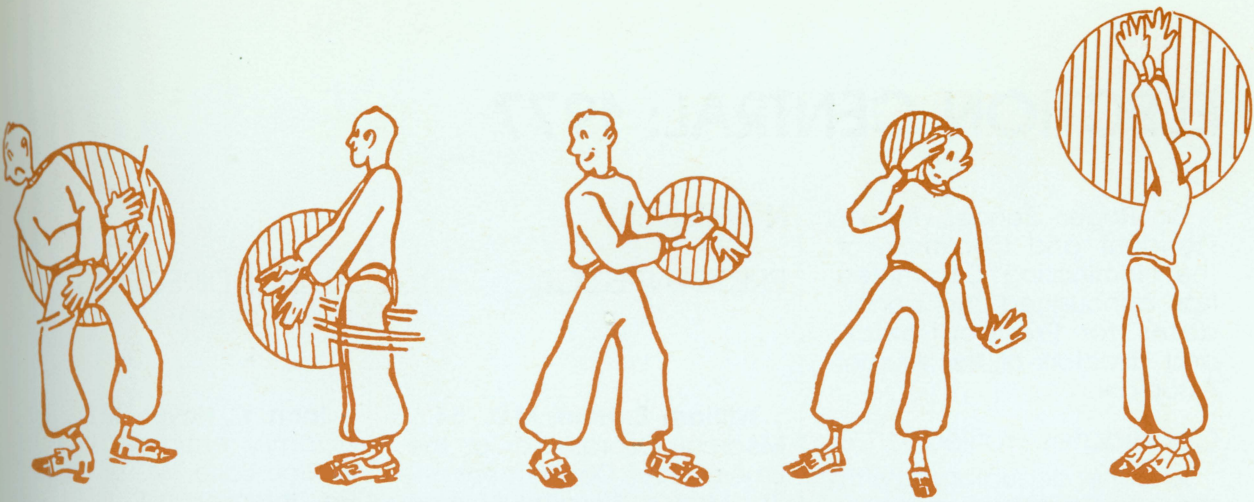
Another Olympian of note is Derek Cripps, Professor and Head of Dermatology. He swam for the British Empire in the 1950 Olympics.

When Bob Schilling, '43 was appointed Chairman of Medicine a Madison newspaper headline proclaimed "former U.W. second basemen to Captain Department of Medicine" (that may not be a verbatim quotation but is a close approximation). Bob is an avid bicyclist and upland game bird hunter today.

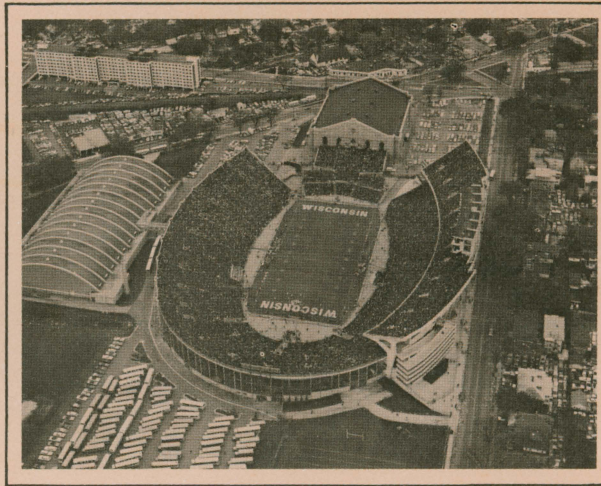
That Dean William S. Middleton was a terror on the handball court any reader of Paul F. Clark's Chronicle will recall vividly, but how many of you know that current Medical School Dean Lawrence G. Crowley lettered for Yale in track with the middle distances his specialty.

The editors would welcome your nominations for inclusion in this roster as well as anecdotes and pictures. Who is your nominee for the most glaring omission from this brief impromptu list of Badger Jock Docs?

What about Jim Nellen, '39, Roger Laubheimer, '50, Ken Sachtjen, '55, Sam Behr, '35...



Red Weston



Camp Randall Stadium



Betty J. Bamforth, M.D., '47 on Class E Scow — Inland Lakes small racing class.



Captain John Parks

# ELECTION CENTRAL: 1977

Dr. Roger Bender, former President and Chairman of the Nominating Committee has announced the candidates for President-elect, and directors of the Alumni Association.

## Candidates Profiled

To further acquaint you with the candidates we are presenting a brief professional profile and photo.

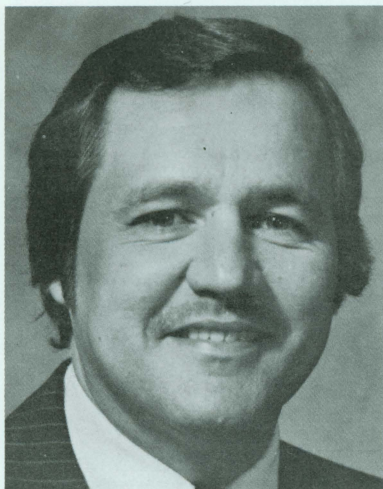
### VOTE — VOTE — VOTE

A ballot will be sent to each dues-paying member prior to our Annual Meeting, on May 27. Provisions will be made to allow for "write-in" candidates. Your completed ballot must be returned to the alumni office by the date indicated on the form so that tabulation and final outcome may be announced at the annual meeting.

## New President

**Bernard H. Kampschroer, M.D., '67**, Milwaukee will be installed as Medical Alumni President at the annual meeting.

'67

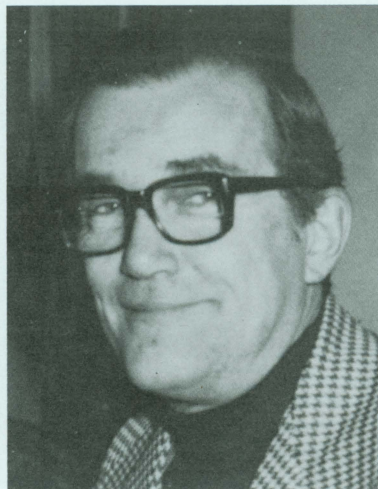


## NOMINEES:

### PRESIDENT-ELECT

**William E. Hein, M.D. '54...** Medical Coordinator of the Emergency Department — St. Mary's Hospital, Green Bay. A native Madisonian, he received all his education at UW and spent two years in the Navy as a pharmacist mate prior to entering college. He interned at St. Mary's Hospital, Duluth, Minn. and started his practice in Brodhead, Wi., in 1955. In 1967 he joined the Monroe Clinic to establish their Family Practice Department. He has taught at the UW Medical School Family Practice Department. Dr. Hein has been at St. Mary's, Green Bay since January 1976. He holds board memberships on the UW Medical Alumni Association, Wisconsin Division of the American Trauma Society and the American College of Emergency Physicians, Ashwaubenon (Brown County) Rescue Squad.

'54



### ALUMNI DIRECTORS (elect three)

**John K. Hoyer, M.D., '60...** a family practice physician in Rice Lake, Wi., since 1962. He interned at St. Luke's Hospital, Duluth, Minn. He is Chairman of Barron County Health Committee and Chairman of the City of Rice Lake Board of Health. Dr. Hoyer has been a member of the Board of Supervisors — Barron County since 1971, and has been a City of Rice Lake Councilman since 1968. He is a charter member of AAFP and ACEP, other professional memberships include, Wisconsin AFP, Indianhead Chapter AFP, and Committee on Scientific Assembly.

'60



VOTE VOTE VOTE VOTE VOTE VOTE VOTE VOTE VOTE

**John E. Thompson, M.D., '51**

... is a preceptor University of Wisconsin Physicians Assistant Program and the Marshfield Clinic Physicians Assistant Program. Dr. Thompson, a family practitioner in Nekoosa, Wi., since 1957, received his internship at Brooke General Hospital, San Antonio, Texas, and the Army Medical Corps. He completed his residency at La-Crosse Lutheran Hospital. He was President of Wood County Medical Society in 1973, Chief of Staff — River-view Hospital, Wisconsin Rapids 1963 and 1975, Delegate State Medical Society — Juneau County, Alternate Delegate State Medical Society — Wood County. '51

**Wilbert W. Wiviott, M.D., D.D.S., '57...**

... is President of Wisconsin Society of Plastic Surgeons and is an associate clinical professor Department of Surgery, Medical College of Wisconsin, Milwaukee.

He interned at Mt. Sinai Hospital, Milwaukee, and completed his surgical residencies at Veteran's Hospital, Wood, Wi., and University Hospital, Madison. He is a Fellow American College of Surgeons since 1967 and was board certified by American Board of Plastic Surgery in 1966.

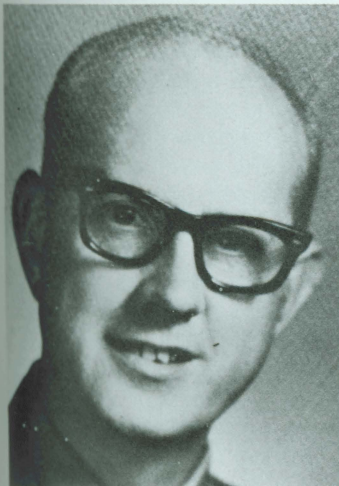
Prior to earning his M.D. degree at UW, Dr. Wiviott had earned his dental degree from Marquette University in 1953.

Dr. Wiviott is Chief, Department of Plastic Surgery — Milwaukee Children's Hospital and Deaconess Hospital, Milwaukee. He also serves on the Editor's Committee for the American Society of Maxillo-Facial Surgeons. '57

**Burton M. Zimmerman, M.D., '43...**

... has been in private practice in Milwaukee since 1945. He is Chief, Department of Family Practice, Mt. Sinai Medical Center, Milwaukee and served as a medical school preceptor from 1966-1975. He has been a member of the American Academy of Family Practice since 1949.

He completed his internship and residency at Mount Sinai Hospital, Milwaukee, in 1945. He is certified by the American Board of Family Practice. '43

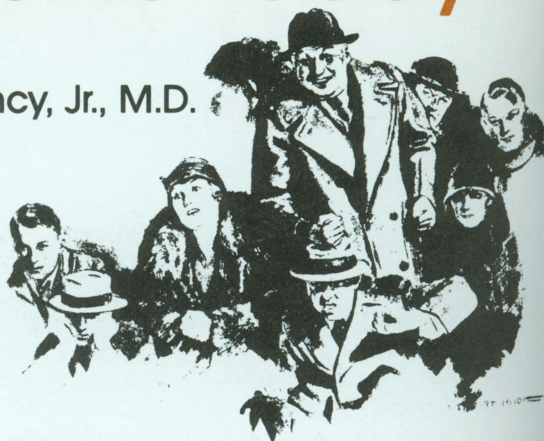


# Sports Medicine Today



William G. Clancy, Jr., M.D.

*William G. Clancy, Jr., M.D.  
Team Physician*



Sports is an integral part of the American society. The news media and the increase in active athletic participation has led to a tremendous interest in sports injuries. The newspapers keep the public informed of significant injuries sustained by the professional players.

There are approximately 80 million Americans involved in some form of athletic activity be it recreational or competitive. Each year approximately 40 million people sustain at least one injury as the result of this athletic activity. Only a small percentage of these injuries can be considered serious from a purely medical point of view, but to the athlete these injuries are significant because he is unable to perform what he feels is a necessary part of his life.

Athletics have undergone some radical changes over the past 20 years. At the organized level of sports there have been great shifts into high intensity work-outs as demonstrated by swimming and running. This has resulted in an increasing number of overuse syndromes such as stress fractures and tendinitis. In the contact sports bigger and faster athletes are participating leading to more serious injuries. Coaches and athletes are looking for better performances, which has led to changes in playing surfaces and athletic equipment. This, however, may lead to more injuries as seen in the controversy of grass versus artificial surfaces in football. Surely, the increase in violence at the professional level is working its way down to the teenage athlete and may be responsible for more injuries. Similarly, the middle-age weekend athlete, who is often out of shape, is being more competitive and active, and consequently their injury rate is soaring. Certainly these and other factors have influenced the injury rates.

The American population has become more sports medicine oriented, and it is a credit to the University of Wisconsin Medical School to be one of the first to recognize this problem by

establishing the Section of Sports Medicine within the Division of Orthopedic Surgery. The goals of this section in addition to rendering care to the U. of W. athletic teams are to:

1. Provide up-to-date medical information on sports injuries to the state physicians, coaches and physical education instructors.
2. Research the causes of injuries.
3. Provide a Sports Medicine Clinic for acute and chronic sports related injuries.

Presently, the Sports Medicine Clinic is held daily at the University of Wisconsin Hospital treating the high school, college, professional and recreational athlete. Approximately 50-100 athletes are seen each week. All varsity athletes are seen at the stadium.

The Section of Sports Medicine runs a Symposia on Sports Medicine at the Waunakee High School for coaches and physicians each August. Last year 250 people attended consisting of 50 physicians from the state of Wisconsin.

When the new University Hospital opens, it will house a complete Sports Medicine Center which will contain the clinic with its rehabilitation facilities along with appropriate audiovisual and educational materials. It is hoped that the family practitioner, pediatricians, and orthopedists around the state will spend a few days in the center evaluating and treating the patients with the staff. Most other medical schools have now also recognized this need and are establishing their own sports medicine centers.

The University of Wisconsin has the unique opportunity to make great strides in the area of sports medicine due to a similar interest that exists in the Department of Physical Education, the Engineering School, the Department of Medicine, and Biodynamics. We believe that this will lead to a better understanding of injuries, better preventive measures and a decrease in the injury rate.

# UW Graduates Physician Assistants



*Professor Chriss Monk, P.A., is shown here reviewing assessment techniques with the students.*

On May 29, 1977, the University of Wisconsin-Madison will confer the baccalaureate degree on its first class of physician assistants. The newest undergraduate degree program at the University is designed to educate men and women to provide patient services under the supervision and direction of licensed physicians to assist them in meeting the patient care needs in the health care delivery system.

Many are familiar with the discussions that went on within the Center for Health Sciences over the past eight years regarding the developments of such a program. Largely as a result of these discussions, the Legislature, in 1973, authorized the University to initiate this program at the undergraduate level. As part of a new School of Allied Health Professions, it was the hope of the Legislature that the University could graduate its first class of students by 1978. It is, therefore, especially gratifying to see that by uniquely combining the academic resources at the University with clinical faculty resources throughout the state it is possible to graduate a class of students a year ahead of the anticipated date.

The guidelines for the curriculum are those of the American Medical Association and which were in turn adopted by the Legislature. Physician Assistants are being educated to provide a broad range of patient services that are clearly within the medical framework. They are prepared to approach a patient of any age and any setting to elicit a personal medical history, perform an appropriate physical examination, and record and present pertinent data in a manner that is meaningful to the physician. They perform or assist in performing routine laboratory and related studies that are appropriate to a specific practice setting.

They perform routine therapeutic procedures, including injections, immunizations, and the suturing and care of wounds. Instructing and counseling with patients on physical and mental health, on diet, disease, treatment, and normal growth and development are within their capabilities.

They work in the physician's setting. As such, they may assist in surgery and make patient rounds, recording patient progress notes. They accurately execute standing orders or other specific orders at the direction of a supervising physician. They assist in the delivery of services to patients by reviewing and monitoring treatment and therapy plans.

One of the major and very important activities of physician assistants is to independently perform evaluative and treatment procedures necessary to provide an appropriate response to life threatening situations. This is particularly relevant in Wisconsin as communities become more conscious of the necessity to develop a system to respond to emergency situations. It is anticipated that these physician assistants will play a key role in community efforts to provide emergency medical services.

The four year course is divided into two components of approximately two years each. The first two preprofessional years give the students the opportunity to carry academic courses that are essentially liberal arts in character, which provides a strong base in the physical and the biological sciences, the social sciences, and the humanities. This type of background is important and appropriate for a university based program. During the third year, the students receive extensive didactic instruction in basic medicine, pharmacology, health history and patient assess-

*Continued on page 27*

# ALUMNI CAPSULES

**Glenn A. Meyer, '60**, current president-elect of the Faculty Assembly of the Medical College of Wisconsin and will take office as president in July 1977.

**Eugene Weston, '55**, formerly of Baraboo, Wi., now in Lakewood, Colorado, reports that he and Maurey Allen, '63, are interested in seeing the Medical Alumni Assoc. initiate an annual U.W. Medical Alumni Meeting — skiing vacation in Colorado. Gene reports that there is a significant number of medical alumni in the Denver area. Gene Weston is also the 1955 Class rep. Interested alums should contact Gene or the alumni office.

**Robert D. Kramer, '71**, is finishing his otolaryngology residency at Johns Hopkins in July and will be starting his private practice in Venice, Florida.

**Thomas F. Taylor, '67**, has received a faculty appointment and is a clinical instructor in ophthalmology at the Medical College of Wisconsin, Milwaukee.

**Jack M. Perlman, '60**, will move to Austin, Texas in April to become Associate Medical Director, National Health Insurance Co.

**Martin Grabois**, Intern 1966-67, has assumed the duties of Acting Chairman of the Department of Physical Medicine at Baylor College of Medicine.

**Herbert M. Aitken, '29**, recently appointed first medical examiner of Eau Claire (Wi.) County. Dr. Aitken served as a commander in the Medical Corps of the Navy Reserves and has practiced radiology in Eau Claire since 1952 until his retirement in 1976.

**Frederick Reinke, '71**, has joined the staff of Medical Associates Clinic, Menomonee Falls, Wi.

**George Kindschi, '68** and **Paul Nemovitz, '73**, recently associated with the Monroe, Wi., Clinic.

**Robert Senty, '47**, has been named medical director of the We Care Nursing Home, Sheboygan, Wi. He was the 1975 Max Fox Preceptor Award. Senty has been associated with the Sheboygan Clinic medical staff since 1954.

**J. Aaron Herschfus, '44**, elected president of the New England Region of the American Association of Clinical Immunology and Allergy.

**Emeritus Professor Alice Thorngate**, who was associated with the Medical Technology teaching program for 37 years, is writing a chronicle of the Medical Technology curriculum at Wisconsin. She would welcome information from individuals who were associated with the teaching program through appointments in Clinical Pathology, the Hospital Chemistry Laboratory and the Lab of Hygiene. Prominent individuals associated with the program at various stages include; Dr. William Stovall, Dr. Edward Birge, Dr. Elmer Severinghaus and Dr. Frank Kozelka.

**Shirley A. Roy, '70**, has been named Chairman-Committee on Aging, Illinois State Medical Society. She is also a member of the Advisory Committee, American Geriatric Society Conference on Geriatric Society Conference on Geriatric Education.

**Joel J. Teplinsky, '65**, will be completing his residency in plastic surgery at Baylor College of Medicine in June. He will open his private practice in July at 5225 Wilshire Blvd., Los Angeles.

**Kenneth A. Kliese, '69**, is the medical director of Jefferson and Lafayette Counties. He also serves as psychiatric consultant to the City of Madison, Wi., Police Department.

Gordon W. Abbott, '28, sends greetings to all alumni from Naples, Florida, where he tells us that he is over 70 and has been retired for 6 years.

Q

Charles B. Larkin, '49, writes from California. He is Director of Behavioral Science and Consultation — Liaison Psychiatry at San Bernadino General Medical Center, San Bernadino, California. He is also Assistant Clinical Professor of Psychiatry at UCLA and Loma Linda Schools of Medicine.

Q

Donald Lieberman, '52, is leaving private practice in Santa Clara, California, to travel and "smell the roses".

Q

Sam Henke, '29, will be calling Sun City, Arizona, home after September 1977. He retired in 1973 after 43 years as dermatologist at the Midelfort Clinic in Eau Claire. Dr. Henke has been "wintering" in Sun City for the past four winters where he belongs to the retired M.D. Club. He states that they have over 200 members, many from Wisconsin, including J. Allen Wilson, Chalmer Davee, Ernie Watson, Frank Sazama, and Oscar Friske. His new address will be 10731 Mission Lane, Sun City, Az. 85351.

Q

Emeritus Professor of Anatomy, Otto A. Mortensen, '29, is completing his fourth year of teaching anatomy at Stanford University Medical School since "retiring". Otto and Mrs. Mortensen hope to return to Madison for Alumni Day and to honor the Class of 1927. Otto's address is 721 Live Oak Ave., Apt. 7, Menlo Park, Ca. 94025.

Dr. David L. Cram, '59, has been appointed Associate Professor of Dermatology and Chief, Dermatology Clinics at the University of California, San Francisco.

Q

Dr. Vernon Ward, who took his residency training in Internal Medicine at UW has purchased Life Membership #600 in the Medical Alumni Assoc. President Mayer had set a goal of achieving the 600th life membership during his term of office... let's push on to 650! Dr. Ward is currently practicing in Omaha.

Q

Marvin Olson, '44, is Director of Radiotherapy at the University of Texas Medical Branch, Galveston, Texas. As Class Rep Marv is already drumming up interest in the 35th class reunion in 1979. He is asking each class member to furnish copies of brochures they have developed or interesting photos. To kick things off, Marv is sending out a striking brochure he designed for his radiotherapy patients.

Q

Raymond Baldwin, '28, reports from Beloit, Wi., that he has reduced his surgical work but is keeping busy with industrial medicine.

Q

William M. Buzogany, '59, is Director of the Bureau of Mental Health for the State of Wisconsin. He is responsible for the Mendota Mental Health Institute, Winnebago Mental Health Institute and Central State Hospital as well as community mental health boards.

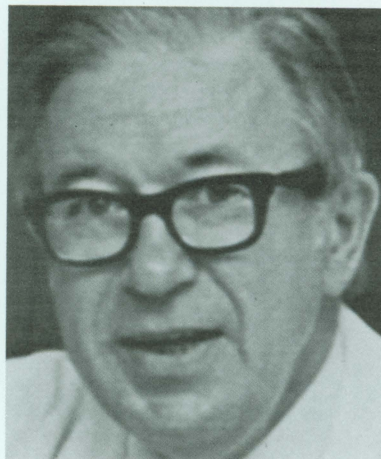
Thomas R. Leicht, '58, has become medical director of the Bellin Hospice, Green Bay, Wi. The new program will be one of the first in the nation to offer a special team approach of both hospital care and home care for those who are dying.

Q

Bernard J. Haza, '50, recently elected president of the Wisconsin Society of Internal Medicine. Dr. Haza is also a preceptor at the Medical School.

Q

Roy B. Larsen, '39, is the incoming president for the Wisconsin State Medical Society. Annual meeting scheduled for April 14-16 in Milwaukee.



Marvin Olson, M.D., '44

Jules D. Levin, '38, has been nominated for President-elect for the Wisconsin State Medical Society.

Q

Gerald J. Derus, '52, has been nominated to serve as a Delegate to the American Medical Association. He is the former president of the Dane County Medical Society.

Q

Robert H. Jacqmin, '71, has been elected vice-president of the Texas Academy of American College of Physicians for 1977.

Continued on following page

Continued

**Burnell F. Eckardt, '40**, was recently elected secretary-treasurer of St. Nicholas Hospital Medical and Dental Staff, Sheboygan, Wi.

Q

**CDR William H. Nicolaus, '57, M.C., U.S.N.R.** Former Green Bay anesthesiologist, was assigned as a Senior Medical Officer to the Naval School of Diving and Salvage, Washington, D.C., following completion of the Undersea Medical Officer Program, Naval Undersea Medical Institute, New London, Connecticut.

Presently CDR Nicolaus is a staff member of the Department of Hyperbaric Medicine and Physiology at the Naval Medical Research Institute, Bethesda, Maryland.

Q

**Donald R. Olson, '61**, recently elected president of the Nevada Neurosurgical Society. He is associate professor, University of Nevada Medical School in Reno.

Q

## Necrology

**Dr. Olin Paul, '24**, Solvang, Ca., December 11, 1974

**Dr. John M. Welsch, '32**, Beaver Dam, Wi., August 7, 1976

**Dr. Howard W. Christensen, '33** Wausau, Wi., November 17, 1976

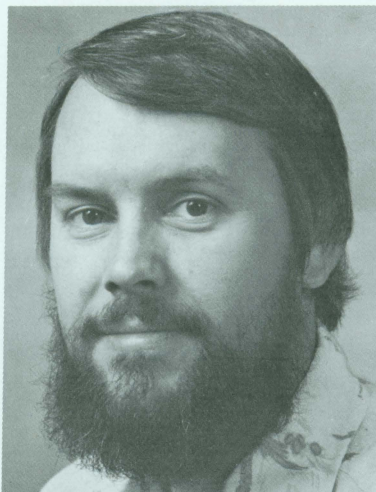
**Dr. Ray Rueckert, '39**, Portage, Wi., February 25, 1977

**Dr. Paul J. Trier, '39**, Des Moines, Ia., November 5, 1976

**Dr. Arnold J. Marx**, former resident — psychiatry 1961-1964, Madison, Wi., February 14, 1977

**Dr. James M. D'Amato, '66**, Port Angeles, Wa., October 12, 1976. Q

## John Brennan, New Alumni Director



John Brennan, M.D., '67

The Board of Directors has announced the appointment of John Brennan, M.D., '67, to the Medical Alumni Association Board. Dr. Brennan will fill an existing board vacancy and will serve the unexpired term of Dr. Thomas Anfield. Brennan's term expires in May '78.

Dr. Brennan resides in La-Crescent, Minnesota. Q

## Medical Alumni Association Offers Publications

The Wisconsin Medical Alumni Association has announced that a limited number of Medical School publications are still available for purchase.

- Dr. William S. Middleton's **Medical History Essays** (\$6.00)
- Dr. William S. Middleton's book **Tangible and Intangible Values in Modern Medicine** (\$11.50)
- Dr. Paul F. Clark's book **The University of Wisconsin Medical School: A Chronicle, 1848-1948** (\$8.50) Q

## QUARTERLY Cover Prompts Sales

The cover on the Winter Issue of the **QUARTERLY** has stimulated a flurry of orders for the Bohrod true color prints. The autographed copies are in particular demand but the supply is limited. The reprints measure 18" x 24". The Bohrod prints may be obtained by contacting the Medical Alumni Office. Q

## Madeline Thornton Biographical Material Requested

The Medical Alumni Office has received a request from Radcliffe College requesting biographical material, manuscripts, names and locations of surviving relatives or scholarly work pertaining to the late Madeline Thornton. Dr. Thornton died in 1970 after a distinguished medical school career as Professor of Gynecology-Obstetrics.

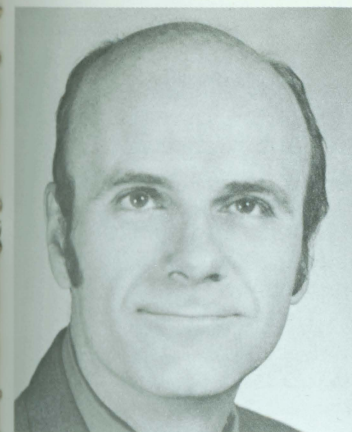
All information and material on Dr. Thornton should be forwarded to:

**Radcliffe College  
Notable American Women  
3 James Street  
Cambridge, Ma. 02138**

Q

## Corrections

Alumni Capsules (Winter '77) should have read: Glenn A. Meyer, '60, elected 1976-77 president of the Wisconsin Neurosurgical Society. Q



D. Joseph Freeman, M.D., '52

John R. Petersen, M.D., '54

G. Stanley Custer, M.D., '42

## Editorial Board Appoints New Members

The **QUARTERLY** Editorial Board has announced the appointment of three new board members. G. Stanley Custer, '42, Past President of the Medical Alumni Association, D. Joseph Freeman, '52, and John R. Petersen, '54, also a former Alumni President.

The new editorial members are replacing Garret A. Cooper '35, Donald R. Korst, '48, and Donald S. Schuster, '51. Editor Lustok and the editorial board thank Drs. Cooper, Korst, and Schuster for their assistance and participation. **Q**

### Physician Assistants Continued from page 23

ment, pathology, nutrition, basic laboratory procedures, medical decision making, medical records, emergency medicine, and interviewing.

The fourth year of the curriculum is unique in undergraduate education. The year is composed of four clinical preceptorships of eight weeks each. Students receive their clinical instruction from practicing physicians in offices, clinics, and hospitals throughout Wisconsin. The students move from one physician preceptor to another four different times, thus, providing a variety of clinical experiences. They must spend at least two of these periods in rural primary care settings.

The backgrounds of the professional students are interesting. The average age of the graduates will be 27 years. Many have previously earned one or more college degrees. Approximately half of the students are married prior to entering the program. All of the students have had several years experience in various patient care settings before they go out in their senior year to the clinical preceptorship sites. There are as many women as there are men in the program.

The program at the University of Wisconsin-Madison is accredited by the American Medical Association. The graduates will sit for the national certifying examination administered by the National Board of Medical Examiners. As these new graduates take their places in the health care system, we pause to thank the many people — faculty members, legislators, practicing physicians — who have contributed to the development of the program. **Q**

Patrick C. Runde,  
Ph.D., Associate  
Dean, School of  
Allied Health Pro-  
fessions and  
Program Director,  
Physician Assistant  
Program



Oatway Continued from page 7

**J.J. Toohey**, '48 is gone, at the age of 52 years, in September 1976, in Ventura, Calif. He went thru a notable series of events — graduated from U. Wis. Med. School in 1948; was an AOA student; moved to Ventura, Ca.; was licensed in 1953; was certified in Internal Medicine in 1957; and had practiced there ever since.

**Q**

We recently had a dividend from **Milton Erickson**, '28 Phoenix. We have used him as a news item several times, since he is a greatly honored expert on hypnosis, just as he was in his days at Wisconsin, in 1927 and after, when he helped rescue the method from vaudeville. The dividend is a new autographed volume by Dr. E. and his 2 colleagues, Dr. and Mrs. Rossi.

Continued on following page

*Continued from preceding page*

A major piece of Wisconsin news in the Los Angeles area has been the advent of **Charles Heidelberger** (Ph.D.) as Director of Basic Research at the U.S.C. Cancer Center. This shift from the U. Wis. School of Medicine is a huge change, since he served there as American Cancer Society Professor of Oncology since 1960, and as Associate Director (with Dr. Harold Rusch) since 1973. His national honors are lengthy, rivaling his service to national councils and committees; they are exceeded by his work on cancer cell development and chemotherapy, with publication of 284 articles. Hail and farewell!

Q

Here is a brief story about girls, a Wisconsin Medical graduate, and an LA County-USC Medical Center resident. **Dr. Karen Lindsay**, U. Wis. Med. '75, was used in the Los Angeles Times as an example of the success of women in professions in this area. It occupied an entire column, plus a picture... She took her internship at the M.C., and is now a resident in medicine. She has noted the increased friendliness and appreciation of women in medicine; the increase, in six years, of women in medical school from 9.6 to 25%; and the headline says "she spent 17 years in diligent study", which means she began at 10 years of age, since she is 27 now.

Q

Many California M.D.'s will read of honors to old Wisconsin pals and teachers in the month-of-May meetings. **Ken Lemmer**, recently Emeritus in surgery, gets Emeritus Faculty Award. **Pete Midelfort** of Eau Claire gets the Medical Alumni Citation for 1977. The two Preceptor Awards go to the long-serving **Mischa Lustok** of Milwaukee and **Herb Snodgrass** of Janesville. We have known them all thru the years, and have heard from two of them this winter. We say 'Hurrah'!

Q

The Alumni Office has kindly sent a copy of the list of U.W. Med. people who now live in California. It is amazing — there are 420 former students and residents in the lower half of the state, including the evolving megalopolis above, in, and below Los Angeles... We know about 40 of them, or 10% of the total; we hear from less than 10% of the 40; and (sadly) we see less than 1% of them. The sparsity of reports is also sad, since we ask for news, hardly anyone volunteers, and it is hard to dig data even by writing for it. So we simply say hello to Jim Neller, Bert Meyer, John Urabec, Hal Youngreen, Phil Svec, Bob Bachhuber, Fred Rasmussen, Dick Smith, Charles Bechtol, Gene Adashek, Herm Wirka, Jr., Gerry Shaw, Dick Stiehm, Leroy Misuraca, Harold Henke, Martha Kohl, Ev. Witt, Russ Hunter, Rick Jacobsen, Hunter

Shelden, Bill Drischler, Betsy Owen Steele, Joe Pessin, O.L. Puttler, Phil Gausewitz, Elizabeth Grimm, Rufe Schneiders, Gaylord Coon, H.L. Stowe, Hal Batzle, Phil Corr, Dave Treweek, Bob Watson, Cal Doudna, Ruth Anderson, Dick Lusby, R.C. Dickman, et alia... These people "owe me" a letter or card, with some news. All the others, not listed here, owe the U. Wis., and the **QUARTERLY** and themselves, and can pay off with a note of progress to this department.

**W.H. Oatway, Jr., M.D. '26,**  
**Contributing Editor**  
**146 Monarch Bay**  
**South Laguna, Ca. 92677**

Q



*Continued from page 12*

Wilbert Wiviott, '57 or  
Burton Zimmermann, '43

### **Ad Hoc Committee on Phi Chi House**

Dr. Sivertson reported that an inspection of the house had been conducted and a report received from Mr. John Paulson of the University Planning and Construction Department. Mr. Paulson critically reviewed the structural soundness of the building; the adequacy of the wiring, heating system, hot water heaters, etc. and any apparent violations of City building safety codes.

He recommended a number of minor maintenance items requiring early attention which he estimated could be accomplished at a cost of \$1,500 to \$2,500. He further recommended that an open corridor would have to be maintained between the front and rear stairways on the third floor which would result in the loss of one bedroom.

Dr. Custer and Dr. Gaenslen urged that the Board go on record recognizing the continuing need for medical student housing affirming its intent to continue to use the Phi Chi House for this purpose.

Dr. Mayer suggested that the Board look to the future viewing the house as the possible nucleus of an alumni memorial center which could serve both for student housing and for an alumni center. Memorial gifts of any and all kinds could be invited and accepted to be used for this ongoing, ever-growing project.

He asked that the ad hoc committee continue to function and that it explore the feasibility of such a project.

Dr. Custer moved that the ad hoc committee be empowered to execute all legal documents required to transfer the Phi Chi House to the Medical Alumni Association as well as to purchase the necessary insurance and contract for the legal services necessary. The motion was seconded and approved.

Dr. Lustok moved that any funds that might be generated from the ultimate sale of the house — should the plans for the University expansion on the site come to fruition and the University purchase the house — be maintained in a separate account until appropriate long range plans are developed. The motion was seconded and approved.

### Representatives Committee

Dr. Kampschroer distributed a progress report outlining the Committee's activities as well as a proposed "Job Description for Representatives" and a sample letter to be sent to prospective representatives who are being asked to fill the 12 to 14 vacancies.

### Editorial Board Recognition

Dr. Lustok and President Mayer reported that some members of the Editorial Board have been reappointed, some new members have been asked to serve and some members who have served three years or more have been replaced. Regular rotation of Board members will be followed to continue to bring new viewpoints to the Board and to ensure that there is broad geographic and age distribution.

### Old Business

#### Teaching Awards:

It was moved, seconded and voted unanimously that \$500 teaching awards be given annually to a faculty member for teaching excellence in the first two years of Medical School; to a faculty member for teaching in the final two years of Medical School and to a resident. First and Second Year Students would select the recipient of the Basic Science Years award and the Third and Fourth Year Students would select the recipients of the Clinical Years and Resident Award.

It was moved, seconded and voted unanimously that new non-monetary teaching awards be established to be presented annually to a teacher at each of the major affiliated sites — Mt. Sinai, Marshfield, LaCrosse. Selection will be made by the students who have served clerkships at these locations. The appropriate title for the awards and nature of the recognition — whether a certificate and/or a plaque will be determined. **Q**



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

## "To Jog or Not to Jog — That is the Question"

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

Our QUARTERLY has frequently been a source of medical knowledge. The last issue particularly impressed me with its article on jogging — new treatment for depression. Dr. John Greist wrote of his eight cases participating in a running program for ten weeks. This included walking, jogging or running 2-7 times a week, alone and in groups. Patients were interviewed, by computer, every two weeks to avoid contamination or bias by another human. The results not only showed 6 of the 8 patients cured (75%), but that physical health improved, smoking was reduced or eliminated and overweight patients showed a weight loss.

With such results, I was stimulated to do some research of my own. I could not help but think of the potential of such a treatment. Depression Today — Tomorrow Schizophrenia!

My first case interview was with Clarice. She had just run home from being frightened by a huge dachshund, off his leash and roaming Glencoe. "Did you feel depressed?" I asked her. "This huge mastiff came up and licked my shoe," she said. "Did you feel depressed?" I asked again. She lit another cigaret. I don't know how many times a computer would repeat the question, but I quit after six times. I could detect no depression, only

*Continued on following page*

*Continued from preceding page*

stark fear and a request that we order in for dinner since she was so exhausted from running. Judging from her appetite that evening, I could objectively state she was not depressed. I did observe her smoking more.

My second case was that of Larry, our eldest son. He is home from college and jogs five miles each day. He criticizes his father for being overweight in spite of my telling him I haven't gained a pound since my Bar Mitzvah. I have never understood his jogging daily as he appears to be an emotionally stable young man. Maybe he is trying to prevent having to buy clothes at stores for BIG and TALL men like his father. Last week Larry was jogging through the forest preserves when an unleashed German Shepherd jogging along beside him suddenly turned and took a taste out of Larry's thigh. This raises the question of whether one can trust his jogging mates. After the paramedics and the emergency room treatment, I asked Larry if he was depressed. "It stung a little" was his only reply. I repeated the question and his final comment was, "WINNING ISN'T EVERYTHING — IT'S THE ONLY THING!" I guess Vince Lombardi would have sent a player back into the game even with a two inch dog bite.

My third case was that of Ed, our second son. The statistics here are questionable since Ed is basically not a jogger. In fact he has only one speed and that is SLOW. The only data he could contribute to my research was the experience he had last year when he attended college in Paris. He and some friends planned to visit the Louvre and they jogged a mile only to find the Louvre closed for a religious holiday. He was so upset for finally having hurried and being disappointed that he has been depressed since. He has vowed never to hurry again.

My fourth case contributed nothing to my research. Steve, our third son, is in the bloom of adolescence. His entire day consists of high school, friends, the telephone, a bucket of fried chicken with television and using every spare moment he has, which isn't many thank goodness, to preach to his parents how poor our values are. When I raised the question of jogging, he told me how square I was to mention jogging in this age of "WHEELS."

My fifth case was Bob, our fourth son. He jogs everyday. "It's the healthiest thing a person can do besides eating vegetables." He's never evidenced depression but he's so exhausted from jogging he lies in bed for several hours afterward listening to his stereo. He's unable to jog to the garbage cans or to the newspaper out front since, "I am only a long distance jogger," he tells me. "But what about depression?" I asked. "Does it help your depression?" "You know, Dad," he said, "I only get depressed when you get on my back."

My sixth case was Sue, our daughter, She's 11 years old and the only jogging she does is when the boys chase the girls at school. Apparently this is a daily preadolescent ritual. I asked her if jogging made her less depressed. "It sure does, Dad," she responded. "Any girl in my class would be depressed if the boys didn't chase her."

For my seventh case I thought I would objectively try to interview myself. This is not easy, as you well know, nor is it scientific. I thought I would include myself, however, since Dr. Greist had eight cases and the least I can do is try to match his number even if I cannot match his results. The other day I was a few minutes late to the office and so I ran from the parking lot to the building. This is quite a distance, I might add, at least twenty yards. As I sat down to talk with my first patient, a male teenager, I was still panting from oxygen-debt. He looked at me and questioned, "What's the matter, Doc, you got a hangover from watching an x-rated movie last night?" I must admit this depressed me for the rest of the day.

In order to present eight cases I shall include my brother-in-law, Bernie Rosen from Milwaukee who is a detail man for a pharmaceutical company. They sent him to Florida for a meeting and while there he and his colleagues were jogging to a tennis court when he fell and injured his leg. The next morning his leg was painful and swollen and an x-ray showed a fracture. After being casted and treated, he was air shipped back to Milwaukee. "Did it cure your depression?" I asked. "Depression," he responded, "I've never been depressed in my life til this happened. I'm going bananas sitting in the house all day."

I truly believe in the importance of research for the enlightenment of science. It's the conclusions that confuse me. **0**

# Editor Lustok Receives Max Fox Award

Mischa Lustok, M.D., '35, received the 1976 Dr. Max Fox Preceptorship Award of the University of Wisconsin Medical Alumni Association. The award was established in memory of Dr. Max Fox, a specialist in internal medicine and contagious diseases. Fox was a UW preceptor in Milwaukee for many years prior to his death in 1969.

Dr. Lustok, is the editor of the Wisconsin Medical Alumni Magazine, **QUARTERLY**, and has been an officer and active member of the medical alumni association for more than 20 years. The Max Fox Preceptorship Award was established to honor Wisconsin physicians who have contributed exceptional time and talent to the medical profession by serving as precep-

tors to UW medical students. Lustok was appointed a preceptor in 1966 and during the ensuing 10 years approximately 100 students trained under his tutelage.

The award was presented by Dean Crowley on February 11 at the Medical Alumni Board Meeting in Milwaukee.

Previous recipients of the Max Fox Preceptorship Award include:

- |                           |      |
|---------------------------|------|
| Dr. Merritt Jones .....   | 1977 |
| Dr. Peter Midelfort ..... | 1971 |
| Dr. Leslie Kindschi ..... | 1972 |
| Dr. Paul Mason .....      | 1973 |
| Dr. Einar Daniels .....   | 1973 |
| Dr. Warner S. Bump ...    | 1973 |
| Dr. Maurice L. Whalen ..  | 1974 |
| Dr. Bruce Prentice .....  | 1974 |
| Dr. George Magnin .....   | 1975 |
| Dr. Robert Senty .....    | 1975 |

## UW Physiologist Receives Emeritus Standing

After a quarter century of work at the University of Wisconsin-Madison, Physiologist William B. Youmans has retired.

In recognition of his service to the University, Youmans has been granted emeritus standing in the UW Department of Physiology.

Youman's taught at the University of Oregon before joining the UW faculty as a full professor and chairman of the physiology department in 1952. He served as chairman until 1971.

The Professor's successor as department chairman, Richard C. Wolf, has known Youmans for almost 20 years. Wolf says Youmans made important contributions to several areas of physiology, particularly while at the UW, through his studies of the autonomic nervous system and the cardiovascular system. In addition to being a researcher and a teacher, Youmans is the author of a number of physiology books.

"Dr. Youmans is one of the rare individuals who can meaningfully discuss almost every area of physiology," Wolf says. "He has a truly vast knowledge of major organ systems of the body."

Youmans received a Ph.D. at the UW in 1938 and an M.D. at the University of Oregon. **Q**



Mischa J. Lustok, M.D., '35, receives the 1976 Dr. Max Fox Preceptorship Award. Dean Laurence Crowley presented Dr. Lustok with the Preceptorship Certificate and a University of Wisconsin Chair. **Q**

# Emeritus Faculty Award Announced

The Medical Alumni Board of Directors has announced Dr. Ken Lemmer, the recipient of the association's 18th Emeritus Faculty Award.



Kenneth E. Lemmer, M.D., '30

Dr. Kenneth E. Lemmer '30, the first president of our alumni association, retired last year after 41 years on the faculty. He had been the graduation marshall since the 1950's when he replaced the late Dr. Harold M. Coon. He was voted emeritus status last year by the UW System Board of Regents.

A native of Spooner and son of a country doctor, Dr. Lemmer received his B.S. degree in 1928 and his M.D. from Wisconsin in 1930. He has always been a strong supporter of his medical profession and the University. He played a leadership role in the medical alumni association which he helped organize and served as its first president in 1956. Prior to joining the Wisconsin faculty as an instructor of surgery in 1934, Dr. Lemmer had served an internship and residencies at the Medical College of Virginia and at University Hospitals, Madison. He advanced to assistant professor in 1936, to asso-

ciate professor in 1941 and full professor in 1954.

Dr. Lemmer has been board certified in surgery since 1938. He was an expert in problems of the pancreas and gastrointestinal tract. Known to many as "the doctor's doctor," Dr. Lemmer was sought out for care by other doctors throughout the state.

Our emeritus faculty award recipient will be presented this coveted award at the Alumni Day ceremonies in May. A most deserved testimonial to a most deserving physician who has contributed so much to the medical school, students, patients and the state of Wisconsin. □

## the dean's column

*continued from page 13*

broad policy issues such as continuing education, admissions policies and student affairs. There was significant Alumni input to the self-study analysis required for our accreditation site visit. We are seeking Alumni membership on our Admissions Committee and are gratified that new Alumni initiatives aimed at establishing closer relations with the medical students have been implemented.

Alumni support which provided the Middleton Library will also be essential to help provide the additional funds required to finish and furnish our new Clinical Sciences Center which replaces the obsolete and overcrowded University Hospitals. It is gratifying to note the generous contributions already received.

I warmly invite you to return to Madison for this year's unique May 27 Alumni Day in which we are celebrating our first half century as a four year medical school and beginning our second half century with high hopes, resolve and the added strength of a dedicated Alumni body.

Our partnership with the Medical Alumni Association provides as asset which the founders of the School did not enjoy but to whose creation they contributed mightily. □

---

## Dr. Curreri Gets Pentagon Honor

---

Dr. Anthony Curreri, '33, has received the Defense Department's highest civilian award, the Distinguished Public Service Award. Dr. Curreri was honored in Washington for his work as president of the Uniformed Services University of Health Sciences.

A former associate vice-chancellor for health sciences at the University of Wisconsin-Madison Health Sciences Center, Curreri was sworn in as the first president of the military medical school in 1974 and returned to the center here as professor of surgery last November. He is also associate chief of staff for education at the Veterans Administration Hospital here. Curreri was on the UW medical faculty for 34 years before taking the post as head of the medical school for military health professionals. □

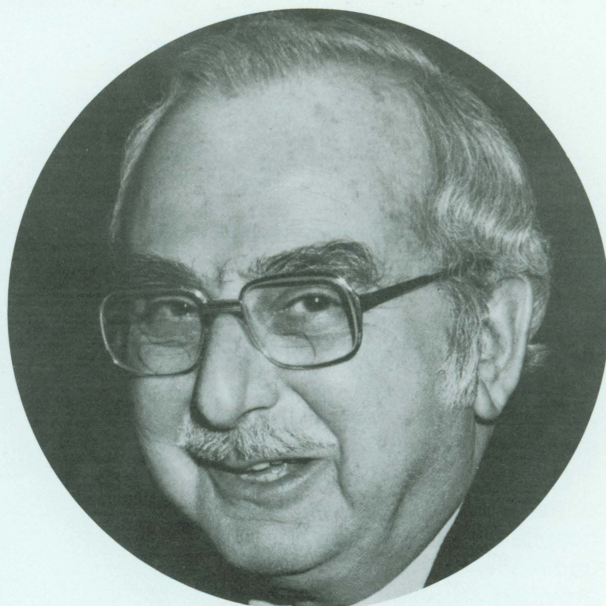
# The M.D. Degree: Have We "Only Just Begun?"

If we had given the matter some thought, we should have recognized the sober fact. Today, the student receives only one half of his medical education upon graduation from medical school. Associate Dean Don Fullerton said that, and he should know. That is all that an M.D. degree certifies — 50% of a medical education.

The other half presumably will be harvested from the postgraduate training years. Since only one year is required for licensure, it is apparently legal to practice medicine with 62.5% of a medical education. The recommended three years of postgraduate training, or the optimum four years which include a fellowship, imply the achievement of 100% saturation of medical knowledge and clinical skill. That is it. Or is it?

Section 655.017 of the Wisconsin Statutes says that is it not. Once licensed, the physician is required to continue his medical education in order to retain the privilege and to sustain the learning process in order to renew his sanction. There is no end. The element of study moves on to infinity. The impact of legislation erases any lack of native motivation.

Some teachers of medicine have not yet con-



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

*Continued on page 36*

# We're In Good Hands



Louis C. Bernhardt, M.D., '63  
Editorial Board

With the leadership of the Wisconsin Medical Alumni Association in good hands, the level of activity and participation of the Association has increased — especially for our in-state members.

The annual meeting which is held in Madison seems to be quite successful as it has been combined with class reunions and the medical school graduation. The mid-winter meeting in Milwaukee usually brings out alumni from the southeastern part of Wisconsin and enables this meeting to be very successful with good dialogue between the board of directors, the leadership of the medical school and area alumni.

During the past several years our upstate meetings have been well attended and we are making every effort to vary the geographic locations in which these are held. The Dean and his staff have made a remarkable effort to attend these meetings (in spite of hazardous weather on certain occasions) and it has allowed the alumni throughout our state to express their views, concerns, anxieties and even pleasures with the course of action of the University of Wisconsin Health Sciences Center — an institution which has helped us make us what we are today.

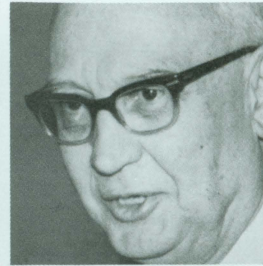
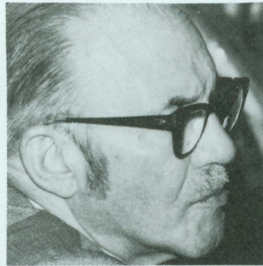
*Continued on page 36*

## Milwaukee Alums Host Mid Winter Meeting

Nearly 100 UW Med School alums and their spouses provided the annual mid-winter meeting in Milwaukee on February 11th.

Despite the below zero Wisconsin weather, the warm hospitality of Fred Gaenslen, '40, and his fellow Milwaukee alumni provided an enjoyable meeting. The program for the evening presented Mr. Brooks Stevens an Industrial Designer who designed the famous "Excalibur."

Q



Left to right:  
William James, M.D., '35,  
Past President  
Wisconsin Medical Society  
Fred Gaenslen, M.D., '40  
Alumni Director



Harry Weisberg, M.D.  
Werner Cryns, M.D.  
Faculty—Dept. of Family  
Medicine



Past Presidents recognized.

# Patient Successfully Kept on Artificial Lung for Nine Days

Leslie Watson

University-Industry Research Program  
of the University of Wisconsin-Madison

The first successful long-term maintenance of a patient on an artificial lung at the University of Wisconsin-Madison Center for Health Sciences has been reported by biomedical engineer David K. Swanson.

Only about twenty such successes have ever been reported in the United States.

Although patients are regularly maintained on heart and lung machines for short periods during surgery, long-term maintenance has only been attempted in the last five years.

"Although the patient later died from other causes, this is the first time we have been able to keep a patient at the Center for Health Sciences on an artificial lung long enough for his lungs to heal," says Swanson.

The patient had both bacterial and viral pneumonia. This caused fluid accumulation in the lungs and kept the patient from getting enough oxygen.

Conventional oxygen and life-support techniques were incapable of getting enough oxygen into the blood stream, and death appeared imminent.

At this point, Drs. Herbert Berkoff and Brian Hoff of the Center for Trauma and Life Support in the Center for Health Sciences decided to support the patient with an artificial lung.

The lung supplied the needed oxygen, and after nine days the patient's own lungs had almost returned to normal.

In the procedure, blood is taken from a vein of the patient and passed through the artificial lung — a white plastic cylinder about a foot and a half in length. The blood passes between two layers of rolled-up silicone rubber — a material that allows carbon dioxide in the blood to be exchanged for oxygen from the air.

Forty to sixty percent of the blood pumped by

the heart each minute is sent through the artificial lung.

If biomedical engineers and physicians develop methods to safely maintain patients on an artificial lung for several days, some of the 50,000 people who die each year from severe lung damage could be saved.

Patients who could be saved are those with acute lung damage caused by pneumonia, shock, or blood poisoning. In these cases, fluid enters the lungs and hampers breathing.

Artificial lungs cannot be used, however, to help patients with chronic lung diseases such as emphysema.

Until the recent successful case, eight unsuccessful attempts had been made at the Center for Health Sciences to use an artificial lung to support life processes in patients near death.

Swanson attributes the recent success to experience. His research team experimented widely with the use of artificial lungs on animals.

"Since it is a relatively new technology, the use of artificial lungs must rely heavily on personal expertise," he says. "The machines have not been perfected and, since the patient is already very sick, even minor adjustments are vitally important."

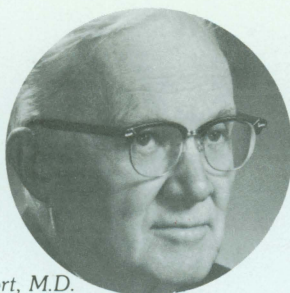
Presently, Swanson is conducting experiments with animals to establish guidelines for physicians to follow in deciding when a patient should be put on an artificial lung.

In the past, artificial lungs were used only as a last resort. Swanson hopes, however, that his experiments will show that artificial lungs can be used earlier in some cases of severe lung damage.

"Many more tests and refinements are needed," concludes Swanson, "but successful reversal of the condition of one patient is encouraging."

The research is funded by Surgical Associates. **Q**

# Dr. Peter Midelfort to Receive Citation



Peter Midelfort, M.D.

Dr. Peter Midelfort, a former resident in general surgery has been selected as the recipient of the 1977 Medical Alumni Citation. The award will be presented at the Annual Alumni Day Banquet on May 27.

Dr. Midelfort graduated from Harvard Medical School in 1931. From 1933-1937 he served his surgical residency at Wisconsin General Hospital. Dr. Midelfort returned to Eau Claire, Wi. in 1939 where he practiced at the Midelfort Clinic until 1970. For some 20 years Dr. Midelfort was the Preceptor in Charge in Eau Claire and was awarded the Max Fox Preceptor Award in 1972 for his untiring services to our medical students. When asked by the **QUARTERLY** Editor to comment on his impressive years of medical service, he replied, "My failures have been too many to count, my disappointments, too painful to recount." He continued, "I blush for two reasons ...in the first place there is embarrassment of having been caught bragging, and in the second place there is the equally embarrassing realization that there is so little to brag about.

Alas, what a dilemma."

Dr. Midelfort enriched the medical education and left a permanent imprint on scores of medical students who served as his preceptees. His peers selected him to receive this honor from among dozens of nominees of national reputation. He has served Wisconsin medical education with distinction and richly merits this recognition by the Medical Alumni Association. **Q**

## Lustok

*Continued from page 33*

ceded the obvious, that is that 100% saturation of medical education within a structured curriculum is an unattainable goal. Internascence competition for available time within the student calendar is their major concern. Their purpose is to enlarge the student's data base and to expand his encyclopedic catalogue of facts. Never mind that in ten or perhaps even five years he will have to struggle to forget these facts and make room for imbibing new truths. In pursuit of this spurious purpose the real essence of medical education is often lost. The core of a talented physician is an insatiable intellectual curiosity enhanced by imbedded learning techniques. Properly innocu-

lated during the formative years with the concept of constant learning to satisfy the hunger of inquiry, the medical student will intuitively react to the motivation of continued study and education in later mature years.

Perhaps those of us involved in medical education should take a long look at the quality of our product. It may be that medicine would best be taught not as a finite science, a technical skill, or even as a profession but as an amalgam of these attributes within a broad base of intellectual and scholarly creativity leading towards a naked position for learning as a way of life. **Q**

## Hands

*Continued from page 33*

During the past several years various splinter groups of the alumni have been active on a regional basis. Dr. Helen Dickie and Dr. George Magnin have held alumni reunions in collaboration with the medical meetings and our orthopedic section has done likewise.

Last October an alumni meeting was held in conjunction with the American College of Surgeons (ACS) in Chicago and was attended by Dr. Crowley, Dr. Fred Belzer and various faculty members of the Department of Surgery. This display of enthusiasm toward the alumni group and the enthusiastic response by those attending the dinner has prompted us to continue this type of meeting as an annual event. A great deal of dialogue occurred during the Chicago get-together which allowed a greater understanding of the current situation which now exists at the medical school and Health Sciences Center. The alumni were updated on the progress of the new hospital, the department of surgery and the new programs and activities undertaken by the medical school.

Because of the success of this meeting the alumni will meet in conjunction with ACS next October 18. (Further notice will be sent through a later edition of the **QUARTERLY**.) We hope those participating in the ACS meeting and alumni in the Dallas-Fort Worth area will attend. This type of regional meeting allows us to see old friends and learn about our alma mater's current activities. We look forward to having a good turnout and a great deal of participation during the fall meeting.

As an active alumni member, I felt that organization of a meeting like this would really be formidable. However, the logistics are not difficult because of Ralph Hawley's cooperation, that of his Alumni Office staff, and the arrangements made by ACS. I would encourage more regional meetings to increase the activity of the Alumni Association as a national organization (which it is) rather than have most of the activity centered within the state.

An active Alumni Association is a healthy Alumni Association. **Q**